

RESIDENT SURVEY: DINING SATISFACTION

If you are not happy for any reason, it's important to explain why you are not satisfied.

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| <p>1. Does staff treat you with respect and serve meals in a timely and friendly manner in a comfortable location? If you need assistance when eating, are you helped in a dignified way?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you usually eat and drink what you want and at the times and places of your choosing?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Can you choose your food selection at the time you eat rather than pre-selecting food and drink a meal, day or week ahead of the scheduled meal time?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Is it important to you that you can select foods at the time you will be eating the meal or snack? *
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are snacks and drinks available at all times to all residents at no additional cost, i.e., in a stocked pantry, refrigerator or snack bar? *
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Is it important to you to have the snacks you desire, available when you want them? *
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>7. Is there a café, restaurant, tavern, or canteen available to residents, families and visitors at which people can purchase food and drinks?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. If you do not like what was served to you, are there tasty and nourishing alternatives available?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Do you, staff and your visitors have access to a kitchenette or kitchen area, with at least a fridge and a stove, where cooking and baking are welcomed? *
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Is there a special dining room (not the main dining area) available for family use and gatherings? *
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Is your birthday celebrated individually rather than, or in addition to, celebrating birthdays in a group each month?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Is it important to you to have a convenient place to safely store and heat your own food? *
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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WHY are you not satisfied? Please offer details.

What do you suggest for fixing this problem?

Question _____

Question _____

Question _____