# Linn County Innovations in Nutrition Program: Satisfaction Survey Implementation Protocol

The purpose of the survey is to assess congregate meal site participant satisfaction during the innovations pilot program. This survey will only be implemented in congregate meal sites participating in the project. Survey will be administered by Tim Getty and colleagues.

 The goal is to administer the survey to all meal site participants on the given survey day. Make an announcement to the entire group that survey is a short questionnaire about their satisfaction with the meal program. Stress that the survey is short and should only take about 10-15 minutes. If possible, make the announcement at least one week before the survey is administered.

Survey will be administered in late August and early September 2018. On the day of the survey administration, take pens for participants to use. Distribute the surveys to participants on the designated day in either August or Septembers. All surveys are intended to be completed individually although the survey administrator may read the survey aloud as participants complete it.

The survey is three pages, front and back. Please instruct participants to only mark one answer per row when asked to rank their satisfaction and/or agreement with a statement (Questions 4-7).

Before collecting the surveys from participants, please make sure that all survey questions have been answered. If there is missing information, please ask the participant to complete.

After participants have completed the surveys, survey administers must complete the information on the cover sheet. The cover sheet asks for meal site name, date survey administered, and number of meal site participants. Please return the completed surveys within 2 weeks of completion to **Sarah L. Francis ISU, Dept. Food Science and Human Nutrition, 220 MacKay 2302 Osborn Dr, Ames, IA 50011-1123.**

If the designated survey day is canceled, please notify Sarah Francis (slfranci@iastate.edu or 515-294-1456).

# Congregate Meal Site Satisfaction Survey

The below questions are intended to help us assess your satisfaction with the congregate meal program and site. Your input will help us better serve you.

1. How long have you been attending the meal program? (NO SCORE)

 \_\_\_\_\_\_ Months \_\_\_\_\_\_ Years

1. On average, how many times a week do you attend the meal program (NO SCORE)
* 0 to 1 times
* 2 to 3 times
* 4 to 5 times
1. What is your primary purpose for coming to the meal site? (NO SCORE)
* Conversations with friends and lunch
* A nutritious meal
* Programs and activities
* Other (Please specify)
1. Think about the food you receive from the meal program. Please tell us, how often are you satisfied with the:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Always4 | Usually3 | Sometimes2 | Rarely1 | Never0 |
| How well the menu options meet your dietary needs and preferences |  |  |  |  |  |
| Overall food quality |  |  |  |  |  |
| Overall menu choices |  |  |  |  |  |
| Temperature of the foods served |  |  |  |  |  |
| Variety of foods offered |  |  |  |  |  |
| Way the food is cooked |  |  |  |  |  |
| Way the food looks |  |  |  |  |  |
| Way the food smells |  |  |  |  |  |
| Way the food tastes |  |  |  |  |  |
| **Subtotal points** |  |  |  |  |  |
| **Total Food Satisfaction Score (Max 36)** |  |  |  |  |  |

1. Think about the dining experience at the meal program. Please tell us, how often are you satisfied with the:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Always4 | Usually3 | Sometimes2 | Rarely1 | Never0 |
| Cleanliness of the facility |  |  |  |  |  |
| Friendliness of the staff |  |  |  |  |  |
| Helpfulness of the staff |  |  |  |  |  |
| Location of the facility |  |  |  |  |  |
| Overall ambiance of the meal site |  |  |  |  |  |
| Overall meal site environment |  |  |  |  |  |
| Subtotal points |  |  |  |  |  |
| Total dining experience score (max 24) |  |  |  |  |  |

1. Think about the programming offered through the meal program. Please tell us, how often are you satisfied with the:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Always4 | Usually3 | Sometimes2 | Rarely1 | Never0 | Don’t Participate0 | Not Available0 |
| Better Choices-Better Health/Chronic Disease Self-Management |  |  |  |  |  |  |  |
| Exercise programs |  |  |  |  |  |  |  |
| Foot care |  |  |  |  |  |  |  |
| *Fresh Conversations* (nutrition education program) |  |  |  |  |  |  |  |
| Guest speakers (e.g. immunizations [flu, pneumonia, shingles], diabetes, arthritis, etc.) |  |  |  |  |  |  |  |
| Health screenings: blood pressure, blood sugar |  |  |  |  |  |  |  |
| Matter of balance |  |  |  |  |  |  |  |
| Nutrition Education *(not Fresh Conversations*) |  |  |  |  |  |  |  |
| Stepping On |  |  |  |  |  |  |  |
| Tai Chi |  |  |  |  |  |  |  |
| Water exercise program |  |  |  |  |  |  |  |
| Subtotal points |  |  |  |  |  |  |  |
| Total Programming Experience Score (max 44) |  |  |  |  |  |  |  |

**TOTAL SATISFACTION SCORE (add questions 4, 5, and 6 total scores; Max 104)**

1. Please rate your level of agreement with the following statements regarding how the meal program (including the meal and programming) has helped you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree5 | Agree4 | Undecided3 | Disagree2 | Strongly Disagree1 |
| Eat healthier foods |  |  |  |  |  |
| Gain nutrition and wellness knowledge |  |  |  |  |  |
| Remain in your home |  |  |  |  |  |
| Improve your health |  |  |  |  |  |
| **Subtotal points** |  |  |  |  |  |
| **Total Perceived Health Impact Score (max 20)** |  |  |  |  |  |

1. Do you have any recommendations to improve the meal program? (No score)
* No
* Yes (please describe)