



NUTRITION AND FOOD SERVICES

MEALS ON WHEELS SURVEY SUMMARY REPORT

FACILITY: _____ COMPLETED BY: _____ DATE: _____

Number of surveys distributed:						
Number of surveys returned:						
Criteria		Total #Yes	Total #No	Total #Not Applicable	Score for Questions <small># "Yes" Responses / # of Yes & No Responses x 100 = _____ %</small>	
1)	Are you satisfied with the meals you are receiving?					
2)	Are the meals hot when you receive them?					
3)	Do you find the portion sizes adequate of the following foods?					
	Meat					
	Potato					
	Vegetable					
	Salad					
	Soup					
	Dessert					
4)	Do your meals generally arrive on time?					
Combined Survey Total <small>Record on Annual Audit Report</small>		=	<small>Total # "Yes" Responses / Total # of Yes & No Responses x 100 = _____ %</small>			

ACTION TAKEN:	FOLLOW UP: