



NUTRITION AND FOOD SERVICES

LONG TERM CARE / ACUTE CARE CLIENT SATISFACTION SURVEY

FACILITY: _____

NAME OF CLIENT: (Optional) _____

Mark all areas with YES, No, or N/A

	Criteria	Yes	No	Not Applicable	Comments
MEAL QUALITY					
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?				
SERVICE					
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?				
ENVIRONMENT / DINING AREA					
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?				
MISCELLANEOUS					
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?				

Thank you for completing the survey. Your feedback is important to us.