



MEALS 4 HEALTH AND HEALING POST-PROGRAM SURVEY

At The Heimerdinger Foundation and through our Meals 4 Health and Healing program, our top priority is providing our clients with food that is nutritious, delicious, and beautiful - with food that is nourishing not only physically but emotionally as well.

Now that you have completed the Meals 4 Health and Healing program, please take a few minutes to answer the survey questions below. We will use the results from your survey to help us evaluate the impact of our program. We will also use this information to help us secure funding to keep our program running and to reach even more people. Thank you for your help in this process!

1. Please rate how often you identify with the following statements related to your physical and emotional well-being while receiving Meals 4 Health and Healing.

	Never	Rarely	Neutral	Sometimes	Often
A. I have a lack of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. I am bothered by side effects of treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. I enjoy food/I look forward to meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. I feel cared for by others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. I feel alone in my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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2. Please rate the level to which you agree or disagree with the following statements about nutrition.

Strongly disagree Disagree Neutral Agree Strongly Agree

A. I know the benefits of eating healthy.

B. It is important to me that my family members have healthy eating habits.

C. I consider my current eating habits to be healthy.

D. I feel confident that I can cook a meal from scratch using real ingredients.

E. I eat fast food or packaged food often.

F. I drink soda, juice, sweet tea, or other sweetened beverages often.

3. How many servings of vegetables do you eat in a typical day?

(One serving of vegetables = 1 cup of raw or ½ cup of cooked)

0 1 2 3 4 5 6+

4. How many servings of fresh fruit do you eat in a typical day?

(One serving of fruit = 1 medium whole fruit such as an apple or ½ cup of chopped)

0 1 2 3 4 5 6+

5. How many servings of whole grains do you eat in a typical day?

(One serving of whole grains = 1 piece of whole wheat bread or ½ cup cooked whole-grain pasta, brown rice, oatmeal or other grain)

0 1 2 3 4 5 6+

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6. How many servings of gluten-free grains do you eat in a typical day?

(One serving of gluten-free grains = ½ cup wild rice, quinoa, or millet)

- 0 1 2 3 4 5 6+

7. How many times during a typical week do you eat lean protein fish/chicken?

- 0 1 2 3 4 5 6+

8. How similar or different is the food you received from Meals 4 Health and Healing compared to what you normally eat now?

- very similar somewhat similar somewhat different very different

9. How long have you been a client?

- less than 1 month 1 to 3 months more than 3 months

10. Did you receive any nutritional information/guidance from your medical team during treatment [yes] [no]. If so, was it different from the nutrition information provided by our program?

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Please add any additional comments you wish to make about completing our Meals 4 Health and Healing program and/or ideas on how we can improve our service to clients:

Date:

Name:

Thank you for your feedback! It was a pleasure working with you!