

Nutrition & Food Services Satisfaction Survey “Because We Care”

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of this Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The purpose of this data collection is to determine the level of patient satisfaction and quality of service. Response to this survey is voluntary and failure to participate will not affect any benefits to which you may be entitled.



Nutrition & Food Services



Strongly Agree



Agree



Neutral



Disagree



Strongly Disagree

My meals taste good.	5	4	3	2	1
My meals look good.	5	4	3	2	1
My meals offer variety.	5	4	3	2	1
Cold food is served cold enough.	5	4	3	2	1
Hot food is served hot enough.	5	4	3	2	1
My meals are served in a timely manner.	5	4	3	2	1
Nutrition employees are polite and courteous.	5	4	3	2	1
I understand my prescribed diet.	5	4	3	2	1
My overall rating of Nutrition and Food Services is excellent.	5	4	3	2	1

Comments or Suggestions?

(optional information)

Name:	Room#
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