

*We are improving the hospital foodservice and we need to know your opinions by completing this questionnaire. Participation in this survey is completely voluntary. Your response will not affect your care in anyway, and will remain confidential. Thank you.*

1. The hospital food has been as good as I expected	Always	Often	Sometimes	Rarely	Never
2. The crockery and cutlery are chipped and/or stained	Always	Often	Sometimes	Rarely	Never
3. The staff who deliver my meals are neat and clean	Always	Often	Sometimes	Rarely	Never
4. The hospital smells stop me from enjoying my meals	Always	Often	Sometimes	Rarely	Never
5. I am able to choose a healthy meal in hospital	Always	Often	Sometimes	Rarely	Never
6. I am disturbed by the noise of finished meal trays being removed	Always	Often	Sometimes	Rarely	Never
7. The cold drinks are just the right temperature	Always	Often	Sometimes	Rarely	Never
8. I like the way the vegetables are cooked	Always	Often	Sometimes	Rarely	Never
9. The meals taste nice	Always	Often	Sometimes	Rarely	Never
10. The hot drinks are just the right temperature	Always	Often	Sometimes	Rarely	Never
11. The staff who take away my finished meal tray are friendly and polite	Always	Often	Sometimes	Rarely	Never
12. I like to be able to choose different sized meals	Always	Often	Sometimes	Rarely	Never
13. The menu has enough variety for me to choose meals that I want to eat	Always	Often	Sometimes	Rarely	Never
14. The cold foods are the right temperature	Always	Often	Sometimes	Rarely	Never
15. The staff who deliver my menus are helpful	Always	Often	Sometimes	Rarely	Never
16. The meals have excellent and distinct flavours	Always	Often	Sometimes	Rarely	Never
17. The hot foods are just the right temperature	Always	Often	Sometimes	Rarely	Never
18. The meat is tough and dry	Always	Often	Sometimes	Rarely	Never
<b>Overall, how would you rate your satisfaction with the foodservice</b>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Okay <input type="checkbox"/>	Poor <input type="checkbox"/>	Very poor <input type="checkbox"/>

**Please feel free to make any other comments about the hospital foodservice:**

## ADDITIONAL QUESTIONS

20. I receive enough food	Always	Often	Sometimes	Rarely	Never
21. I still feel hungry after my meal	Always	Often	Sometimes	Rarely	Never
22. I feel hungry in between meals	Always	Often	Sometimes	Rarely	Never

## GENERAL INFORMATION

This section is asking for some information about yourself. This information will enable us to identify the level of satisfaction of various groups of our clients, which in turn will help us to achieve our goal of making our foodservice the very best.

All information will be confidential. All questions are optional and please do not complete any questions you feel uncomfortable answering.

**Your approximate age is** .....

**Your gender is:** (please tick the appropriate box)

Female

Male

**How long have you been in hospital (this time)?** (please tick the appropriate box)

less than  
1 week

1-2  
weeks

2-4  
weeks

1-2  
months

more than  
2 months

**As compared to your normal food intake, how would you rate your food intake for the majority of your hospital stay (this time)?** (Please tick the appropriate box)

unchanged

More than usual

Less than usual

**What sort of diet have you been on for the majority of your hospital stay (this time)?** (Please tick the appropriate box)

Standard/ Diabetic/ Cardiac menu

High Protein/ High Energy menu

Restricted diet for medical reasons eg. renal diet, gluten free, allergy

Minced or Pureed diet

Don't know

Was assistance required to complete this survey? (Please tick the appropriate box)

No

Yes