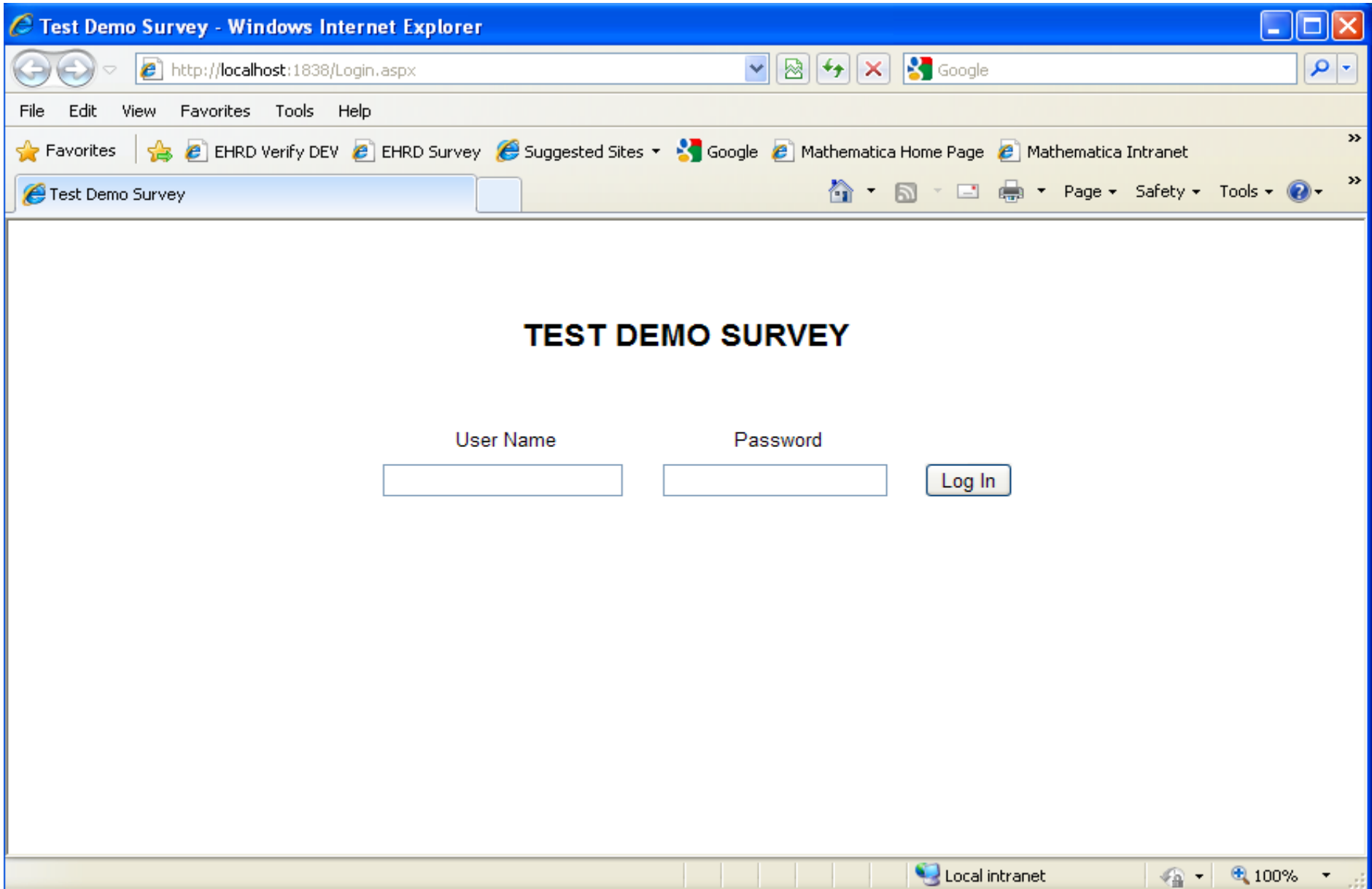


**ATTACHMENT B-2**  
**EXAMPLE OF WEB SURVEY**





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Test Demo Survey

25% 50% 75% 100%

You have completed 12% of questionnaire!

### A. ORGANIZATIONAL STRUCTURE

A12. During the fiscal year ending 01/10/2011, what was the total, unduplicated number of people who received the following?

a. Congregate nutrition services for older adults?

Older adults

Don't know

b. Home-delivered nutrition services for older adults?

Older adults

Don't know

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Test Demo Survey

25% 50% 75% 100%

You have completed 12% of questionnaire!

### A. ORGANIZATIONAL STRUCTURE

Please provide a numeric response that is greater than or equal to 0 for question A12b.  
Please provide a response for question A12a.

**A12. During the fiscal year ending 01/10/2011, what was the total, unduplicated number of people who received the following?**

**a. Congregate nutrition services for older adults?**

Older adults

Don't know

**b. Home-delivered nutrition services for older adults?**

Older adults

Don't know

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Test Demo Survey

25% 50% 75% 100%

You have completed 27% of questionnaire!

### D. TECHNOLOGY AND DATA

No response was provided for D1.

**D1. Which of the following systems does your ORG currently use?**

Select all that apply

- Computer-assisted menu planning and analysis
- Delivery systems for home-delivered nutrition (e.g., route mapping software)
- Program participant tracking or referral systems
- Electronic client ID card
- Electronic system for recording service (the meal) was received
- Financial systems for billing
- Financial system for making payments for services
- Cost-centered accounting system
- HR/payroll system
- Geographic Information Systems (GIS)
- No automated systems
- Don't know

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Done Local intranet 100%

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Test Demo Survey

25% 50% 75% 100%

You have completed 36% of questionnaire!

### F. TARGETING

**F1.1. Please indicate whether each category is a target population.**

|  | Yes                   | No                    | Don't Know            |
|--|-----------------------|-----------------------|-----------------------|
| a. American Indian or Alaska Native (alone)          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Asian (alone)                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Black or African American (alone)                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Native Hawaiian or other Pacific Islander (alone) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. White (alone) - Hispanic                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Person reporting 2 or more races                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Other<br>Please Specify <input type="text"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Hispanic (Total)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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