**Meal Satisfaction Survey**

**Spring/Summer 2017**

Dear Meal Recipient:

We are always trying to provide meals that are both healthy and delicious. Please take the time to complete this survey (both sides) and return to a Meals on Wheels **volunteer** or **mail** it to:

Meals on Wheels

1415 Rhoadmiller Street

Richmond, VA 23220

If you would like to be contacted about your comments please provide your name.

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| --- | --- | --- | --- | --- |
| Please **check the box** indicating your rating for each question below: | Excellent  happy1happy1 | Good  happy1 | Satisfactory  happy2 | Poor  happy3 |
| The overall **appearance** of your meal tray is… |  |  |  |  |
| The **variety** of foods you receive is… |  |  |  |  |
| The overall **quality** of the meals is… |  |  |  |  |
| Friendliness and service from **staff** is… |  |  |  |  |
| Friendliness from **volunteers** delivering meals |  |  |  |  |

The meal **portion sizes** are… Too Small Too Large Just right

The **taste/flavor** of your food is... Too spicy Too bland Just right

Please tell us your age: \_\_\_\_\_\_\_\_\_ Are you male or female? Male Female

If you receive a second meal, have you been pleased with them?

Yes No N/A

What other foods would you like on the menu?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What needs to be improved?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the other side

MEAL SITE: AL CC/NK CF HS LS MI MV SR RM WEST