

Weekly Catering Patient Experience Survey



Our aim is to provide you with excellent food and catering services during your stay in hospital. We know that if we listen carefully to your opinions, we can make our services even better.

Therefore please would you complete this questionnaire using the box at the end if you have any other comments about our catering service.

Thank you

Ward number/name: Date:

Patient Survey

- | | | | | | | |
|------|--|--|-----|----|--|--|
| 1). | Did you choose your own meals? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> | Yes | No | | |
| Yes | No | | | | | |
| | | | | | | |
| 2). | Did you get what you ordered? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> | Yes | No | | |
| Yes | No | | | | | |
| | | | | | | |
| 3). | Were you offered the full range of hot and cold choices? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> | Yes | No | | |
| Yes | No | | | | | |
| | | | | | | |
| 4). | Did you feel there was enough choice? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> | Yes | No | | |
| Yes | No | | | | | |
| | | | | | | |
| 5). | Did you find the hot meal hot? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> | Yes | No | | |
| Yes | No | | | | | |
| | | | | | | |
| 6). | Was there any problems with your food during your stay? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> | Yes | No | | |
| Yes | No | | | | | |
| | | | | | | |
| 7). | Did you always get enough to eat? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> | Yes | No | | |
| Yes | No | | | | | |
| | | | | | | |
| 8). | Could you get a snack if you were hungry? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> | Yes | No | | |
| Yes | No | | | | | |
| | | | | | | |
| 9). | Did you have fresh drinking water and was it changed during the day? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> | Yes | No | | |
| Yes | No | | | | | |
| | | | | | | |
| 10). | Were you offered a hot drink? (please tick relevant boxes) | | | | | |

Breakfast	Mid-morning	Lunch	Mid-Afternoon	Evening Meal	Supper

- 11). Overall how did you rate the quality of the meal?

VGood	Good	Poor	Unacceptable

Are there any other comments that you would like to add to help us improve our services?:
