

Quality Improvement Program Survey Questions

CLIENT NAME: _____ DATE OF BIRTH: _____
(MM/DD/YY)

SERVICE: HOME DELIVERED MEALS (HDM)

Aging & Community Services Meal Drivers Name: _____
(If Known)

***PLEASE ANSWER QUESTIONS WITH THE FOLLOWING:
ALWAYS—USUALLY—HALF THE TIME—OCCASIONALLY—NEVER—NA***

1. How satisfied are you with the services overall?

Always Usually Half the Time Occasionally Never N/A= Not Applicable

2. How often do your meals taste good to you?
3. How often are your meals of the right temperature when they are delivered?
4. What temperature are the meals? HOT FROZEN
 - A. Unknown
 - B. HOT
 - C. FROZEN
 - D. N/A= Not Applicable
5. How often do you get to comment on the meals that you receive?
6. How often do you receive a variety of foods in your meals?
7. How often do the meals look good to you?
8. Are there specific problems regarding trustworthiness?
 - A. Requests that more than one time/claim slip be signed at one time
 - B. Asks to borrow money or property
 - C. Asks to receive client's Social Security check
 - D. Asks to put client's property in his/her name
 - E. Asks client for power of attorney
 - F. Asks client to sign blank pieces of paper or blank checks
 - G. Threatens client
 - H. Other problems
 - I. No problems

How could this meal service be improved?