

**OKLAHOMA
CONGREGATE MEALS PROGRAM
PARTICIPANT SURVEY**

County of Residence: _____ Site: _____

Gender

Female Male

Age

Under 60 60-74 75-84 85 +

1. How long have you been attending the meal program?

Less than 1 year 1 to 3 years

4 to 5 years More than 5 years

2. How many days each week do you eat at the senior center or meal site? _____

Yes No

3. Are you aware of the donation system?.....

Yes No

4. Are there times when you have not been able to attend the meal program or senior center because you have no way to get here?.....

5. On the days when you eat at the meal site or senior center, how many other meals do you usually eat? **Circle the number of meals below.**

0 meals 1 meal 2 meals 3 meals 4 meals 5 meals or more

6. When you **do not** eat at the meal site or senior center, how many total meals do you eat that day? **Circle the number of meals below.**

0 meals 1 meal 2 meals 3 meals 4 meals 5 meals or more

7. When you eat at the senior center or meal site, **CIRCLE** all the following foods that you usually eat when they are provided.

- | | | | |
|------------|----------|-------|--------|
| Beans | Beef | Bread | Cheese |
| Chicken | Dessert | Eggs | Fish |
| Fruit | Milk | Nuts | Pasta |
| Pork | Potatoes | Rice | Turkey |
| Vegetables | | | |

8. Think about all the foods that you receive from the meal program. Please tell us, how often are you satisfied...

	<u>Always</u>	<u>Sometimes</u>	<u>Never</u>
With the way the food smells.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the way the food looks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the way the food tastes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the variety of foods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot foods are hot and cold foods are cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. While at the nutrition site...

	<u>Always</u>	<u>Sometimes</u>	<u>Never</u>
Did staff treat you in a friendly manner? ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did staff treat you respectfully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel welcome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please answer the following questions about the meal program. Do services received at the meal program help you to...

	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
Eat healthier foods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieve or maintain a healthy weight.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Not Sure
Improve your health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel better.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See your friends more often.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue to live at home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Would you recommend the meal program to a friend? **Yes** **No** **Not Sure**

12. Would you say that the meal program has helped you? **Yes** **No** **Not Sure**

If yes, how has the meal program helped you?

13. How would you rate the meal program overall?

Excellent.....

Very Good.....

Good.....

Fair.....

Poor.....

14. What recommendations do you have to improve the meal program?
