

Sample Participant Program Evaluation Survey

>> Good morning/afternoon, my name is *(insert name here)*, and I'm calling from AgeOptions, the Area Agency on Aging. We are the agency that pays for your meal box. May I please speak with *(insert name or title here)*? I'm calling to ask a few questions about the weekly meal box delivered to your home. Do you have about 10-15 minutes to answer some questions about yourself and the meal boxes?

Your answers to the questions will not impact your eligibility in the program and your participation is completely voluntary.

If you would prefer not to answer a question, you can always respond with 'I don't know' or 'pass'.

Your participation is greatly appreciated. The information we hear from you will be used help us understand who is enrolled in this program and to help with future planning.

>>Please note that I'm going to read the questions to you exactly as they are written. This is so I ask the questions in the same way to every participant when I call them.

Demographic Information

>>First, I'm going to ask you some questions about you and where you live.

1. Please tell me your zip code: _____

2. Of the following categories, are you:
 - Younger than 60 years old
 - Between 61-70 years old
 - 71-80 years old
 - 81-90 years old
 - 90-100 years old
 - More than 100 years old

3. Please tell me how many people eat from the weekly meal box?
 - 1, just myself.
 - 2, myself and my partner or spouse.
 - 2, myself and one other family member or friend.
 - More than 2 people; I share the meal box with other family members and friends.
 - Other: _____

4. Of the following, which statement best describes who does the cooking in your household?
 - I cook for myself.
 - I cook for myself and my partner or spouse.
 - I cook for myself and my family members.
 - My partner or spouse cooks for me.
 - My family members cook for me.
 - I have a caregiver or homecare worker who cooks for me.
 - Other: _____

>> Now I'm going to ask you some questions about the actual meal box you receive each week. I'll read the question and response choices, please listen to all response choices before making a selection.

>>For these next questions, please think about the food you receive each week.

5. Of the following which statements sounds most true for you.
- I do not receive enough food for the week in my weekly meal box.
 - I receive the right amount of food for me in my weekly meal box.
 - I receive too much food for the week in my weekly meal box.
 - I don't know.
6. In regards to how you feel about your weekly meal box deliveries, which statement is most true for you?
- I always feel overwhelmed by the amount of food in the weekly meal boxes
 - I often feel overwhelmed by the amount of food in the weekly meal boxes
 - I sometimes feel overwhelmed by the amount of food in the weekly meal boxes
 - I rarely feel overwhelmed by the amount of food in the weekly meal boxes
 - I never feel overwhelmed by the amount of food in the weekly meal boxes
 - I don't know or unsure how I feel about the amount of food in the weekly meal boxes
7. Tell me about what happens to the food you are unable to eat in the weekly meal box
- The food spoils before I can use it.
 - I donate the food to an organization like a food bank or church.
 - I give the food to my family or friends.
 - I store the extra food in my pantry or freezer.
 - Other: _____
8. Thinking about what is contained in your weekly meal box, of the following items, which of the these do you typically not eat:
- Fresh fruit like bananas and oranges
 - Fresh vegetables like lettuce, carrots, and peppers
 - Proteins like chicken and beef
 - Grains like oatmeal, bread, pasta, and tortillas
 - Fruit juice
 - Canned fruits and vegetables
 - Frozen vegetables
 - Condiments like oils, vinegar, ketchup
 - Dairy like yogurt and milk
 - Other: _____

>>Now, I'm going to ask you some questions about the dairy included in your meal boxes. Please think about the milk and yogurt you receive for the next couple of questions.

9. Which of the following statements is true regarding the milk included with meals?
- I drink all the milk included in meals.
 - I drink most of the milk included in meals.
 - I drink some of the milk included in meals.
 - I don't drink any of the milk included in meals.
 - I don't know.

10. Which of the following statements is true regarding the yogurt included with meals?

- I eat all the yogurt included in meals.
- I eat most of the yogurt included in meals.
- I eat some of the yogurt included in meals.
- I do not eat the yogurt included in meals.
- I don't know.

11. Please tell me if there any foods included in the meal boxes that you are unable to eat due to a medical condition or allergy? _____

12. Please tell me if there is anything else you would like to share about the food in the weekly meal box? _____

>>For the next couple of questions, I want you to think about the weekly menus and recipe booklets included in the meal boxes.

13. Which of the following statements is true regarding the weekly menus that correspond with each meal box?

- I follow the menus exactly as they are designed, I don't modify any meals.
- I mostly follow the menus as they are designed, and I modify a few meals.
- I somewhat follow the menus as they are designed, I modify many of the meals.
- I do not follow the menus as they are designed, I prepare my own meals with the food delivered.
- I don't know.

14. Which of the following statements is true regarding the recipes that correspond with the weekly menus? You should have received a recipe booklet when you started the current program.

- I follow the recipes exactly, I don't modify any steps or ingredients.
- I mostly follow the recipes; I modify some steps and ingredients.
- I somewhat follow the recipes; I modify many steps and ingredients.
- I do not follow the recipes; I prepare the foods how I prefer.
- I don't know.

15. Is there anything else you would like to tell me about the menus and recipes? _____

>>**There is no current plan to change the meal box contents.** However, IF there was a change in the future, please think about the changes you would like to see.

16. Would you prefer to receive a meal box with less food?

- Yes
- No
- I don't know

17. If you answered yes to the above question, would you prefer to receive foods to prepare

- Breakfasts and lunches
- Breakfasts and dinners
- Lunches and dinners
- I don't know

18. Is there anything else you would like to tell me about how you would like to see the meal box changed? _____

19. In regards to the company, Top Box that prepares and delivers the food to you, which of the following statements best describes your experience with their staff.

- Delivery personnel are courteous and friendly
- I feel the personnel should be more courteous and friendly
- I don't interact with delivery personnel.
- I don't know
- Other: _____

20. In regards to the actual delivery of the meal box, which of these statements sound most true for you?

- I always know when to expect my weekly delivery.
- I mostly know when to expect my weekly delivery
- I sometimes know when to expect my weekly delivery.
- I never know when to expect my weekly delivery.
- I don't know.
- Other: _____

21. In regards to donations to the program, which of the following statements are true for you:

- I currently make regular donations
- I make donations when I can, but not regularly
- I have made donations in the past.
- I have never made a donation
- I do not know how to make a donation
- I don't know
- Other: _____

Loneliness Questions

>> AgeOptions is committed to addressing the needs of persons who rarely get out of their house or apartment and may have limited or no contact with family or friends. I would now like to ask you some questions regarding how you feel.

I am going to read a statement and then offer possible responses to each of the statements. Please tell me which response represents how you feel.

First statement:

20. I spend most of my time alone

- I often feel this way
- I sometimes feel this way
- I rarely feel this way
- I never feel this way
- I don't know

Second statement:

21. I feel isolated from others

- I often feel this way
- I sometimes feel this way
- I rarely feel this way
- I never feel this way
- I don't know

Third statement

22. How often do you feel lonely?

- I often feel this way
- I sometimes feel this way
- I rarely feel this way
- I never feel this way
- I don't know

>>Would you like someone from AgeOptions to contact you regarding our programs and services related to social isolation? _____

For my last question, again is there anything you would like to tell me about the meal box food delivery program that perhaps I did not ask you about. _____

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