**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_