

CATERING SATISFACTION SURVEY



We aim to provide you with excellent food and catering services during your hospital stay. We know that if we listen carefully to your opinions, we can make our services even better. You do not need to give us your name - we'd still be very interested in your views.

Please take a moment to answer the questions below, and feel free to use the box at the end if you have any other comments about our catering services.

Ward number or name: _____	Month: _____
Name of patient: (optional) _____	
Are you MALE <input type="checkbox"/> or FEMALE <input type="checkbox"/>	
Year of Birth: _____	
Approximately how many days have you been in hospital? _____ days	

(please tick ✓)

- | | | |
|---|------------------------------|---|
| 1. Was the menu easy to understand? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Were you offered the kinds of meals you like to eat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was there enough choice for; | | |
| a) Breakfast? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Midday meal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Evening meal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Were there enough menu choices to suit your religious beliefs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| 5. Was there enough choice of vegetarian or vegan food? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |

(please tick ✓)

6. Were you made comfortable before the meal service? Yes No
7. Were you given the chance to freshen up before the meal service? Yes No
8. Were the meal times suitable? Yes No
9. Was the ward atmosphere pleasant during meal times? Yes No
10. Were the staff serving the meals friendly and helpful Yes No
11. If you needed help with eating, was it available? Yes No Not Applicable
12. Did you always get the meal you wanted from the trolley or ordered from the menu? Yes No
13. Could you get a drink or snack when you wanted? Yes No
14. If you missed a meal was a replacement offered? Yes No
15. Were you given enough to eat? Yes No

	Excellent	Good	Acceptable	Poor	Very Poor
16. How would you rate;					
a) the taste of meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) the temperature of food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) the appearance of meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How would you rate your overall satisfaction with the catering service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Thank You

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