## Go & Dine Customer Satisfaction Survey

Thank you so much for participating in the Go & Dine program. We like to hear from clients about how the program is working for them. Please take a few minutes to complete this survey and let us know what we are doing well and where and how we can improve the program for the future. All answers are **COMPLETELY CONFIDENTIAL** and will have no bearing on your services going forward. Thank you for your input.

- 1. How many of your vouchers do you use a month?
  - $O_1 O_2 O_3 O_4$
- 2. Has the Go & Dine program encouraged you to go out and eat a nutritious meal with family and friends?
  - O Yes O No
- 3. With whom do you usually participate in the Go & Dine program with?

O Alone	O Spouse	O Sibling	O Child	O Grand Child
O Relative	O Significant Other	O Friend		

- 4. Have there been any barriers that have not allowed you to use all of your vouchers or get to restaurants monthly?
  - O Yes O No
- 5. If yes, please explain.

5. Do you feel since joinin	ng the Go & Dine P	rogram that you ha	ave been able to	see your family and friends more often?
O Strongly Disagree	O Disagree	O Neutral	O Agree	O Strongly Agree
7. Do you feel since joinin	ng the Go & Dine P	rogram that you ha	ave been able to	get out of your house more often?
O Strongly Disagree	O Disagree	O Neutral	O Agree	O Strongly Agree
3. Do you feel since joinin	ng the Go & Dine P	rogram that you a	re eating more m	utritious foods?
O Strongly Disagree	O Disagree	O Neutral	O Agree	O Strongly Agree
9. How do you feel we cou	uld improve the Go	& Dine Program?		

Turn Over



## Go & Dine Customer Satisfaction Survey

10. Have you ever participated in the StayFit Dining program provided by Erie County Senior Services?

O yes O No

- 11. If not, would you like information about the program sent to you?
- O Yes O No

12. Have you ever heard of NY Connects Information and Assistance Hotline?

O Yes O No

13. If not, would you like information about the program sent to you?

O yes O No

