

APPENDIX
EXAMPLES OF QUESTIONS THAT ELICIT CLIENT PERCEPTIONS OF
MEAL TASTE, QUALITY & VARIETY
Excerpted From the 2012 National Survey Of Older Americans Act Nutrition Program
Participants (Home-Delivered Meals And Congregate Meals Surveys)

CNR28a1. Within the last 12 months, have you noticed any changes in the amount or quality of the food in your lunch program? (CMFQYN)

YES.....1 [GO TO CNR28A2]
 NO.....2
 REFUSED.....-7 [GO TO CNRINTRO4]
 DON'T KNOW.....-8

CNR28a2. How has your lunch program changed? [IF NEEDED: Please tell me more about the changes you have noticed.] [PROBE: Anything else?] [INTERVIEWER, CODE ALL THAT APPLY] (CMFQ1-10; CMFQ91)

AMOUNT/QUANTITY) OF FOOD HAS DECREASED.....1
 QUALITY OF FOOD HAS DECLINED.....2
 LUNCH PROGRAMS ARE PROVIDED LESS OFTEN3
 FEWER LUNCHESES ARE PROVIDED OR FEWER PERSONS ARE
 SERVED.....4
 FEWER FOOD CHOICES ARE OFFERED5
 PACKAGING OF MEALS HAS CHANGED6
 MORE COLD MEALS ARE PROVIDED7
 FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS ARE
 PROVIDED.....8
 FEWER CONDIMENTS ARE PROVIDED.....9

[TRAINING/CODING NOTE: FOR CONGREGATE MEALS, "PACKAGING OF MEALS" MAY INCLUDE COMMENTS ABOUT HOW THE FOOD IS SERVED AND PRESENTED, E.G., PAPER PLATES VS. CHINA PLATES; PLASTIC OR DISPOSABLE SILVERWARE VS. WASHABLE METAL SILVERWARE; PACKAGED OREO COOKIES REPLACING HOME-MADE BAKED GOODS.]

CNR28. Think about all the foods that {you receive/s/he receives} from the lunch program. Now tell me, how often {are you/is s/he} satisfied with the variety of the foods? Would {you/s/he say}.....(CMVR2FD)

Always.....1
 Usually.....2
 Sometimes.....3
 Seldom, or.....4
 Never?.....5
 REFUSED.....-7
 DON'T KNOW.....-8

HNR21. Think about all the foods that {you receive/s/he receives} from the Meals on Wheels program. Now tell me, how often {are you/is s/he} satisfied with the way the food tastes? Would {you/s/he say}.....(HMTASTES)

Always,.....1
 Usually,.....2
 Sometimes,.....3
 Seldom, or.....4
 Never?.....5
 REFUSED.....-7
 DON'T KNOW.....-8

HNR22. Think about all the foods that {you receive/s/he receives} from the Meals on Wheels program. Now tell me, how often {are you/is s/he} satisfied with the variety of the foods? Would {you/s/he say}.....(HMVR2FD)

Always,.....1
 Usually,.....2
 Sometimes,.....3
 Seldom, or.....4
 Never?.....5
 REFUSED.....-7
 DON'T KNOW.....-8

HNR22a1.

Within the last 12 months, have you noticed any changes in the amount or quality of the food in your Meals-on-Wheels service?(HNRFAQYN)

YES.....1 } [GO TO HNR22a2]
 NO.....2↑
 REFUSED.....-7° [GO TO HNR23]
 DON'T KNOW.....-8→

HNR22a2. How has your Meals-on-Wheels service changed?
[IF NEEDED: Please tell me more about the changes you have noticed.]
[PROBE: Anything else?]

[INTERVIEWER, CODE ALL THAT APPLY] (HNRFAQ1-10; HNRFAQ91)

- AMOUNT/QUANTITY OF FOOD HAS DECREASED.....1
- QUALITY OF FOOD HAS DECLINED2
- MEAL SERVICE IS PROVIDED LESS OFTEN.....3
- FEWER MEALS ARE PROVIDED.....4
- FEWER FOOD CHOICES ARE OFFERED.....5
- PACKAGING OF MEALS HAS CHANGED.....6
- MORE COLD OR FROZEN MEALS ARE PROVIDED.....7
- FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS ARE PROVIDED.....8
- FEWER CONDIMENTS ARE PROVIDED.....9
- LESS COFFEE OR TEA IS PROVIDED.....10
- OTHER.....91

(SPECIFY: _____)

[TRAINING/CODING NOTE: FOR HOME-DELIVERED MEALS, “PACKAGING OF MEALS” MAY INCLUDE COMMENTS ABOUT HOW THE FOOD IS SERVED AND PRESENTED, E.G., PLASTIC MICROWAVEABLE TRAYS VS. ALUMINUM FOIL TRAYS WITH CRIMPED EDGES; REUSABLE OR ENVIRONMENTALLY-FRIENDLY PACKAGING.]

CNR27. Think about all the foods that {you receive/s/he receives} from the lunch program. Now tell me, how often {are you/is s/he} satisfied with the way the food tastes? Would {you/s/he say}.....(CMTASTES)

- Always.....1
- Usually.....2
- Sometimes.....3
- Seldom, or.....4
- Never?.....5
- REFUSED.....-7
- DON'T KNOW.....-8

