## **Satisfaction Survey FFY2024**

## Title III-C2 Home Delivered Meals Program

Coun	ty of Reside	ence:					
Facili	ty where yo	ou receive	meals from:				
1.		never wor worry occ worry son worry mos	ry		to eat?		
2.	How man	ny days ea	ch week do y	ou usually rece	eive home deli	vered meals?	
	<b></b> 1		<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
3.	□ 0 □ 1 □ 2 □ 3 □ 4	meals		ivered, how ma	any total meals	s do you eat that	day?
4.	□ 0 □ 1 □ 2 □ 3 □ 4	meals		meal, how man	ny meals do yo	ou usually eat?	
5.	□ E:	ery good ood	te your overa	ll health?			

11. Do services received from the meal program help you to:  • Eat healthier foods?	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						
8. Age    Under 60	7.	Gende	r						
Under 60			Male	□Fem	ale				
9. Number of years receiving Home Delivered Meals    Less than 1 year   1-2 years   3-5 years   5-9 years   10+ years    10 While receiving services:   Did staff treat you in a friendly manner?   Yes   No   Did staff treat you respectfully?   Yes   No   No   Did staff treat you respectfully?   Yes   No   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   The way the foods smells.   Always   Sometimes   Never   The way the food tastes.   Always   Sometimes   Never   The variety of foods.   Always   Sometimes   Never   The variety of foods.   Always   Sometimes   Never   The temperature of the foods.   Always   Sometimes   Never   The temperature of the foods.   Always   Sometimes   Never   No   No   No   No   No   No   No   N	8.	Age							
□ Less than 1 year □ 1-2 years □ 3-5 years □ 5-9 years □ 10+ years  10. While receiving services: • Did staff treat you in a friendly manner? • Did staff treat you respectfully? □ Yes □ No  11. Do services received from the meal program help you to: • Eat healthier foods? • Achieve or maintain a healthy weight? • Improve your health? • Improve your health? • Eat a variety of fruits, vegetables, dairy, grains and protein? □ Yes □ No  12. How satisfied are you with: • The way the food smells. □ Always □ Sometimes □ Never • The way the food tastes. □ Always □ Sometimes □ Never • The variety of foods. □ Always □ Sometimes □ Never • The variety of foods. □ Always □ Sometimes □ Never • The temperature of the foods. □ Always □ Sometimes □ Never			Under 60	<b>60-69</b>	<b>70-79</b>	□ 80	-89	□ 90+	
<ul> <li>Did staff treat you in a friendly manner?</li> <li>Did staff treat you respectfully?</li> <li>Did staff treat you respectfully?</li> <li>Yes  No</li> <li>Eat healthier foods?</li> <li>Achieve or maintain a healthy weight?</li> <li>Improve your health?</li> <li>Eat a variety of fruits, vegetables, dairy, grains and protein?</li> <li>How satisfied are you with: <ul> <li>The way the foods smells.</li> <li>Always  Sometimes  Never</li> <li>The way the food looks.</li> <li>Always  Sometimes  Never</li> <li>The variety of foods.</li> <li>Always  Sometimes  Never</li> <li>The variety of foods.</li> <li>Always  Sometimes  Never</li> <li>The temperature of the foods.</li> <li>Always  Sometimes  Never</li> </ul> </li> <li>The temperature of the foods.</li> <li>Always  Sometimes  Never</li> <li>The temperature of the foods.</li> <li>Always  Sometimes  Never</li> <li>The temperature of the foods.</li> </ul>			Less than 1 1-2 years 3-5 years 5-9 years 10+ years	year	envered Mea	IS			
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<ul> <li>Eat healthier foods?</li> <li>Achieve or maintain a healthy weight?</li> <li>Improve your health?</li> <li>Eat a variety of fruits, vegetables, dairy, grains and protein?</li> <li>Yes No</li> <li>12. How satisfied are you with:</li> <li>The way the foods smells.</li> <li>Always Sometimes Never</li> <li>The way the food looks.</li> <li>Always Sometimes Never</li> <li>The way the food tastes.</li> <li>Always Sometimes Never</li> <li>The variety of foods.</li> <li>Always Sometimes Never</li> <li>The temperature of the foods.</li> </ul>			•	•	namier:				□No
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<ul> <li>The way the food looks.</li> <li>The way the food tastes.</li> <li>The variety of foods.</li> <li>The temperature of the foods.</li> <li>Always Sometimes Never</li> <li>The temperature of the foods.</li> <li>Always Sometimes Never</li> <li>Always Sometimes Never</li> <li>To you feel that you know more about nutrition after receiving nutrition education?</li> </ul>	12	. How s	atisfied are ye	ou with:					
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			•			•			□Never □Never
	13	. Do voi	u feel that voi	a know more abo	out nutrition :	after rece	iving nu	trition edu	cation?
		_	•				9		

14.	14. Would you say the meal program has helped you?			
	☐ Yes	<b>J</b> No		
15.	. If yes, how has the meal program helped you?			
16. What recommendations do you have to improve the meal program?				