Nutrition and Food Complaints

Resident Name:_____ **Staff Interviewer:**_____

Date of Interview:_____/_____/_____
mm dd yy

Check Response
DK = Don't Know NR = No Response or Nonsense Response REF=Refusal to answer question

Food Complaints:

1. Do you like the food here? ___YES ___NO ___SOMETIMES ___DK/NR/REF

IF NO, what would you change to make it better?(i.e., *more salt, sugar, no restricted diet*)

2. Do you feel that there enough variety / food choices? ___YES ___NO ___SOMETIMES ___DK/NR/REF

3. Does the food look good / appetizing / attractive to you? ___YES ___NO ___ SOMETIMES ___DK/NR/REF

4. Is the food served at the right temperature (i.e., *coffee and soup served hot; jello served cold*)?
___YES ___NO ___SOMETIMES ___DK ___NR

5. If you don't like the food that you are given, can you get something else instead? (or do you just have to wait until the next meal is served and hope that you will like that)? ___YES ___NO ___SOMETIMES ___DK/NR/REF

TOTAL SCORE FOOD COMPLAINTS (Total number of "no"s to Questions 1-5): _____

PRESENCE OF FOOD COMPLAINTS (Any "no" answer to Questions 1-5): Complaints No Complaints

Do not calculate total score only if all responses to questions 1-5 were DK/NR/REF
A response of "sometimes" should be treated as a "no" (1 point) in scoring.

Food and Dining Location Preferences:

6. Would you like to have a snack (*e.g., fruit, pudding, cookies, juice*) between meals (*breakfast, lunch, dinner*)?
___YES ___NO ___SOMETIMES ___DK ___NR

IF YES, What kinds of foods/drinks would you like to have for a snack?

7. Where do you like/prefer to eat:

Breakfast:	____ In Room	____ Outside of Room	____ Dining Room
Lunch:	____ In Room	____ Outside of Room	____ Dining Room
Dinner:	____ In Room	____ Outside of Room	____ Dining Room

Interview outcome
Complete ___ 1
Incomplete DK ___ 2
Incomplete NR ___ 3
Incomplete REF ___ 4