

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.

Always Often Sometimes Never

Please comment, especially on very high or very low ratings. Thank you.

Does the food served to you look **appealing**? Y Y Y Y Comments: _____

Does the food **taste** good? Y Y Y Y Comments: _____

Are you satisfied with the **temperature** of the food? Y Y Y Y Comments: _____
 (i.e. hot food is hot cold food is cold) _____

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**? Y Y Y Y Comments: _____
 (i.e. are all items received) _____

Are dishes and utensils **clean**? Y Y Y Y Comments: _____

Are the serving staff **friendly and courteous**? 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:

Acute Care	Facility:
	HSC SOGH
	St. B VGH
Interview?	GGH CH
Yes	MHC
No	

Menu Selection:

Daily Selection

Weekly Selection

Menu Selection Not Available