

Bluegrass Area Agency on Aging & Independent Living - BGAAAIL Quality Assurance Survey

The BGAAAIL and its' community service partners strive to provide the best possible services. We value your input about the quality of the services you receive. Your opinion is very important to us. We appreciate you taking the time to participate in this survey, and we hope you will give us the opportunity to learn how we can provide the best services possible.

Please answer the questions in the survey below. There is a place at the end of the survey for any additional suggestion or comments that you may have.

Service: Congregate Meals (Meals at Center)

Center/ Provider Name: _____

Think about the Congregate Meals service that you receive. Please tell us how satisfied you are.

	Always	Most of Time	Almost Never	Never
1. With the way the food tastes?	1	2	3	4
2. With the way the food smells?	1	2	3	4
3. With the way the food looks?	1	2	3	4
4. With the variety of food?	1	2	3	4
5. That hot foods were hot?	1	2	3	4
6. That cold foods were cold?	1	2	3	4
7. That meals were served on time?	1	2	3	4
8. Those serving meals were friendly and helpful?	1	2	3	4
9. With the meals program overall?	1	2	3	4

10. How often do you eat meals at the center each week?

1 2 3 4 5 days a week

11. How often do you prepare meals yourself?

_____ Never _____ Sometimes _____ Most of the time _____ Always

12. Does your meal help you;

- | | | | | |
|----|-------------------------------------------|-----|----------|----|
| A) | Eat healthier food... | Yes | Not sure | No |
| B) | Eat a larger variety of foods... | Yes | Not sure | No |
| C) | Follow diet prescribed by your doctor... | Yes | Not sure | No |
| D) | Achieve or maintain a healthier weight... | Yes | Not sure | No |
| E) | Improve your health... | Yes | Not sure | No |
| F) | Feel better... | Yes | Not sure | No |
| G) | Feel less hungry... | Yes | Not sure | No |
| H) | Continue to live in your own home... | Yes | Not sure | No |

13. Did you have a chance to have input toward the meals you receive?

Yes No

14. Did you participate in any of the other activities?

Yes No

15. Did you participate in Nutrition Education classes?

Yes No

16. Did you find the Nutrition Education classes helpful?

Yes No

17. Were you told that you may donate for the services you receive?

Yes No

18. Would you recommend this program to family, friends or relatives?

Yes No

