



## NUTRITION AND FOOD SERVICES MEALS ON WHEELS CLIENT SURVEY

FACILITY: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Are you satisfied with the meals you are receiving? YES  NO

2. Are the meals hot when you receive them? YES  NO

If no, please specify what food: \_\_\_\_\_

3. Do you find the portion sizes adequate of the following foods?

Meat YES  NO  NOT APPLICABLE

Potato YES  NO  NOT APPLICABLE

Vegetable YES  NO  NOT APPLICABLE

Salad YES  NO  NOT APPLICABLE

Dessert YES  NO  NOT APPLICABLE

Soup YES  NO  NOT APPLICABLE

4. Do your meals generally arrive on time? YES  NO

5. Comments. Please list any food dislikes and/or suggestions of how we can improve our service.

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