## WRHA NUTRITION & FOOD SERVICES PATIENT FOOD SERVICE QUESTIONNAIRE

## Tell us how we are doing...

Please take a few minutes to complete this survey. Your answers to these questions will help us find out what is working and what needs improvement.

_	<u>Always</u>	<u>Often</u>	Sometimes	<u>Never</u>	Please comment, especially on very high or very low ratings. Thank you.
Does the food served to you look <b>appealing?</b>	Y	Y	Y	Y	Comments:
Does the food <b>taste</b> good?	Y	Y	Y	Y	Comments:
Are you satisfied with the temperature of the food?  (i.e. hot food is hot, cold food is cold	Y )	Y	Y	Y	Comments:
Are you satisfied with the variety of foods served?	Y	Y	Y	Y	Comments:
Are you satisfied with the amount of food offered to you?	Y	Y	Y	Y	Comments:
Are the meals served to you complete? (i.e. are all items received?)	Y	Y	Y	Y	Comments:
Are dishes and utensils clean?	Y	Y	Y	Y	Comments:
Are the serving staff friendly and courteous?	Y	Y	Y	Y	Comments:
Is your <b>dining experience</b> pleasant?	Y	Y	Y	Y	Comments:

General Comments						
Length of Stay so far	Age Range					
1-3 Nights		81+	36-50			
4-6 Nights	Male Female	66-80	18-35			
1-4 Weeks	Gender	51-65	3-17			
1-6 Months						
More than 6 months						
Ward:	Room:	Bed:				
Diet type:						
Standard/LTC	Texture Modified					
Therapeutic	Therapeutic/Tex Mod					
Kosh/Vegan	Kosh Veg/Tex Mod					

## Thank you for your time and participation!

## Office Use Only:

	Facility:				
Long Term Care	CP DLC				
	MHC RHC				
Interview?	MP CPCC				
Yes					
No	Menu Selection:				
	Daily Selection				
Dine Service	Weekly Selection				
	Menu Selection Not Available				