

Congregate Meal Site Satisfaction Survey KEY

The below questions are intended to help us assess your satisfaction with the congregate meal program and site. Your input will help us better serve you.

1. How long have you been attending the meal program? (NO SCORE)

Months Years

2. On average, how many times a week do you attend the meal program? (NO SCORE)

- 0 to 1 times
- 2 to 3 times
- 4 to 5 times

3. What is your primary purpose for coming to the meal site? (NO SCORE)

- Conversations with friends and lunch
- A nutritious meal
- Programs and activities
- Other

4. Think about the food you receive from the meal program. Please tell us, how often are you satisfied with the...

	Always 4	Usually 3	Sometimes 2	Rarely 1	Never 0
how well the menu options meet your dietary needs and preferences.					
overall food quality.					
overall menu choices.					
temperature of the foods served.					
variety of foods offered.					
way the food is cooked.					
way the food looks.					
way the food smells.					
way the food tastes.					
Subtotal points					
Total Food Satisfaction Score (Max 36)					

5. Think about the dining experience at the meal program. Please tell us, how often are you satisfied with the...

	Always 4	Usually 3	Sometimes 2	Rarely 1	Never 0
cleanliness of the facility.					
friendliness of the staff.					
helpfulness of the staff.					
location of the facility.					
overall ambience of the meal site.					
overall meal site environment.					
Subtotal points					
Total Dining Experience Score (Max 24)					

6. Think about the programming offered through the meal program. Please tell us, how often are you satisfied with the...

	Always 4	Usually 3	Sometimes 2	Rarely 1	Never 0	Don't Participate 0	Not available 0
Better Choices-Better Health Chronic Disease Self-Management							
Exercise programs							
Foot care							
Guest speakers (e.g., immunizations, diabetes, arthritis, etc.)							
Health screenings: blood pressure, blood sugar							
Matter of Balance							
Nutrition Education							
Stepping On							
Tai Chi							
Water Exercise program							
Subtotal points							
Total Programming Satisfaction Score (Max 44)							

TOTAL SATISFACTION SCORE (add questions 4, 5 and 6 total scores; MAX 104)

84-104 Very satisfied	63-83 More than satisfied	42-62 Satisfied
21-41 Partly satisfied	< 20 Not at all satisfied	

7. Please rate your level of agreement with the following statements regarding how the meal program (including the meal and programming) has helped you...

	Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree 1
eat healthier foods.					
gain nutrition and wellness knowledge					
helped you remain in your home.					
improve your health.					
Subtotal points					
Total Perceived Health Impact Score (Max 20)					

8. Do you have any recommendations to improve the meal program? (NO SCORE)

- No
- Yes, please describe

The following questions help provide us with a general description of our meal program participants. (NO SCORES)

9. What year were you born? _____

10. Are you female or male?

- Female
- Male
- Transgender Female
- Transgender Male
- Non-binary
- Gender not listed above
- Prefer not to answer

11. Which one best describes your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific islander
- White
- Two or more races
- Prefer not to answer
- Other, please describe

12. Which one best describes your ethnicity?

- Hispanic, Latino, or Spanish Origin
- Not Hispanic, Latino, or Spanish Origin
- Prefer not to say

13. What is the highest degree of school you completed?

- Less than High School
- High School/GED
- Some College
- Associates or Technical School
- Bachelor's
- Graduate

14. Are you...?

- Divorced
- Married
- Separated
- Single, never married
- Widowed

15. What best describes your living situation?

- I live **alone** in house, apartment or retirement community
- I live **with a child** (< 18 years of age) in a house, apartment, or retirement community
- I live **with spouse, significant other or friend** in house, apartment or retirement community
- I live **with adult children** in house, apartment or retirement community

16. Do you follow any special dietary practices?

- Dairy-free
- Diabetes diet
- Gluten-free
- Heart healthy diet (i.e., low fat, low cholesterol, low sodium)
- Restrict red meat or pork
- Vegetarian (includes: vegan, dairy/egg only, fish only)
- None of the above
- Other