

**Satisfaction Survey FFY2025**  
***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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did staff treat you respectfully?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did you feel welcome?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

12. Do services received at the meal program help you to:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Eat healthier foods?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Achieve or maintain a healthy weight?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Improve your health?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Eat a variety of fruits, vegetables, dairy, grains and protein? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • See your friends more often?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Continue to live at home?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. How satisfied are you with:

- |                                 |                                 |                                    |                                |
|---------------------------------|---------------------------------|------------------------------------|--------------------------------|
| • The way the foods smells.     | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| • The way the food looks.       | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| • The way the food tastes.      | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| • The variety of foods.         | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| • The temperature of the foods. | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> 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?

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

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