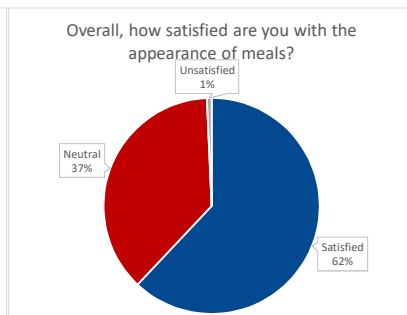
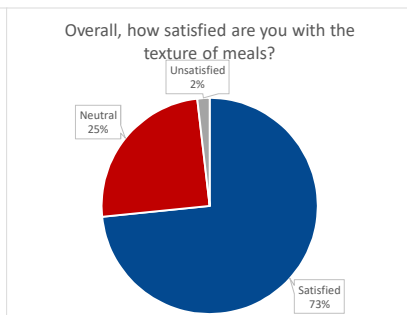
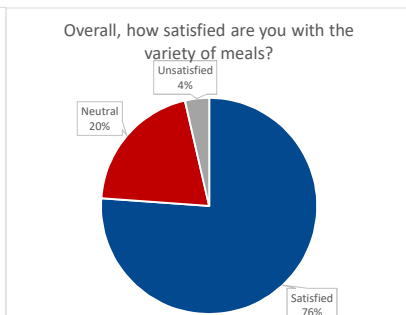
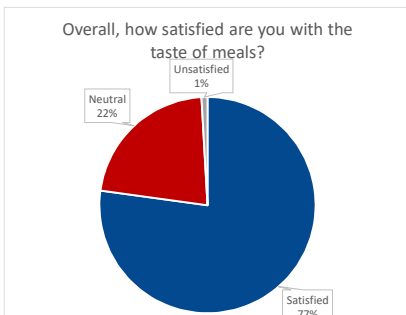
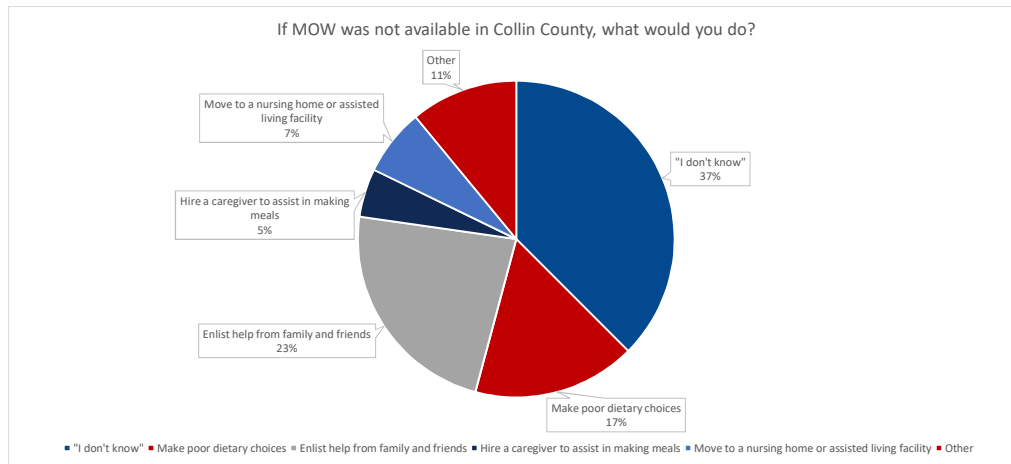
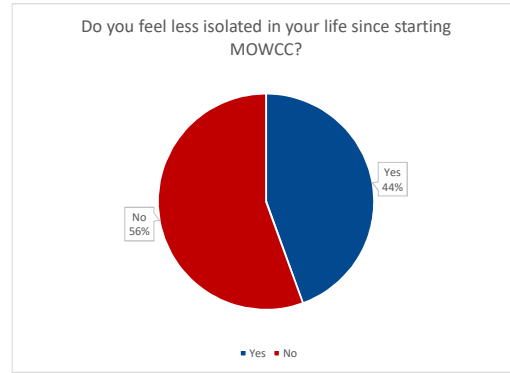
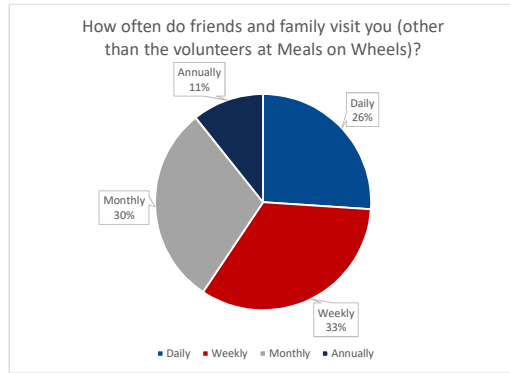
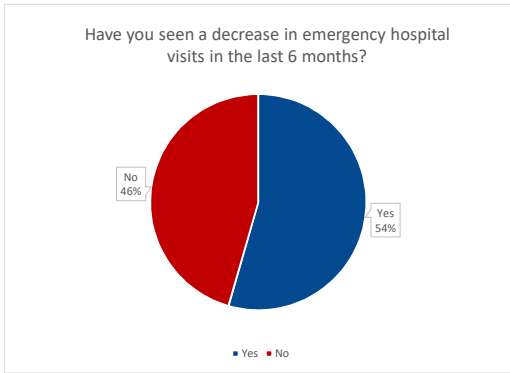
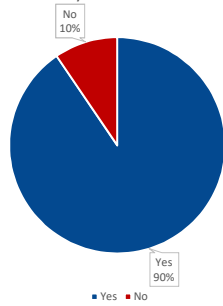


46% Participation



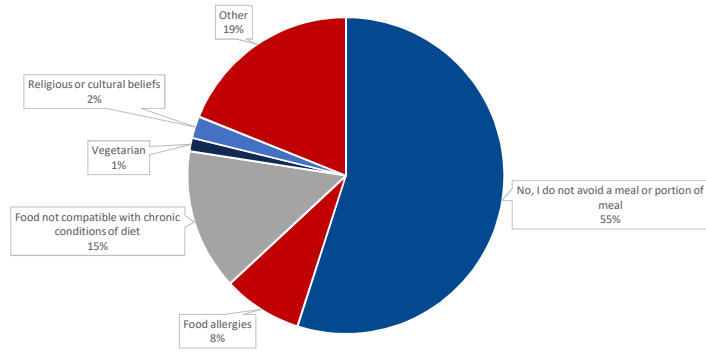
■ Satisfied ■ Neutral ■ Unsatisfied

Do you usually eat the vegetables provided with your meal?



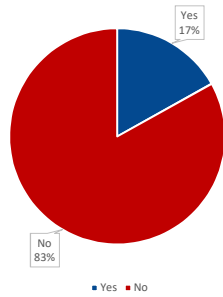
■ Satisfied ■ Neutral ■ Unsatisfied

Do you ever avoid eating a meal or a portion of a meal for any of the following reasons?

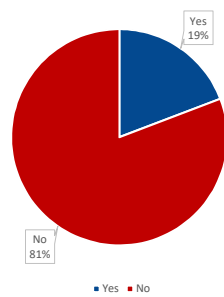


■ No, I do not avoid a meal or portion of meal ■ Food allergies ■ Food not compatible with chronic conditions of diet ■ Vegetarian ■ Religious or cultural beliefs ■ Other

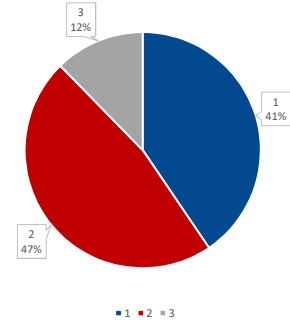
Are you still hungry after eating meals provided by MOW?



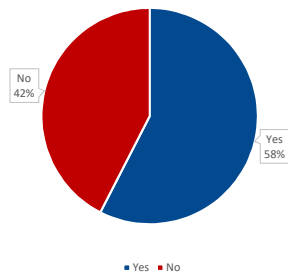
Is the food provided by Meals on wheels the only meal you eat in a day?



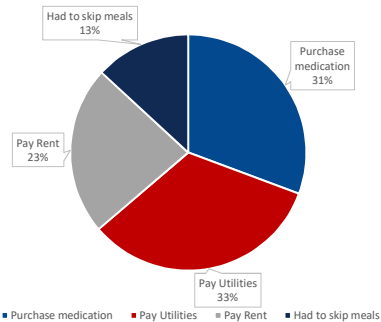
If not, how many other meals do you eat in a day?



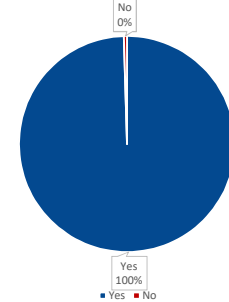
Do you always have enough money of food stamps to buy the food you need?



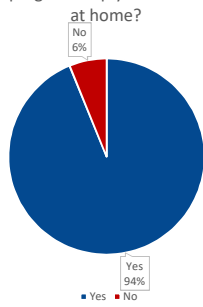
If no, circle all that apply



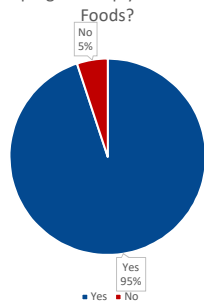
Would you recommend Meals on Wheels program to a friend?



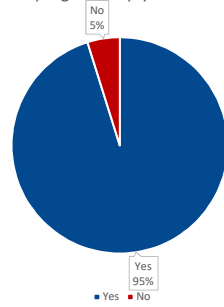
Do services received from Meals on Wheels program help you continue to live at home?



Do services received from Meals on Wheels program help you Eat healthier Foods?



Do services received from Meals on Wheels program help you Feel Better?



Do services received from Meals on Wheels program help you feel safe?

