

Program Evaluation FY _____: Congregate Meal Program



This program is in part funded by Marin County Health and Human Services, Aging and Adult Services. By answering the following questions, you will inform the future planning of programs and services for older adults and family caregivers in Marin County. It is important that we hear from you. The information you will provide is kept confidential.

Meal Site: _____

1. Have you attended this meal site during the past month? Yes No
If you answered "No," skip to question 4. If you answered "Yes," please proceed.
2. In the past month, what is the overall *quality* of the meals you received? (check one)
 Excellent Good Fair Poor Very Poor
3. In the past month, the meal portion is typically: Generous Adequate Inadequate
If "Inadequate," give an example(s): _____
4. List your favorite menu items served in the meal program: _____
5. List menu items served that you dislike: _____
6. List items you would like added to the menu or served more often? _____
7. Are staff and volunteers helpful? Always Sometimes Needs improvement
8. What do you think of the atmosphere of the meal site (lighting, seating arrangement, room temperature, etc.)? Excellent Good Fair Poor Very Poor
9. During meal time, do you have time to socialize with your friends or meet new people?
 Always Sometimes Not at all
10. Overall, how satisfied are you with the meal program?
 Very Satisfied Somewhat Satisfied Not at all Satisfied
11. Overall, how has your health and well-being improved as a result of the meal program?
 Significantly Improved Somewhat Improved Stayed the Same
12. How long have you been participating in the Congregate Meal Program?
 Less than a year 1 to 2 years 2 to 3 years 3 or more years
13. How did you first learn about the Congregate Meal Program? Check all that apply.
 Community/senior center Newsletter (specify): _____
 Friend/acquaintance/word of mouth Service provider
 Family member Social worker/case worker
 Marin IJ Posting or flyer
 Other (please specify): _____

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14. What would you have done if the Congregate Meal Program w Turn over to the next page →

15. Would you use the Congregate Meal Program again in the future?

- Yes No Unsure

16. How likely is it that you would recommend the Congregate Meal Program to a family member, neighbor, or friend?

- Very likely Somewhat likely Not at all likely

17. If you are not likely to recommend this program or service to someone else, what might your reasons be?

Please explain: _____

18. Please indicate your level of agreement with the following questions. Circle your level of agreement for each question.

Question	Strongly			Strongly
	Agree	Agree	Disagree	Disagree
The Congregate Meal Program met my expectations.	4	3	2	1
The Congregate Meal Program met my needs.	4	3	2	1
The Congregate Meal Program provides high quality services.	4	3	2	1
The Congregate Meal Program was culturally appropriate.	4	3	2	1
The Congregate Meal Program is easily accessible.	4	3	2	1

19. In your opinion, what is the best part of this program? _____

20. What could we improve on to make this program even more successful? _____

21. What other services might you need at this time that you are not currently receiving?

22. What nutrition topics would you like to learn about? (Please check all that apply)

<input type="checkbox"/> Food Safety	<input type="checkbox"/> High Blood Pressure and Management
<input type="checkbox"/> Weight Management	<input type="checkbox"/> Constipation
<input type="checkbox"/> Bone Health	<input type="checkbox"/> Fat and Cholesterol
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Vitamins/ Minerals
<input type="checkbox"/> Exercise/ Fitness	<input type="checkbox"/> Heart Health
<input type="checkbox"/> Senior Nutrition Program Meal	<input type="checkbox"/> Other (specify) _____