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

Overall, how would you rate your satisfaction with the foodservice

Very good       Good       Okay       Poor       Very poor

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<tbody>
<tr>
<td>20. I receive enough food</td>
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<td>21. I still feel hungry after my meal</td>
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<tr>
<td>22. I feel hungry in between meals</td>
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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