

**OKLAHOMA  
HOME DELIVERED MEAL PROGRAM  
FROZEN MEAL PARTICIPANT SURVEY**

**(AGENCY/PROVIDER NAME)**

County of Residence: \_\_\_\_\_

Gender

Female                       Male

Age

Under 60               60-74               75-84               85 +

1. How long have you been participating in the meal program?

Less than 1 year               1 to 3 years   
 4 to 5 years               More than 5 years

2. How do you receive your delivered meals?

	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
Received by you or someone in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left outside your door?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brought inside for you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. On the days that you eat the home delivered meal, 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

4. On the days you **do not** eat the home delivered meal, how many total 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

5. When you eat a home delivered meal, **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 |          |       |        |

6. How often are you satisfied...

	<u>Always</u>	<u>Sometimes</u>	<u>Never</u>
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"/>
With the way the food is packaged.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. When your meals are delivered:

	<u>Always</u>	<u>Sometimes</u>	<u>Never</u>
Are they <b>fully</b> frozen?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you treated in a friendly manner?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you treated respectfully?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do they arrive on the scheduled day? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do services received from the home-delivered meals program help you...

	<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"/>
Improve your health? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel better? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue to live at home? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Are you aware of the donation system? ..... **Yes**            **No**

10. Would you recommend the meal program to a friend? **Yes**            **No**

11. In general, would you say that the meal program has helped you? **Yes**            **No**

If yes, how has the meal program helped you?

---

---

---

12. How would you rate the meal program overall?

- Excellent.....
- Very Good...
- Good.....
- Fair.....
- Poor.....

13. Do you have any recommendations to improve the meal program? **Yes**            **No**  
If yes, what recommendations would you make?

---

---

---