

POMP Final: Congregate Meals Survey Instrument

(Mail Version)

This survey is about the meals program in which you participate. The agency would like to find out about the meals you receive. It will take about 15 to 30 minutes to complete the survey. We are interested in the length of time you have attended the meal program, what you like about the meals, and if the meals have helped you. Your answers will help us make sure that the service meets your needs. Participation in the survey is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

The first few questions are about the meal program you attend at (AGENCY/PROVIDER NAME).

CM1. When was the last time you ate at the senior center or meal site?

- | | | | |
|---|--------------------------|---|---|
| Today or yesterday..... | <input type="checkbox"/> | 1 | Thank you, but the focus of this survey is on people who have used the service within the past year. Thank you for your time. |
| More than 1 day, but not more than a week ago | <input type="checkbox"/> | 2 | |
| More than 1 week, but not more than a month ago | <input type="checkbox"/> | 3 | |
| More than 1 month ago..... | <input type="checkbox"/> | 4 | |
| Over 1 year ago | <input type="checkbox"/> | 5 | |

CM2. How long have you been attending the meal program? Would you say...

- | | | |
|--|--------------------------|---|
| 6 months or less | <input type="checkbox"/> | 1 |
| More than 6 months, but less than 1 year | <input type="checkbox"/> | 2 |
| At least 1 year, but less than 2 years..... | <input type="checkbox"/> | 3 |
| 2 to 5 years..... | <input type="checkbox"/> | 4 |
| More than 5 years | <input type="checkbox"/> | 5 |

CM3. How many days each week do you eat at the senior center or meal site?

|__|__| Number of Days

The following questions are about your eating habits.

CM4. On the days when you eat at the meal site or senior center, how many meals do you usually eat?

|__|__|

CM5. On the days when you don't eat at the meal site or senior center, how many meals do you usually eat?

|__|__|

Office Use Only:

Client ID: _____

Service Enrollment Date: _____

Date of Survey Administration: _____

CM6. Please consider all the food you eat in a day on the days you attend the meal program or senior center. What percentage of all the food you eat in a day is eaten at the meal program or senior center? Would you say...

- Less than one-third 1
- Between one-third and one-half 2
- About one-half 3
- More than one-half 4

For the next set of questions, we describe the standard serving size for a particular food or group of foods. Please fill in the blank to show how many total servings of each food or group of foods you usually eat each day.

CM7. One serving of fruit is one small piece of fruit, about one-half cup of chopped fruit, or one-half cup of juice.

How many servings of **fruit** do you usually eat every day?

|__|__|

CM8. One serving of potatoes is one small baked potato or one-half cup mashed or boiled potatoes.

How many servings of **potatoes** do you usually eat every day?

|__|__|

CM9. One serving of vegetables is about one cup raw vegetables, one-half cup of cooked vegetables, or one-half cup of juice.

Other than potatoes, how many servings of **vegetables** do you usually eat every day?

|__|__|

CM10. One serving of milk or yogurt, including soy milk or yogurt, is one cup of milk or yogurt. One serving of cheese is 1.5 slices or 1.5 ounces of cheese.

How many servings of **milk, cheese, yogurt, or soy milk, soy cheese, or soy yogurt** do you usually eat every day?

|__|__|

CM11. Beans, nuts, eggs, and tofu are sources of protein in the diet. One serving of beans or tofu is about one-half cup; one serving of peanut butter is two tablespoons; one serving of nuts is one ounce, and a serving of eggs is two eggs.

How many servings of **beans, nuts, tofu, or eggs** do you usually eat every day?

|__|__|

CM12. One serving of meat, chicken, turkey, or fish is a two to three ounce hamburger patty, chicken breast, or fish fillet.

How many servings of **meat, chicken, turkey, or fish** do you usually eat every day?

|__|__|

CM13. One serving of bread is one piece of bread, one tortilla, or one small pancake.

How many servings of **bread, tortillas, or pancakes** do you usually eat every day?

|__|__|

CM14. Cereal, rice, pasta, and noodles are sources of grains in the diet. A serving of cereal is one cup of cold cereal or one-half cup hot cereal; a serving of rice, pasta, or noodles is one-half cup.

How many servings of **cereal, rice, pasta, or noodles** do you usually eat every day?

|__|__|

CM15. A serving of dessert is one-half slice of pie or cake or two medium cookies.

How many servings of **dessert** do you usually eat every day?

|__|__|

The following questions ask about foods or groups of foods that you eat when you attend the meal program at the senior center or meal site.

CM16. When you eat at the senior center or meal site, do you usually eat the **fruit** when it is provided?

Yes..... 1
No..... 2

CM17. When you eat at the senior center or meal site, do you usually eat the **potatoes** when they are provided?

Yes..... 1
No..... 2

CM18. When you eat at the senior center or meal site, do you usually eat the **vegetables** that are provided?

Yes..... 1
No..... 2

CM19. When you eat at the senior center or meal site, do you usually eat or drink the **milk, cheese, yogurt, or soy milk, soy cheese, or soy yogurt** that are provided?

Yes..... 1
No..... 2

CM20. When you eat at the senior center or meal site, do you usually eat the **beans, nuts, eggs, or tofu** when they are provided?

Yes..... 1
No..... 2

CM21. When you eat at the senior center or meal site, do you usually eat the **meat, turkey, chicken, or fish** that is provided?

Yes..... 1
No..... 2

CM22. When you eat at the senior center or meal site, do you usually eat the **bread, tortillas, or pancakes** that are provided?

Yes..... 1
No..... 2

CM23. When you eat at the senior center or meal site, do you usually eat the **cereal, rice, pasta, or noodles** when they are provided?

Yes..... 1
 No..... 2

CM24. When you eat at the senior center or meal site, do you usually eat the **dessert** when it is provided?

Yes..... 1
 No..... 2

The next questions are about the services you receive at the meal program.

CM25. How would you rate the meal program overall? Would you say...

Excellent..... 1
 Very good 2
 Good 3
 Fair 4
 Poor 5

Think about all the foods that you receive from the meal program. Please tell us, how often are you satisfied...

	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>
CM26. With the way the food smells.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CM27. With the way the food looks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CM28. With the way the food tastes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CM29. With the variety of foods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CM30. That the hot foods are hot and cold foods are cold	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CM31. With the way the food is cooked.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please answer the following questions about the meal program. Do services received at the meal program help you to...

- | | <u>Yes</u> | <u>No</u> |
|---|----------------------------|----------------------------|
| CM32. Eat healthier foods | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| CM33. Achieve or maintain a healthy weight..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| CM34. Improve your health | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| CM35. Feel better..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| CM36. See your friends more often | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| CM37. Continue to live at home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

- | | <u>Yes</u> | <u>No</u> |
|--|----------------------------|----------------------------|
| CM38. Do you like the meals you get from the meal program?.... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| CM39. Would you recommend the meal program to a friend? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| CM40. As a result of attending the meal program, do you have a better idea of where to get information about other services? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

- CM41. While you are there, do you learn food safety tips for cooking and storing food?
- Yes..... 1
- No..... 2

- CM42. While you are there, do you learn how to eat more healthful and nutritious foods?
- Yes..... 1
- No..... 2

The next questions are about resources.

- CM43. Do you know that the congregate meal donation is voluntary?
- Yes..... 1
- No..... 2

CM44. How do you get to the meal program or senior center?

- Public Transportation 1
 - Senior Center/Nutrition Program Transportation..... 2
 - Walk..... 3
 - Drive 4
 - Driven by someone 5
 - Other..... 6
- Describe: _____

CM45. Are there times when you have not been able to attend the meal program or senior center because you have no way to get there?

- Yes..... 1
- No..... 2

CM46. Do you always have enough money or food assistance/food stamps/SNAP to buy the food you need?

- Yes..... 1
- No..... 2

CM47. During the past month, did you have to choose between buying food or buying medication?

- Yes..... 1
- No..... 2

CM48. During the past month did you have to choose between buying food or paying your rent or utility bills?

- Yes..... 1
- No..... 2

CM49. On one or more days during the past month, did you skip meals because you had no food and no money or food assistance/food stamps/SNAP to buy food?

- Yes..... 1
- No..... 2

CM50. In general, would you say that the meal program has helped you?

- Yes..... 1
- No..... 2 → GO TO CM51

CM50a. How has the meal program helped you?

CM51. Do you have any recommendations to improve the meal program?

Yes..... 1
No..... 2

CM51a. What recommendations do you have for improving the service?

Thank you very much for your time and cooperation. Your answers are very important to us in improving the meal program.