



Tell us what you think – Meal Satisfaction Survey

We value your opinions on the meals and the service Meals on Wheels provides so please tell us what you think. This information will help to assure quality in Meals on Wheels. All information will be treated as confidential. You do not have to fill out this questionnaire, but we would really appreciate it. **All questions are optional.** Please place in sealed envelope once completed and return to delivery driver.

What is your postcode?

How old are you?

- Less than 70 70 to 79 years 80 to 89 years 90 years and over

Are you?

- Female Male

What is your country of birth?

- Australia Other (please specify)

Do you identify yourself as Aboriginal and/or Torres Strait Islander?

- No I am not of Aboriginal/Torres Strait Islander origin
 Yes I am of Aboriginal origin
 Yes I am of Torres Strait Islander origin

Do you live?

- Alone With a partner or family With others

Have you lost weigh in the last six months without trying?

- Yes No Unsure

↳ **If Yes, how much weight have you lost?**

- 1 to 5 kg
 6 to 10kg
 11 to 15kg
 More than 15kg
 Unsure

Have you been eating poorly because of decreased appetite or any other reason?
(i.e. eating less than $\frac{3}{4}$ of your usual food intake)

- Yes No

For how long have you received meals from Meals on Wheels?

- Less than 6 months 6 months to 1 year
 1 to 2 years More than 2 years

How many Meals on Wheels meals do you receive per week?

- 7 meals per week 5 meals per week
 3 meals per week Other (please specify)

What components of the Meals on Wheels meal do you receive (tick all that apply)?

- Soup Main meal/Salad meal
 Dessert Milk Drink
 Juice Sandwich
 Other (please specify)

How much of the Meals on Wheels meal do you usually consume?

- All ¾ ½ ¼ Nil I usually share the meal with another person

At what time of the day do you usually consume your Meals on Wheels meal?

- At lunchtime
 At the evening meal
 Spread my meal over the day and eat some at lunchtime and some in the evening
 I usually keep the meal for another day

How do you usually receive your meal?

- Hot Cold or Frozen
↳ **If Hot, Would you like to receive your meal cold or frozen so you can heat it when you want to eat it?**
 Yes, Cold Yes, Cold or Frozen No

Do you require a special diet?

- Yes (please specify) No
↳ **If Yes, Are your special dietary requirements being met?**
 Yes No

Do you have tooth or mouth problems that make it hard for you to eat or swallow your meal?

- Yes No
↳ **If Yes, Is the food provided modified so you can eat it?**
 Yes No

Do you require assistance with your meal e.g. meal plated, meal heated, drink opened?

- Yes No
↳ **If Yes, Do you have someone to help you with this?**
 Yes No

How would you rate the meal provided by Meals on Wheels? (Please tick)

	Very Good	Good	Okay	Poor	Very Poor	Comments
Meal overall						
Presentation of the meal						
Taste and flavour of the meal						
Way the vegetables are cooked						
Way the meat is cooked						
Variety of food from day to day						
Taste and flavour of the soup						
Drink/beverage provided						
Choice of food available						

How would you rate the service provided by Meals on Wheels? (Please tick)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The service understands my food and drink preferences					
I am treated with respect by the staff of the MOW service					
The people who deliver my meals are polite, friendly and helpful.					

Have you ever made a complaint about the meals or service provided by Meals on Wheels?

Yes No

↳ **If Yes, Do you feel your needs were listened to and acted upon?**

Yes No

Overall, are the meals good value for the price?

Yes No

Would you recommend Meals on Wheels to friends if they needed meals delivered?

Yes No

**Thank you for taking the time to complete this Meal Satisfaction Survey.
Please use the back page to provide any further comments on any of the above.**

Comments, Compliments and Complaints:

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(Optional) If you would like more information about the services provided or if you would like to talk to office staff about Meals on Wheels, please provide your name and contact number:

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Thank You

