

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:

Number of surveys returned:

Response rate:

!Zero Divide

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		0%		0%		0%		0%	0
The temperature of the food		0%		0%		0%		0%	0
The temperature of the drinks		0%		0%		0%		0%	0
The quantity of the food		0%		0%		0%		0%	0
The quality of the food		0%		0%		0%		0%	0
The range of meals available		0%		0%		0%		0%	0
Staff assistance at meal times		0%		0%		0%		0%	0
Other food services (morning tea, afternoon tea, supper)		0%		0%		0%		0%	0

Please tally the following:	Always		Sometimes		Never		N/A		Total
	#	%	#	%	#	%	#	%	#
Are you provided with a choice for: Breakfast		0%		0%		0%		0%	0
Lunch		0%		0%		0%		0%	0
Evening meal		0%		0%		0%		0%	0
Morning tea		0%		0%		0%		0%	0
Afternoon tea		0%		0%		0%		0%	0
Supper		0%		0%		0%		0%	0

MEALS SURVEY

Improvements/actions	Who	By When	Date Completed
		Enter a date.	Enter a date.
		Enter a date.	Enter a date.
		Enter a date.	Enter a date.
		Enter a date.	Enter a date.
Closure			
Evaluation <i>(If appropriate, describe how action/improvements were evaluated and the result):</i>			
Outcome or end result: <i>(Tick applicable boxes)</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Policies and procedures revised <input type="checkbox"/> Staff training <input type="checkbox"/> Changes communicated to appropriate stakeholders <input type="checkbox"/> Other <i>(Describe)</i>			
Close Out			
Closed out by: Date: Enter a date.			

MEALS SURVEY

Meals Survey		Date:		
Please rate the following: Please tick ONE box for each statement.	Excellent	Satisfactory	Poor	N/A
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"/>
Are you provided with a choice for: Please tick ONE box for each statement.	Always	Sometimes	Never	N/A
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 ONE 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

Do you receive enough to drink throughout the day?	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.