

# MEALS SURVEY

## Meals Survey

This survey determines care recipients' satisfaction with our meals service.

## Survey Report

**Date of survey:** Enter a date.

**Report completed by:**

**Audit area:**

**Methods and sample size:**

Care Recipient Satisfaction - Meals

Number of surveys sent:

10

Number of surveys returned:

8

Response rate:

80%

### Instructions:

**1.** Enter the date in the survey on page three. **2.** Print the number of copies you require. **3.** Enter the number of 'surveys sent' in the 'methods and sample size' box above. **4.** Ask care recipients to complete the survey. **5.** Tally the results on a blank survey. **6.** Enter the 'number of surveys' returned in the 'methods and sample size' box. **7.** Enter the tallied values in the table below. (The grey coloured cells contain formulas that will calculate the survey results as a % of the total responses, which will assist you in summarising the results.) **8.** Summarise your results in the table below including the overall findings and a summary of comments from the survey. **9.** Detail any improvement actions you are planning to make in response to the survey. **10.** Evaluate any improvements.

[Click here to update %](#)

## Results

Note: Zero Divide will appear in the % column until a value is entered in the number column.

Please tally the following:	Excellent		Satisfactory		Poor		N/A		Total
	#	%	#	%	#	%	#	%	#
The presentation of the food	4	50%	4	50%		0%		0%	8
The temperature of the food		0%	5	63%	3	38%		0%	8
The temperature of the drinks	8	100%		0%		0%		0%	8
The quantity of the food	4	50%	4	50%		0%		0%	8
The quality of the food	4	50%	3	38%	1	13%		0%	8
The range of meals available	3	38%	2	25%	3	38%		0%	8
Staff assistance at meal times	7	88%	1	13%		0%		0%	8
Other food services (morning tea, afternoon tea, supper)	3	38%	4	50%	1	13%		0%	8

Please tally the following:	Always		Sometimes		Never		N/A		Total
	#	%	#	%	#	%	#	%	#
Are you provided with a choice for: Breakfast		0%	1	13%	7	88%		0%	8
Lunch	8	100%		0%		0%		0%	8
Evening meal		0%	4	50%	4	50%		0%	8
Morning tea		0%		0%	8	100%		0%	8
Afternoon tea		0%		0%	8	100%		0%	8
Supper		0%		0%	8	100%		0%	8



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Improvements/actions	Who	By When	Date Completed
Raise breakfast choices at the next care recipient meeting to determine what the care recipients would like and then trial changes for a month	Catering manager	<b>6/11/2014</b>	Enter a date.
Review the menu with the dietician based on food preferences provided and determine if additional choice can be provided for evening meals	RN	<b>7/11/2014</b>	Enter a date.
		Enter a date.	Enter a date.
		Enter a date.	Enter a date.

**Closure**

**Evaluation** *(If appropriate, describe how action/improvements were evaluated and the result):*

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- Outcome or end result:** *(Tick applicable boxes)*   Policies and procedures revised
- Staff training
- Changes communicated to appropriate stakeholders
- Other *(Describe)* .....
- .....
- .....
- .....

**Close Out**

**Closed out by:** ..... **Date:** Enter a date.

# MEALS SURVEY

<b>Meals Survey</b>		<b>Date:</b>		
<b>Please rate the following:</b> Please tick <b>ONE</b> box for each statement.	<b>Excellent</b>	<b>Satisfactory</b>	<b>Poor</b>	<b>N/A</b>
The presentation of the food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The temperature of the food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The temperature of the drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quantity of the food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The range of meals available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff assistance at meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other food services (morning tea, afternoon tea, supper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are you provided with a choice for:</b> Please tick <b>ONE</b> box for each statement.	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>	<b>N/A</b>
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are the meal times suitable for: Please tick <b>ONE</b> box for each statement.	Yes	No	N/A
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What times would you prefer?**

Breakfast.....

Lunch .....

Evening meal .....

<b>Do you receive enough to drink throughout the day?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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**How could we do better?**

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**What meals or foods would you like to see added to the menu?**

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**What meals or foods would you like to see taken off the menu?**

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**Do you have any other suggestions for improving our food service?**

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**Thank you very much for completing this survey.**