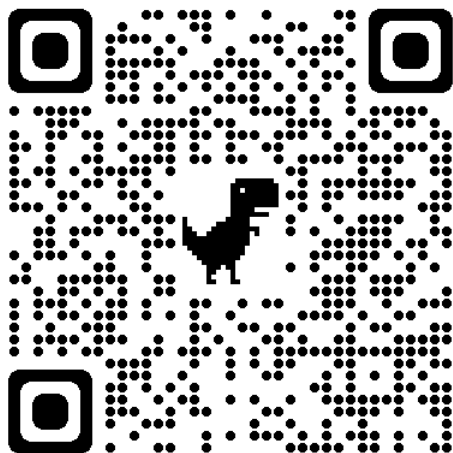


# Tell Us What You Think.....*Your Opinion Matters!*

## Dane County Home-Delivered Meals Survey – 2023



Please take a moment to fill out the survey below and return to your meal provider OR scan the QR code to submit your answers directly to the Area Agency on Aging of Dane County.

How do you scan a QR Code?

1. Open the camera app on your phone or tablet.
2. Hold your phone or tablet so that the QR code appears in view.
3. Tap the notification to open the link associated with the QR code.
4. If you complete the survey using the QR code, you do not need to complete the questions below.
5. Thank you!

**Home Delivered Meal Provider** \_\_\_\_\_

1. How would you rate the:

	Poor	Fair	Good	Very Good	Excellent
Way the food tastes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Way the food looks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety of food offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portion sizes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature at which the meal arrives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Are there foods that the nutrition program could offer that would better support your health or cultural preferences?

- ☐ Yes (please specify) \_\_\_\_\_
- ☐ No
- ☐ Don't know

3. How many home delivered meals do you receive each week?

- ☐ 6 or more meals per week
- ☐ 5 meals per week
- ☐ 3-4 meals per week
- ☐ 1-2 meals per week
- ☐ 2-3 meals per month or less often

4. Please consider all the food you eat in a day on the days you receive a home delivered meal. What percentage of all the food you eat in a day is from the home delivered meal?

- ☐ Less than one-third
- ☐ Between one-third and one-half
- ☐ About one-half
- ☐ More than one-half

5. On days when a meal is not delivered, who prepares your meals? (mark all that apply)

- ☐ I prepare my own meals with food I have on hand.
- ☐ A neighbor or friend
- ☐ A family member
- ☐ A paid caregiver
- ☐ Another meal delivery service
- ☐ A restaurant delivers meals
- ☐ Other (please describe) \_\_\_\_\_

6. If you didn't receive these meals, would you still have at least one hot freshly prepared well-balanced meal to eat daily?

- ☐ Yes
- ☐ No

7. If you didn't receive these meals, would there be days you don't get enough to eat?

- ☐ Yes
- ☐ No

8. During the past month, did you have to choose between buying food or paying rent, paying for utility bills or paying for medications?

- ☐ Yes
- ☐ No

9. In addition to the meal itself, having meals delivered to me by a person provides: (mark all that apply)

- ☐ Someone to talk to
- ☐ A sense of safety and security
- ☐ A link to get more support if I need it
- ☐ Structure and routine in my day
- ☐ A feeling that other people care about me
- ☐ Other (please describe) \_\_\_\_\_
- ☐ None of the above

10. Do home delivered meals help you to...

- ☐ Eat healthier foods
- ☐ Achieve or maintain a healthy weight
- ☐ Improve my health
- ☐ Feel better
- ☐ Maintain or improve my chronic health conditions
- ☐ None of the above

11. In the past week, how many visits did you receive from another person (including family, friends, and relatives, but not including the meal delivery team)?

- ☐ 0 visits
- ☐ 1-3 visits
- ☐ 4-5 visits
- ☐ 6-9 visits
- ☐ 10 or more visits

12. How would you rate your experience with program staff and volunteers?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

13. Please rate your overall experience receiving meals:

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

14. How did you hear about the nutrition program?

- ☐ Neighbor, family member, or friend
- ☐ Aging and Disability Resource Center
- ☐ Senior or community center
- ☐ Community of faith
- ☐ Hospital or clinic
- ☐ TV, radio, or newspaper
- ☐ Internet or social media (Facebook, Instagram, Twitter, etc.)
- ☐ Other (please describe) \_\_\_\_\_
- ☐ Don't know

15. Are you aware that you have free access to a Registered Dietitian for nutrition counseling through the Senior Nutrition Program and Area Agency on Aging of Dane County?

- ☐ Yes
- ☐ No

16. What recommendations do you have for improving the program?

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17. How has the program helped you?

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***Thank you for your feedback!***