

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?
