

MEALS-ON-WHEELS SERVICE EVALUATION

1. How long have you been receiving meals from M-O-W? _____

2. Do your meals arrive on time (give or take 5 minutes)?

Never Seldom Sometimes Often Always

3. How many meals do you receive weekly? _____

4. Are you satisfied with the number of meals you receive?

Yes No

5. Are there other days you would like to receive M-O-W?

Yes No If so, which days? _____

6. How do you manage on days you do not receive M-O-W?

- I cook for myself
- I have someone to help me cook
- My family cooks for me
- I do not eat properly on those days

7. What do you do when you receive your meal?

- I eat everything at once
- I keep part of the meal for later

8. If you do keep part of the meal for later, what do you eat first?

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9. What do you keep for later? _____

10. Usually, when do you eat the rest of the meal?

11. How do you store the rest of the meal until you eat it?

12. How do you reheat it?

- Toaster-oven
- Micro-wave oven
- Oven
- I do not reheat

13. Overall, how would you rate the quality of the food you receive?

- Unacceptable Barely acceptable Almost acceptable
- Acceptable most of the time Completely acceptable

If you chose one of the first 3 choices :

14. According to you, what is the problem?

15. What changes would you suggest?



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16. How would you rate the temperature of the food you receive?

Not hot enough O.K. Too hot

17. Do the meals sometimes arrive cold? Yes No

18. If so, how often?

Rarely Sometimes Often Always

19. How would you rate the **appearance** of the following items :

Soup	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Meat	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Vegetables	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Dessert	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

20. If the appearance of one of the items was less than decent, please explain :

21. How would you rate the **taste** of the following items :

Soup	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Meat	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Vegetables	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Dessert	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

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22. If the taste of one of the items was less than decent, please explain :

23. How would you rate the **portion size** of the following items :

Soup	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Meat	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Vegetables	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Dessert	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

24. If the **portion size** of one of the items was less than decent, please explain :

25. How would you rate the **variety** of the following items :

Soup	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Meat	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Vegetables	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Dessert	<input type="checkbox"/> Very poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Decent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

26. If the variety of one of the items was less than decent, please explain :

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27. What is your favourite menu from M-O-W?

28. Which one do you like least ?

29. Do you follow a special diet? Yes No

30. If so, which one? Diabetic Sodium free

Other : _____

31. Do the meals delivered by M-O-W respect your diet?

Not at all Very little Rather well Enough Perfectly

32. If less than rather well, please explain :

33. How would you rate the quality-price ratio of the meals delivered?

Bad Not very good Good Very good Excellent

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34. How would you qualify the volunteer's attitude regarding

a) Kindness

None Not much Rather Very Extremely

b) Politeness

None Not much Rather Very Extremely

c) Alertness

None Not much Rather Very Extremely

35. Do you have any other comments regarding the volunteers?

Date : ____/____/____ (YY/MM/DD)

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