

Help sheet no.6

Conducting a resident meal satisfaction survey

Also refer to **help sheet 5 Resident satisfaction with meals**.

These are some examples of useful survey questions. Choose the survey questions that best fit your facility and don't be afraid to add further questions if they are appropriate for your resident group.

Ask as many questions as possible to get the most comprehensive results, however, keep in mind that for some resident groups a simple three question survey may be easier for them to complete. This survey could simply ask:

- What meals [currently on the menu] do you like?
- Which ones do you dislike?
- What other dishes would you like to have?

If a more detailed survey is required, here are some sample questions:

- What meals do you enjoy most?

- Are the hot meals and hot drinks served at the right temperature (hot enough)?

- too hot just right
 too cold different every time

Comment

- Are the cold meals and cold drinks served at the right temperature (cold enough)?

- too cold just right
 too warm different every time

Comment

- What meals from the current menu do you enjoy the least?

- Do you think that there is enough time allowed for you to eat meals?

- | | | |
|-----------|------------------------------|-----------------------------|
| Breakfast | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lunch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dinner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Are meal servings the right size?

not enough just right too much

- In general, are you currently satisfied with the meals provided? (tick one box)

Always satisfied Mostly satisfied Sometimes satisfied
 Rarely satisfied Never satisfied

- What about the time of day that meals are served?

	Too early	Right time	Too late	Time preferred
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Snacks/supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

- Is the food texture right for you?

Yes
 No too soft
 too tough or hard to chew or swallow

- Are the meals moist enough?

Yes No

Comment

- Does the food smell and look appetising?

Yes No

Comment

- If you are hungry any time during the day or night, are you able to get a snack?

Yes No

- Do you have any suggestions to improve the meals?
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