



THE UNIVERSITY
OF QUEENSLAND

Resident Foodservice Satisfaction Questionnaire: Short Version

*We are improving the foodservice and we need to know your opinions.
Participation in this survey is **voluntary and anonymous**. Please complete this
questionnaire at your leisure.*

*Please be completely honest.
Your answers will not compromise your care in any way.*

Thank you.

GENERAL INFORMATION

This information will enable us to identify the level of satisfaction of various groups of our clients, which will help us to assure the quality of our foodservice. All information will be treated as **confidential**. All questions are optional. Please do not complete any questions you feel uncomfortable answering.

Your age is:

Your gender is: (please tick the appropriate box)

Female

☐

Male

☐

Your country of birth was:

Your *first* language is: (please tick the appropriate box)

English

☐

Other

.....
....

How long have you been living in this facility?

When did you choose your meal? (please tick the appropriate box)

No ☐
choice

3 or more ☐
days ago

2 or more ☐
days ago

Yesterday ☐

Today ☐

Just ☐
before I
eat

How is your appetite today? (please tick the appropriate box)

About normal ☐

Better than normal ☐

Worse ☐
than
normal

In general, would you say your health is: (please circle)

Excellent

Very good

Good

Fair

Poor

What sort of diet are you on?

(Please tick the appropriate box)

Normal

☐

Pureed

☐

Fat or carbohydrate
modified

☐

Reduced/low salt

☐

Texture modified soft

☐

Other special diets

☐

Fibre modified

☐

Fluid restricted

☐

Energy and protein
increased

☐

Not sure

☐

This section asks about your opinions of our foodservice

PLEASE MARK YOUR ANSWER WITH A CIRCLE OR A TICK

HUNGER & FOOD QUANTITY						
1. I receive enough food	Always	Often	Sometimes	Rarely	Never	Does not apply
2. I still feel hungry after my meal	Always	Often	Sometimes	Rarely	Never	Does not apply
3. I feel hungry in between meals	Always	Often	Sometimes	Rarely	Never	Does not apply
STAFF/SERVICE ISSUES						
4. I am treated with respect by the staff at mealtimes	Always	Often	Sometimes	Rarely	Never	Does not apply
5. The staff who serve my meals are friendly and polite	Always	Often	Sometimes	Rarely	Never	Does not apply
AUTONOMY						
6. I am asked about my food and drink preferences	Always	Often	Sometimes	Rarely	Never	Does not apply
7. I am able to choose where I sit to eat my meal	Always	Often	Sometimes	Rarely	Never	Does not apply
8. I am able to make suggestions for the menu	Always	Often	Sometimes	Rarely	Never	Does not apply
MEAL QUALITY & ENJOYMENT						
9. The meals taste nice	Always	Often	Sometimes	Rarely	Never	Does not apply
10. The meals have excellent and distinct flavours	Always	Often	Sometimes	Rarely	Never	Does not apply
11. I like the way the vegetables are cooked	Always	Often	Sometimes	Rarely	Never	Does not apply
12. There is enough variety for me to choose meals that I want to eat	Always	Often	Sometimes	Rarely	Never	Does not apply
13. The meat is tough and dry	Always	Often	Sometimes	Rarely	Never	Does not apply
14. The food has been as good as I expected	Always	Often	Sometimes	Rarely	Never	Does not apply
15. I really enjoy eating my meals	Always	Often	Sometimes	Rarely	Never	Does not apply
16. My meals help me to feel good	Always	Often	Sometimes	Rarely	Never	Does not apply
17. I like the amount of food choice I have	Always	Often	Sometimes	Rarely	Never	Does not apply
18. I like the way my meals are presented	Always	Often	Sometimes	Rarely	Never	Does not apply
ADDITIONAL ITEMS						
19. The dining room has a nice social atmosphere at meal times	Always	Often	Sometimes	Rarely	Never	Does not apply
20. The hot foods are just the right temperature	Always	Often	Sometimes	Rarely	Never	Does not apply
21. The vegetables are too soft	Always	Often	Sometimes	Rarely	Never	Does not apply
22. The vegetables are too crisp	Always	Often	Sometimes	Rarely	Never	Does not apply
23. I can suggest the timing of my meals	Always	Often	Sometimes	Rarely	Never	Does not apply
24. I am able to choose the size of my meal	Always	Often	Sometimes	Rarely	Never	Does not apply
Overall, how would you rate your satisfaction with the foodservice	Very good	Good	Okay	Poor	Very poor	

Please turn over

What time of day is it at the moment?

Please make some general comments or suggestions:

THANK YOU VERY MUCH FOR YOUR TIME

Dining location

Own room ☐

Dining room ☐

Did you have any assistance with completing this questionnaire?

Yes ☐

No ☐

Reason for assistance: _____