

Meal Surveys

Meal Service Survey

Resident Name:

Date:

What do you like about mealtimes?

What would you change about mealtimes if you could?

What is something that all staff, or a particular staff member does around mealtimes that you really appreciate and value?

Name of staff assisting with the survey:

Meal Rating Survey

Resident Name:

Date:

Did the meal description match what you were served? If not, why not?

Did you receive the meal you ordered?

Did the meal smell inviting? (1 yuck, 3 ok, 5 delicious!)

1 2 3 4 5

Was it hot? (1 cold, 3 warm, 5 hot)

1 2 3 4 5

Did it taste good? (1 bad, 3 ok, 5 delicious)

1 2 3 4 5

Was the portion size right for you? (1 too small, 3, spot on, 5 too much)

1 2 3 4 5

Would you like to eat it again?

Yes No

Name of staff taking the survey:

Chef cooking today: