



Office of Senior Services Meals on Wheels Customer Satisfaction Survey

Directions: Check the box indicating your level of agreement/disagreement with each statement. **Please complete both sides of this survey!**

	Agree	Neither Agree/Disagree	Disagree
Receiving Meals on Wheels has helped me to live independently in my home.			
If I didn't receive Meals on Wheels, I wouldn't have a fresh, hot meal to eat.			
Meals on Wheels are necessary for my continued health.			
I am satisfied with the variety of meals on the menu.			
The meals provided allow me to follow the diet recommended by my doctor.*			
*If "Disagree", type of diet not able to follow:			
The meals are flavored with the appropriate amount of spices.			
The meals are served at the proper temperature (hot food hot/cold food cold).			
Delivery person wears a photo ID badge to identify him/herself as Meals On Wheels			
Delivery staff/volunteer is friendly and courteous.			
The meals arrive when I expect them.			
I store the Emergency Pack meals and use them at times when the program is closed.			
I drink the shelf stable milk that comes with the Emergency Pack meals.			
The home assessor provides me with referrals for other services I may need.			
I have used the referrals provided to me by the home assessor			
Appointments with the home assessor are scheduled at times convenient for me.			
Telephone calls are answered promptly.			
Office staff is friendly and courteous when answering my telephone calls.			
I read the educational flyer provided each month with my cost share statement.			



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**We truly care about your experience with the Meals on Wheels program.
Answer the following questions to help us better understand your experience.**

(Check appropriate)

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 would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

3. Compared to 1 year ago, how would you rate your health in general 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

4. Please tell us who is completing this survey:

- Meals on Wheels participant
- Family member, caregiver or friend

5. Gender:

- Male
- Female

6. Age:

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

7. Number of years receiving Meals on Wheels:

- Less than 1 year
- 1-2 years
- 3-5 years
- 5-9 years
- 10+ years

**Thank you for helping us improve our Meals on Wheels program!
Please return your completed survey by May 31, 2014.**