

MEALS ON WHEELS QUALITY CONTROL CHECK

We would like to know what you think about your meals on wheels. Please complete the form below, and return it to us, in the stamped address envelope provided.

Completing this form will help us continue to improve service delivery.

About the Meal

What time does your meal generally arrive?

What time did your meal arrive today?

What is the main meal today?

Would you say that your dietary requirements are being met?

What was the temperature of the meal when it arrived today? Would you say it was: -

Very hot

Hot

Warm

Cold

If you had a salad, was it?

Very cold

Just right

Warm

About the Dessert

What is the dessert today?

Would you say the dessert is

Very good

Good

Satisfactory

Poor

Overall, do you think the meal and dessert is

Very good

Good

Fair

Poor

About the delivery staff

The person who delivered the meal was he/she friendly and helpful?

If a key was required for access, did he/she use it?

About Payment

How do you pay for your meals?

Cash Cheque

Do you pay weekly or monthly? Please circle.

Please add any other comment.

Signature: _____

Date check carried out _____

Check carried out by (Please print name) _____

