

Sample Meal Program Survey

Provide outline of current meal program:

- When program is offered
- Type of meal served
- Cost of meal
- Any other information of interest

Thank you for your time. All information gathered will be kept confidential and is only being used for the improvement of the meal program.

Please check yes or no.

1. Do you currently participate in the meal program offered at _____?

- Yes
- No

If no, please indicate reason:

2. Do you currently receive help with meal preparation?

- Yes
- No

If yes, who is providing help with meal preparation?

- Home care
- Meals on Wheels
- Family / friend
- Other

If no, would you be interested in having meals provided for you?

- Yes
- No

3. What meal would you prefer to be provided?

- Noon meal → time: _____
- Evening meal → time: _____

4. Which days of the week would you like the meal program to be offered?

SUN___ MON___ TUES___ WED___ THURS___ FRI___ SAT___

5. How many days per week would you attend the program?

- Every time it is offered
- Once or twice a week
- Every once in awhile

6. What would you be willing to pay for a meal?

Please indicate the highest amount you would pay for a noon meal: _____

Please indicate the highest amount you would pay for an evening meal: _____

7. Would you be interested in helping out with the meal program?

- Yes
- No

8. Would you be interested in recreational activities offered before or after the meal program?

- Yes
- No

If yes, what types of activities would you be interested in attending?

9. Would you be interested in purchasing food leftover from the meal program to take home?

- Yes
- No

10. Any other comments or questions:

The following questions are for residents who are **currently** attending the meal program:

1. How often do you attend the meal program?
 - Every time it is offered
 - A couple times a week
 - Every once in awhile

2. What do you think about the cost of the meals?
 - Too high
 - High, but acceptable
 - Acceptable

3. Would you like the program to be offered...:
 - More often
 - Stay the same
 - Less often

4. Is the menu posted in advance for you to decide what meals you'll attend?
 - Yes
 - No

5. Is there enough variety in the meals offered?
 - Yes
 - No

6. The quality of the food is:
 - Excellent
 - Good
 - Satisfactory
 - Poor

7. Do you feel you are eating healthy meals?
 - Yes
 - No

If no, are there any changes you would like to see to make your meal healthier?
(i.e. lower fat options, lower salt, sugar-free, etc.)

8. Do you feel welcome when you come for a meal?

- Yes
- No

9. Are the volunteers friendly and helpful?

- Yes
- No

10. Are the other meal program participants friendly and enjoyable to eat with?

- Yes
- No

11. Are you able to give suggestions for meals? (i.e. variety, choices, etc.)

- Yes
- No

12. Do you volunteer with the meal program?

- Yes
- No

If no, would you be interested in helping?

Name: _____ Phone number: _____

13. Any other comments or suggestions:

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