Program Satisfaction Instrument

Think about the meals that were delivered to your home over the last two weeks.

# Food Satisfaction

1. Do you enjoy the meals delivered to you?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
2. Is the appearance of your meal appetizing?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
3. Are you pleased with the portion sizes?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
4. Do you feel there is enough variety in your meals?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
5. Do you feel you are eating better since you started receiving the meals?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all

# Order/Delivery Satisfaction

1. How did you order your meals?
	1. Smartphone
	2. Tablet/iPad
	3. Computer
	4. Over the phone
2. Did you have any problems ordering your meals?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
3. Did someone help you order the meals?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
4. Did you receive all of your meals?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
5. Did your deliveries come when expected?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
6. I enjoyed my interaction with the delivery person
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
	5. N/A or someone else gets them
7. The meals were properly sealed
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all

# Food Consumption

1. Did you find yourself eating all of the meals you receive?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
2. On a typical day, how much of the entire meal do you actually eat?
	1. All of it
	2. Three-quarters (most of it)
	3. Half of it
	4. One-quarter (a little bit)
	5. None of it
3. If did not answer “All of it” for previous question.
Why did you not eat all of the food?
	1. Did not like it
	2. Was not hungry
	3. Too sick to eat/prepare
	4. Found something else to eat
	5. Someone else brought me food
	6. Gave it to someone else
4. Is there any food you did not eat?
<Open-ended Client recall>
5. If client had an answer for previous question.
Why did you not eat all of the food?
	1. Did not like it
	2. Was not hungry
	3. Too sick to eat/prepare
	4. Found something else to eat
	5. Someone else brought me food
	6. Gave it to someone else

# Quality of Life

1. On some days, are these the only meals that you eat?
	1. Yes, all the time
	2. Some of the time
	3. Hardly ever
	4. Not at all
2. If they answer anything other than “Yes, all the time” to previous question.
How did you get the other meals (Multiple Choice)?
	1. Pantry
	2. Grocery
	3. Family
	4. Other community resources
3. If you did not receive the meals, do you feel you would still be able to live at home?
	1. Yes
	2. No

# End of Program Evaluation

1. Would you recommend the program to someone else?
	1. Yes
	2. No
2. Would you like to continue getting the meals?
	1. Yes
	2. No
3. How much do you think the meals cost each week?
	1. Below $20
	2. $20 - $30
	3. $30 - $40
	4. $40 - $50
	5. $50 - $60
	6. $60 - $70
	7. Over $70
	8. Not sure
4. Do you think that is a reasonable amount to pay?

<Open-ended Client recall>