

SATISFACTION SURVEY

In partnership with the North Dakota State Office of Aging, the **<Insert Provider or Sub-provider name here>** invites you to participate in a satisfaction survey of the meals that are provided by **<Insert Site or town name here>**. Please fill out the following survey below as your satisfaction and opinions matter.

| I participate in: | Yes | No | Don't Know |
|----------------------------------|-----|----|------------|
| Eating meals in a group setting. | | | |
| Eating my meals alone. | | | |
| Taking my meals to go. | | | |

| | Yes | No | Don't Know |
|--|-----|----|------------|
| Does participating in this meal reduce social isolation? | | | |
| Do you feel the suggested contribution is fair? | | | |

| | Very Satisfied | Satisfied | Not Satisfied | Very Unsatisfied | Don't Know/Not Applicable |
|--|----------------|-----------|---------------|------------------|---------------------------|
| Quality of Food | | | | | |
| Variety of Food | | | | | |
| Taste of Food | | | | | |
| Visual Appeal of Food | | | | | |
| Additional Comments/ Suggestions/Complaints | | | | | |

Return the survey using the enclosed self-addressed stamped envelope to ND Aging Services. Aging Services will use your anonymous feedback to gather valuable information and to evaluate the meals provided in your area. This information will highlight successes and/or be used to make improvements in our area.

Thank you for participating!

If you have any questions regarding this survey, please reach out to Aging Services, Aging and Disability Resource LINK (ADRL) at 1-855-462-5465 or to inquire about other services offered in North Dakota for you to remain independent in your residence and community.