Satisfaction Survey FFY20

Title III- C1 Congregate Meals Program

County of Residence: __________________________________________________________

Facility where you receive meals from: ____________________________________________

1. How much do you worry about having enough to eat?
   - □ I never worry
   - □ I worry occasionally
   - □ I worry some of the time
   - □ I worry most of the time
   - □ I worry all of the time

2. How many days each week do you usually eat at the meal program?
   - □ 1
   - □ 2
   - □ 3
   - □ 4
   - □ 5

3. Are there times when you have not been able to attend the meal program because you have no way to get there?
   - □ Yes
   - □ No

4. When you do not eat at the meal program, how many total meals do you eat that day?
   - □ 0 meals
   - □ 1 meal
   - □ 2 meals
   - □ 3 meals
   - □ 4 meals
   - □ 5 meals or more

5. On the days you eat at the meal site, how many meals do you usually eat?
   - □ 0 meals
   - □ 1 meal
   - □ 2 meals
   - □ 3 meals
   - □ 4 meals
   - □ 5 meals or more
6. How would you rate your overall health?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

7. Compared to 1 year ago, how would you rate your health now?
   - Much better now than 1 year ago
   - Somewhat better now than 1 year ago
   - About the same
   - Somewhat worse now than 1 year ago
   - Much worse now than 1 year ago

8. Gender
   - Male
   - Female

9. Age
   - Under 60
   - 60-69
   - 70-79
   - 80-89
   - 90+

10. Number of years receiving Congregate Meals?
    - Less than 1 year
    - 1-2 years
    - 3-5 years
    - 5-9 years
    - 10+ years

11. While at the meal program:
    - Did staff treat you in a friendly manner?
      - Yes
      - No
    - Did staff treat you respectfully?
      - Yes
      - No
    - Did you feel welcome?
      - Yes
      - No

12. Do services received at the meal program help you to:
    - Eat healthier foods?
      - Yes
      - No
    - Achieve or maintain a healthy weight?
      - Yes
      - No
    - Improve your health?
      - Yes
      - No
    - Eat a variety of fruits, vegetables, dairy, grains and protein?
      - Yes
      - No
    - See your friends more often?
      - Yes
      - No
    - Continue to live at home?
      - Yes
      - No
13. How satisfied are you with:
   - The way the foods smells. □ Always □ Sometimes □ Never
   - The way the food looks. □ Always □ Sometimes □ Never
   - The way the food tastes. □ Always □ Sometimes □ Never
   - The variety of foods. □ Always □ Sometimes □ Never
   - The temperature of the foods. □ Always □ Sometimes □ Never

14. Do you feel that you know more about nutrition after receiving nutrition education?
   □ Yes □ No

15. Would you say the meal program has helped you?
   □ Yes □ No

16. If yes, how has the meal program helped you?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

17. What recommendations do you have to improve the meal program?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________