Pennsylvania Home-Delivered Meal Survey

Please answer the following questions about you and your Home-Delivered Meal Service.

1. What is your gender?  ___Male      ___Female

2. What is your age?   ___ 60–69        ___70–79  ___80-89   ___over 90

3. What kind of meals do you receive? (check all that are true)
   ___Hot meals  ___Regular Diet
   ___Frozen meals  ___Special Diet
   ___Cold meals  ___Emergency meals

4. Do you need Home-Delivered Meals in order to continue living in your own place?
   ___Yes  ___No

5. About what time does your meal arrive?
   ___Before 10 AM
   ___Between 10 & 11AM
   ___Between 11&12 noon
   ___Between 12 noon & 1 PM
   ___Between 1& 2 PM
   ___Later than 2 PM

6. About what time of day do you eat your meal?
   ___ As soon as it arrives
   ___Later
      If you eat your meal later, please tell us the time you eat it______________

7. How satisfied are you with the delivery time of your meals?
   ___Satisfied  ___Dissatisfied

8. How satisfied are you with the temperature of the food when it is delivered?
   ___Satisfied  ___Dissatisfied

9. How satisfied are you with the appearance of your food?
   ___Satisfied  ___Dissatisfied

10. How satisfied are you with the smell of your food?
    ___Satisfied  ___Dissatisfied

11. How satisfied are you with the taste of your food?
    ___Satisfied  ___Dissatisfied
12. How satisfied are you with the **packaging** of your food?
   ___Satisfied ___Dissatisfied

13. How satisfied are you with the **people who deliver** your food?
   ___Satisfied ___Dissatisfied

14. How satisfied are you with the **overall quality** of your meals?
   ___Satisfied ___Dissatisfied

15. How satisfied are you with the **variety** of your meals?
   ___Satisfied ___Dissatisfied

16. How do you feel about the **amount** of food in your meal?
   ___Too much food ___Not enough food ___Just the right amount

**Use this space to write anything else you want to tell us about the meals you receive:**

**THANK YOU!!**

*****
(The space above the red asterisks ***** is for each agency to insert their own logo or program contact information)

**Please do not alter the wording or the order of the questions. If you wish to add other questions to the survey for your own purposes, add them after Question #16. In this way, the integrity of the survey is maintained state wide and results will be more meaningful.**

Delete everything from **** to end of page before copying and distributing