**Satisfaction Survey FFY2021**

***Title III-C2 Home Delivered 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 receive home delivered meals?
	* 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5
3. When you do not get a meal delivered, how many total meals do you eat that day?
	* 0 meals
	* 1 meal
	* 2 meals
	* 3 meals
	* 4 meals
	* 5 meals or more
4. On the days you get a delivered meal, how many meals do you usually eat?
	* 0 meals
	* 1 meal
	* 2 meals
	* 3 meals
	* 4 meals
	* 5 meals or more
5. How would you rate your overall health?
	* Excellent
	* Very good
	* Good
	* Fair
	* Poor
6. 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
1. Gender
	* Male ❒Female
2. Age
	* Under 60 ❒ 60-69 ❒ 70-79 ❒ 80-89 ❒ 90+
3. Number of years receiving Home Delivered Meals
	* Less than 1 year
	* 1-2 years
	* 3-5 years
	* 5-9 years
	* 10+ years
4. While receiving services:
* Did staff treat you in a friendly manner? ❒Yes ❒No
* Did staff treat you respectfully? ❒Yes ❒No
1. Do services received from 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
1. 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
1. Do you feel that you know more about nutrition after receiving nutrition education?
	* Yes ❒ No
2. Would you say the meal program has helped you?
	* Yes ❒ No
3. If yes, how has the meal program helped you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What recommendations do you have to improve the meal program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_