

Appendix D

Sample Client Satisfaction Survey

Thank you for your participation in the (PROGRAM NAME) at (RESTAURANT)! The (AGENCY NAME) would like to know about your experience as a client of the program. Please complete the survey below and return by mail to:

(AGENCY NAME)
(ADDRESS)
(ADDRESS)

1. At what mealtime do you dine at the restaurant? Select all that apply.

☐ Breakfast ☐ Lunch ☐ Dinner

2. What type of meal(s) did you receive? Select all that apply.

☐ Dine In ☐ To-Go

3. How many days per week do you dine with (PROGRAM NAME) at (RESTAURANT)?

☐ 1 – 3 ☐ 3 – 5 ☐ 5 – 7

Please rate your level of satisfaction for the following:

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
Quality of the meals received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste of the meals received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menu options for meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service at restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process to redeem meal vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of dining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space below to share any additional feedback. Please provide comments to any statements you noted as “dissatisfied” or “very dissatisfied.”

We appreciate your feedback!