



## NUTRITION AND FOOD SERVICES

### LTC/AC CLIENT SATISFACTION SURVEY SUMMARY REPORT

FACILITY: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_ MONTH: \_\_\_\_\_

	Criteria	Total #Yes	Total #No	Total #Not Applicable	Score for Questions $\frac{\text{\# "Yes" Responses}}{\text{\# of Yes \& No Responses}} \times 100 = \text{\_\_\_\_\_\%}$
<b>MEAL QUALITY</b>					
1)	Are the meals tasty?				
2)	Are the meals served at the right temperature?				
3)	Are portion sizes adequate?				
4)	Is the food presented in an attractive appealing fashion?				
5)	Is there enough variety in the menu?				
6)	Is there choice available?				
7)	Do the foods we offer meet your dietary needs?				
<b>SERVICE</b>					
1)	Are those who serve your meals pleasant and friendly?				
2)	Are the meals served in a timely manner?				
3)	Are comments or concerns about meal service dealt with to your satisfaction?				
<b>ENVIRONMENT / DINING AREA</b>					
1)	Is the dining room temperature comfortable?				
2)	Is the dining room adequately lit?				
3)	Is the noise level acceptable?				
4)	Is the eating space adequate?				
5)	Is your table setting clean and neat?				
6)	Are the dishes in good condition?				
<b>MISCELLANEOUS</b>					
1)	Do you receive assistance at meals if needed?				
2)	Are you given sufficient time to finish your meals?				
3)	Do you enjoy eating with your table mates?				
<b>Combined Survey Total</b>		=	$\frac{\text{Total \# "Yes" Responses}}{\text{Total \# of Yes \& No Responses}} \times 100 = \text{\_\_\_\_\_\%}$		
Record on Annual Audit Report					

ACTION TAKEN:	FOLLOW UP: