

Patient Catering Survey

About this questionnaire

Your views can help improve the Catering Service this Hospital provides.

This questionnaire has been sent to you to find out where improvements in quality can be made, and we would like your help to do this.

Your reply is totally confidential - no one will be told what your personal views are.

To fill in the questionnaire, just tick the boxes next to the answers that are closest to your views. Please only choose one answer per question.

Thank you for your help.

Please complete and hand back to a member of Nursing Staff

Ward Name:



MENUS

Which type of menu have you been choosing from ?	Standard	
	Special Diet (Please specify type)	
	Religious/cultural (Please specify type)	

	Yes	No	Don't Know	N/A
1. Were you asked if you had any special dietary requirements?				
2. Is the menu well presented and clear?				
3. Are dishes clearly explained?				
4. Are you aware of how the meal ordering system works?				
5. Are all items listed on the menu available?				

CHOICE

	Yes	No	Don't Know	N/A
1. Can you choose from at least 3 main courses?				
2. Is there a vegetarian choice?				
3. Is there a lighter alternative?				
4. Does the main meal consist of at least 2 courses?				

AVAILABILITY

	Yes	No	Don't Know	N/A
1. Can you obtain a replacement meal or snack if required?				
2. Are you offered snacks between meals at least twice per day?				
3. Are hot and cold drinks available between meals?				

QUALITY

	Yes	No	Don't Know	N/A
1. Is meat free from gristle and excessive fat?				
2. Are vegetables well cooked but not too soft?				
3. Are sauces (sweet or savoury) not watery or too thick?				
4. Are salads crisps and fresh?				
5. Is the bread good quality?				
6. Have you ever left a meal because it looked/smelt/tasted unappetising				

QUANTITY

	Yes	No	Don't Know	N/A
1. Do you receive enough to eat?				

TEMPERATURE

	Yes	No	Don't Know	N/A
1. Are you happy with the temperature of the hot meals?				
2. Was each course served separately?				

PRESENTATION

	Yes	No	Don't Know	N/A
1. Does the food look good on the plate?				
2. Is crockery matching?				
3. Is crockery free from chips, scratches and discolouration?				
4. Are trays clean and in good condition?				
5. Is cutlery clean and free from smears and stains?				

SERVICE

	Yes	No	Don't Know	N/A
1. Have you been offered condiments(salt, pepper, sauces etc)?				
2. Are you given the opportunity to freshen your hands before eating?				
3. Are you given sufficient time to eat your meal?				
4. Are staff polite and helpful at mealtimes?				

HELP WITH EATING

If you require help with eating –

	Yes	No	Don't Know	N/A
1. Are staff available to help?				
2. Is special cutlery available if required?				

REFRESHMENTS AND SHOPS

	Yes	No	Don't Know	N/A
1. Are you able to buy newspapers and personal items?				
2. Have visitors been able to get food if required?				

DURING MEAL TIMES

	Yes	No	Don't Know	N/A
1. Is the environment peaceful?				
2. Have you been disturbed by visitors or staff?				

COMMENTS

