

**Program Evaluation Fiscal Year \_\_\_\_\_: Home-Delivered Meal Program**

**Program Site:** \_\_\_\_\_



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.

**Town of residence:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Income/month:** \_\_\_\_\_ **#Meals received/week:** \_\_\_\_\_

1. In the past month, what is the overall *quality* of the meals you received? (check one)

- Excellent     Good     Fair     Poor     Very Poor

Please list specific comments or complaints: \_\_\_\_\_

2. Overall, the meal portion is (check one):  Generous     Adequate     Inadequate

If "Inadequate," give an example(s): \_\_\_\_\_

3. List your favorite menu items served in the meal program: \_\_\_\_\_

4. List menu items served that you dislike: \_\_\_\_\_

5. List items you would like added to the menu or served more often: \_\_\_\_\_

6. Is the person that delivers the meals to you courteous and helpful? (check one)

- Always                       Sometimes                       Needs improvement

7. Overall, how satisfied are you with the meal program?

- Very Satisfied                       Somewhat Satisfied                       Not at all Satisfied

8. Overall, how has your health and well-being improved as a result of the meal program?

- Significantly Improved                       Somewhat Improved                       Stayed the Same

9. I find the \$3.50 suggested donation for each meal to be:

- Too high                       Fair                       Too low

10. What do you think is an appropriate suggested donation per meal? \$ \_\_\_\_\_

11. Do the home delivered meals help keep you independent?    \_\_\_ Yes                      \_\_\_ No

***Part II: Program Planning Questions***

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12. How long have you been participating in the Home-Delivered Meal Program?

- Less than a year       1 to 2 years       2 to 3 years       3 or more years

Turn over to the next page →

13. How did you first learn about the Home-Delivered Meal Program? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Community/senior center           | <input type="checkbox"/> Newsletter (specify): _____ |
| <input type="checkbox"/> Friend/acquaintance/word of mouth | <input type="checkbox"/> Service provider            |
| <input type="checkbox"/> Family member                     | <input type="checkbox"/> Social worker/case worker   |
| <input type="checkbox"/> Marin IJ                          | <input type="checkbox"/> Posting or flyer            |
| <input type="checkbox"/> Other (please specify): _____     |  |

14. What would you have done if the Home-Delivered Meal Program was not available to you?

\_\_\_\_\_

15. Would you use the Home-Delivered Meal Program again in the future?

- Yes       No       Unsure

16. How likely is it that you would recommend the Home-Delivered 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 Home-Delivered Meal Program met my expectations.	4	3	2	1
The Home-Delivered Meal Program met my needs.	4	3	2	1
The Home-Delivered Meal Program provides high quality services.	4	3	2	1
The Home-Delivered Meal Program was culturally appropriate.	4	3	2	1
The Home-Delivered 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?

\_\_\_\_\_

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*Thank you for completing this questionnaire!*

