

## Satisfaction Survey FFY2025

### *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

7. Gender

- ☐ Male
- ☐ Female

8. Age

- ☐ Under 60
- ☐ 60-69
- ☐ 70-79
- ☐ 80-89
- ☐ 90+

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

11. 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

12. 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

13. Do you feel that you know more about nutrition after receiving nutrition education?

- ☐ Yes
- ☐ No

14. Would you say the meal program has helped you?

☐ Yes

☐ No

15. If yes, how has the meal program helped you?

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

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