

Elders Program Meal & Needs Survey

Name (optional): _____

Date: _____

1. Do you currently receive meals from any program?

Yes No

2. Would you be interested in pre-packaged (ready-to-heat) meals?

Yes No Maybe

3. What do you think about pre-packaged meals?

Convenient

Not as good as fresh meals

Good for emergencies

I prefer home-cooked style meals

I don't mind either

4. Do you prefer:

Freshly cooked meals served on site

Take-home meals

Frozen meals

Shelf-stable meals (like pantry boxes)

5. Do you have any dietary needs?

Diabetic-friendly

Low sodium

Heart healthy

Soft foods

Traditional foods

No special diet

Other: _____

6. What Traditional foods would you like to see included?

7. Would you like cooking demonstrations or traditional food teachings?

Yes No

8. Do you have struggle with getting groceries?

Yes No Sometimes

9. Would transportation help you attend meal days?

Yes No

10. If carpooling were an option for getting to meals, would you choose to join that ride?

Yes No Comment:

11. What other services would help you most right now?

Home visits

Wellness checks

Cultural activities

Language gatherings

Help with paperwork

Social time with other elders

Other: _____

12. What do you like most about our Elders Program?

13. What would you like us to improve?

14. Is there anything else you would like us to know?
