

Tell Us What You Think.....*Your Opinion Matters!*

2015

MASTER HOME DELIVERED MEALS SURVEY

1. How would you rate the way the food tastes?

☐ Poor 2 Fair 17 Good 11 Very Good 5 Excellent

Comments Hard for me to judge as I have a loss of taste and smell.

Could use more flavor, the meals are very bland, too much spinach, I don't like it.

Always warm and delicious.

Somedays.

2. Do the meals look good on a regular basis? 1 No 33 Yes

3. Is the hot food hot and cold food cold when it is delivered? 1 No 33 Yes

If no, please comment: Not hot enough for me, I always put in the microwave.

Sometimes.

Unless some talk too much on the way then it comes at 12:00 pm and it's cold, 2x only.

Most of the time.

4. Have you noticed any recent changes in the quality of the food?

30 No 1 Yes *If yes:* 2 Better ☐ Worse

Please Comment Always delicious.

About the same.

The food is very good.

I haven't been on the program long enough to complain.

5. How much of the food you eat that entire day is from the home delivered meal?

About one quarter (1/4th) 3 11 About one third (1/3rd)

11 About half (1/2) 4 About two thirds (2/3rd)

6 Greater than two thirds (2/3rd)

6. Having meals delivered in person offers: (check all that apply)

22 Someone to talk to 12 A sense of safety and security

13 A link to get more support if I need it 9 None of the above

7. Do you eat healthier foods as a result of the meals program?

5 No 30 Yes

8. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

18 Yes ☐ No ☐ Not Applicable (N/A)

9. Does receiving home delivered meals help you continue to live freely where you choose? 24 Yes 2 No 2 Don't know

Please continue survey on back →

10. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

8 Yes 5 No 7 Don't know 15 Not applicable (N/A)

11. If you did not receive these meals, would you still have at least one hot, freshly prepared meal to eat daily? 15 No 18 Yes

12. If the meals were not available, would there be days you do not get enough to eat?

25 No 9 Yes

13. During the past month, did you skip any meals because you had to use money for other living expenses? 32 No 3 Yes

14. Overall, do you feel the Meals on Wheels program has improved your quality of life?

4 No 31 Yes

15. Are you satisfied with the service you receive from Meals on Wheels?

☐ Never ☐ Seldom 2 Sometimes 7 Usually 26 Always

16. On most days, is the Meals on Wheels driver the only person you see?

22 No 13 Yes

What would you like to see us do differently?

Your doing fine.

I am quite satisfied.

Please leave off gravy on any food if possible.

More fruit than desserts.

Have larger portions?

Have a choice when the menu says spinach.

Would prefer fruit or vegetable.

Everything good, thank you. It would be nice if we could evaluate some of the food choices – to see if a majority doesn't like a certain meal. I would like some soup occasionally as well as a sandwich.

Additional comments:

Thanks for the service.

I am very happy with the food. Thank you to all the delivery people, they are happy and inquire if I am doing ok etc. they truly care. It's great to see a positive person!

I really enjoy the meals, they are healthy, I don't always get my veggies, and healthy things I miss everyday without them.

The meals are good, except for the swiss spinach, I tried it and it's horrid.

The meals could use a little more desserts.

Keep up the good work, well done my good and faithful servants.

Thank you to all connected to the program, especially all the volunteers that make this possible.

I really appreciate how someone calls after I don't answer right away when the food is delivered to ask if I'm ok! I really appreciate how someone at the American Legion agreed to go get my blood pressure medicine after I forgot to pick it up in time!

Thankful always.

Thankful for your services and grateful to all men and women who deliver the meals.

Tell Us What You Think.....*Your Opinion Matters!*

JEFFERSON HOME DELIVERED MEAL Survey

1. How would you rate the way the food tastes?

0 Poor 1 Fair 5 Good 3 Very Good 4 Excellent

Comments **Could use more flavor, the meals are very bland. Too much spinach, I don't like it.**

2. Do the meals look good on a regular basis? 0 No 13 Yes

3. Is the hot food hot and cold food cold when it is delivered? ☐ No 13 Yes

If no, please comment **Unless some talk too much on the way then it comes at 12:00 pm and it's cold, 2x only. Most of the time.**

4. Have you noticed any recent changes in the quality of the food?

10 No 1 Yes *If yes:* 1 Better ☐ Worse

Please Comment **About the same. The food is very good.**

5. How much of the food you eat that entire day is from the home delivered meal? 2

2 About one quarter (1/4th) 3 About one third (1/3rd)

2 About half (1/2) 3 About two thirds (2/3rd)

3 Greater than two thirds (2/3rd)

6. Having meals delivered in person offers: (check all that apply)

9 Someone to talk to 3 A sense of safety and security

5 A link to get more support if I need it 3 None of the above

7. Do you eat healthier foods as a result of the meals program?

0 No 13 Yes

8. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

6 Yes 0 No 2 Not Applicable (N/A)

9. Does receiving home delivered meals help you continue to live freely where you choose? 12 Yes 1 No 0 Don't know

Please continue survey on back →

10. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

3 Yes 2 No 2 Don't know 6 Not applicable (N/A)

11. If you did not receive these meals, would you still have at least one hot, freshly prepared meal to eat daily? 7 No 6 Yes

12. If the meals were not available, would there be days you do not get enough to eat?

9 No 4 Yes

13. During the past month, did you skip any meals because you had to use money for other living expenses? 13 No 0 Yes

14. Overall, do you feel the Meals on Wheels program has improved your quality of life?

1 No 12 Yes

15. Are you satisfied with the service you receive from Meals on Wheels?

☐ Never ☐ Seldom 0 Sometimes 1 Usually 12 Always

16. On most days, is the Meals on Wheels driver the only person you see?

11 No 2 Yes

What would you like to see us do differently?

Have a choice when the menu says spinach. Would Prefer fruit or veg.

Additional comments: I am very happy with the food. Thank you to all the delivery people, they are happy and inquire if I am doing ok etc. they truly care. It is great to see a positive person!

I really enjoy the meals, they are healthy, I don't always get my vegs., and healthy things I miss every day without them.

The meals are good, except for that swiss spinach. I tried it and it's horrid.

The meals could use a little more desserts.

Keep up the good work. Well done my good and faithful servants.

Tell Us What You Think.....*Your Opinion Matters!*

JOHNSON CREEK HOME DELIVERED MEALS Survey

1. How would you rate the way the food tastes?

☐ Poor ☐ Fair 1 Good 1 Very Good ☐ Excellent

Comments _____

2. Do the meals look good on a regular basis? ☐ No 2 Yes

3. Is the hot food hot and cold food cold when it is delivered? ☐ No 2 Yes

If no, please comment: _____

4. Have you noticed any recent changes in the quality of the food?

2 No ☐ Yes If yes: ☐ Better ☐ Worse

Please Comment _____

5. How much of the food you eat that entire day is from the home delivered meal?

☐ About one quarter (1/4th) ☐ About one third (1/3rd)

2 About half (1/2) ☐ About two thirds (2/3rd)

☐ Greater than two thirds (2/3rd)

6. Having meals delivered in person offers: (check all that apply)

2 Someone to talk to ☐ A sense of safety and security

☐ A link to get more support if I need it ☐ None of the above

7. Do you eat healthier foods as a result of the meals program?

1 No 1 Yes

8. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

1 Yes ☐ No 1 Not Applicable (N/A)

9. Does receiving home delivered meals help you continue to live freely where you choose? 1 Yes 1 No ☐ Don't know

Please continue survey on back →

10. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

☐ Yes ☐ No ☐ Don't know 2 Not applicable (N/A)

11. If you did not receive these meals, would you still have at least one hot, freshly prepared meal to eat daily? ☐ No 2 Yes

12. If the meals were not available, would there be days you do not get enough to eat?

2 No ☐ Yes

13. During the past month, did you skip any meals because you had to use money for other living expenses? 2 No ☐ Yes

14. Overall, do you feel the Meals on Wheels program has improved your quality of life?

1 No 1 Yes

15. Are you satisfied with the service you receive from Meals on Wheels?

☐ Never ☐ Seldom ☐ Sometimes ☐ Usually 2 Always

16. On most days, is the Meals on Wheels driver the only person you see?

1 No 1 Yes

What would you like to see us do differently?

Your doing fine. I am quite satisfied.

Additional comments:

Thank you for completing this survey

Tell Us What You Think.....*Your Opinion Matters!*

LAKE MILLS HOME DELIVERED MEAL Survey

1. How would you rate the way the food tastes?

0 Poor 0 Fair 3 Good 2 Very Good 0 Excellent

Comments

2. Do the meals look good on a regular basis? 1 No 4 Yes

3. Is the hot food hot and cold food cold when it is delivered? ☐ No 4 Yes

If no, please comment **Sometimes.**

4. Have you noticed any recent changes in the quality of the food?

4 No Yes If yes: Better ☐ Worse

Please Comment

5. How much of the food you eat that entire day is from the home delivered meal? 2

About one quarter (1/4th) 3 About one third (1/3rd)

1 About half (1/2) About two thirds (2/3rd)

1 Greater than two thirds (2/3rd)

6. Having meals delivered in person offers: (check all that apply)

4 Someone to talk to 3 A sense of safety and security

3 A link to get more support if I need it 1 None of the above

7. Do you eat healthier foods as a result of the meals program?

1 No 4 Yes

8. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

2 Yes 2 No 1 Not Applicable (N/A)

9. Does receiving home delivered meals help you continue to live freely where you choose? 5 Yes No Don't know

Please continue survey on back →

10. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

2 Yes 1 No 0 Don't know 2 Not applicable (N/A)

11. If you did not receive these meals, would you still have at least one hot, freshly prepared meal to eat daily? 2 No 3 Yes

12. If the meals were not available, would there be days you do not get enough to eat?

4 No 1 Yes

13. During the past month, did you skip any meals because you had to use money for other living expenses? 5 No 0 Yes

14. Overall, do you feel the Meals on Wheels program has improved your quality of life?

1 No 4 Yes

15. Are you satisfied with the service you receive from Meals on Wheels?

☐ Never ☐ Seldom 1 Sometimes 1 Usually 3 Always

16. On most days, is the Meals on Wheels driver the only person you see?

3 No 2 Yes

What would you like to see us do differently?

Have larger portions?

Additional comments: Thank you to all connected to the program, especially all the volunteers that make this possible.

Tell Us What You Think.....*Your Opinion Matters!*

PALMYRA HOME DELIVERED MEAL Survey

1. How would you rate the way the food tastes?

0 Poor 0 Fair 1 Good 2 Very Good 1 Excellent

Comments **Always warm and delicious.**

2. Do the meals look good on a regular basis? 0 No 4 Yes

3. Is the hot food hot and cold food cold when it is delivered? ☐ No 4 Yes

If no, please comment

4. Have you noticed any recent changes in the quality of the food?

3 No Yes If yes: 1 Better ☐ Worse

Please Comment **Always delicious.**

5. How much of the food you eat that entire day is from the home delivered meal? 2

About one quarter (1/4th) 1 About one third (1/3rd)

3 About half (1/2) About two thirds (2/3rd)

Greater than two thirds (2/3rd)

6. Having meals delivered in person offers: (check all that apply)

3 Someone to talk to 2 A sense of safety and security

3 A link to get more support if I need it 1 None of the above

7. Do you eat healthier foods as a result of the meals program?

No 4 Yes

8. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

4 Yes 0 No Not Applicable (N/A)

9. Does receiving home delivered meals help you continue to live freely where you choose? 4 Yes No Don't know

Please continue survey on back →

10. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

1 Yes

No

1 Don't know

2 Not applicable (N/A)

I can not afford!

11. If you did not receive these meals, would you still have at least one hot, freshly prepared meal to eat daily? 2 No 2 Yes

12. If the meals were not available, would there be days you do not get enough to eat?

2 No

2 Yes

13. During the past month, did you skip any meals because you had to use money for other living expenses? 1 No 3 Yes

14. Overall, do you feel the Meals on Wheels program has improved your quality of life?

No

4 Yes

15. Are you satisfied with the service you receive from Meals on Wheels?

☐ Never

☐ Seldom

Sometimes

1 Usually

3 Always

16. On most days, is the Meals on Wheels driver the only person you see?

2 No

2 Yes

What would you like to see us do differently?

More fruit instead of desserts.

Additional comments: I really appreciate how someone calls after I don't answer right away when food is delivered to ask if I'm ok! I really appreciate how someone at the American Legion agreed to go get my blood pressure medicine after I forgot to pick it up in time! Thankful always.

Tell Us What You Think.....*Your Opinion Matters!*

ROME Meals on Wheels Survey

1. How would you rate the way the food tastes?
☐ Poor ☐ Fair 3 Good 2 Very Good ☐ Excellent
Comments **Somedays.**
2. Do the meals look good on a regular basis? ☐ No 5 Yes
3. Is the hot food hot and cold food cold when it is delivered? 1 No 4 Yes
If no, please comment: **Not hot enough for me, I always put it in the microwave.**
4. Have you noticed any recent changes in the quality of the food?
5 No ☐ Yes If yes: ☐ Better ☐ Worse
Please Comment _____
5. How much of the food you eat that entire day is from the home delivered meal?
About one quarter (1/4th) 1 2 About one third (1/3rd)
1 About half (1/2) ☐ About two thirds (2/3rd)
1 Greater than two thirds (2/3rd)
6. Having meals delivered in person offers: (check all that apply)
3 Someone to talk to 2 A sense of safety and security
2 A link to get more support if I need it 2 None of the above
7. Do you eat healthier foods as a result of the meals program?
2 No 3 Yes
8. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?
3 Yes 2 No ☐ Not Applicable (N/A)
9. Does receiving home delivered meals help you continue to live freely where you choose?
4Yes 1 No ☐ Don't know

Please continue survey on back →

10. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

2 Yes

1 No

1 Don't know

1 Not applicable (N/A)

11. If you did not receive these meals, would you still have at least one hot, freshly prepared meal to eat daily? 2 No 3 Yes

12. If the meals were not available, would there be days you do not get enough to eat?

4 No

1 Yes

13. During the past month, did you skip any meals because you had to use money for other living expenses? 5 No ☐ Yes

14. Overall, do you feel the Meals on Wheels program has improved your quality of life?

☐ No

5 Yes

15. Are you satisfied with the service you receive from Meals on Wheels?

☐ Never

☐ Seldom

☐ Sometimes

2 Usually

3 Always

16. On most days, is the Meals on Wheels driver the only person you see?

1 No

4 Yes

What would you like to see us do differently?

Please leave off gravy on any food if possible.

Additional comments:

Thankful for your services and grateful to all men and women who deliver the meals.

Thank you for completing this survey

Tell Us What You Think.....*Your Opinion Matters!*

WATERLOO HOME DELIVERED MEAL Survey

1. How would you rate the way the food tastes?

1 Poor ☐ Fair 4 Good 1 Very Good ☐ Excellent

Comments **Hard for me to judge as I have a loss of taste and smell.**

2. Do the meals look good on a regular basis? 0 No 5 Yes

3. Is the hot food hot and cold food cold when it is delivered? ☐ No 6Yes

If no, please comment: _____

4. Have you noticed any recent changes in the quality of the food?

6 No ☐ Yes If yes: ☐ Better ☐ Worse

Please Comment **I haven't been on the program long enough to complain.**

5. How much of the food you eat that entire day is from the home delivered meal?

☐ About one quarter (1/4th) 2 About one third (1/3rd)

2 About half (1/2) 1 About two thirds (2/3rd)

1 Greater than two thirds (2/3rd)

6. Having meals delivered in person offers: (check all that apply)

1Someone to talk to 2 A sense of safety and security

2 A link to get more support if I need it 2 None of the above

7. Do you eat healthier foods as a result of the meals program?

1 No 5Yes

8. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

2 Yes 2No 2 Not Applicable (N/A)

9. Does receiving home delivered meals help you continue to live freely where you choose? 4 Yes ☐ No 2 Don't know

Please continue survey on back →

10. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

☐ Yes 1 No 3 Don't know 2 Not applicable (N/A)

11. If you did not receive these meals, would you still have at least one hot, freshly prepared meal to eat daily? 2 No 2 Yes

12. If the meals were not available, would there be days you do not get enough to eat?

4 No 1 Yes

13. During the past month, did you skip any meals because you had to use money for other living expenses? 6 No ☐ Yes

14. Overall, do you feel the Meals on Wheels program has improved your quality of life?

1 No 5 Yes

15. Are you satisfied with the service you receive from Meals on Wheels?

☐ Never ☐ Seldom 1 Sometimes 2 Usually 3 Always

16. On most days, is the Meals on Wheels driver the only person you see?

4 No 2 Yes

What would you like to see us do differently?

Everything good, thank you. Nothing. It would be nice if we could evaluate some of the food choices – to see if a majority ~~doesn't~~ like a certain meal. I would like some soup occasionally as well as a sandwich. ^{didn't}

Additional comments:

Thanks for the service.

Tell Us What You Think.....*Your Opinion Matters!*

2015 MASTER CONGREGATE Senior Dining Survey

1. How would you rate the way the food tastes?

☐ Poor 1 Fair 18 Good 38 Very Good 17 Excellent

Comments **Great nutrition and balanced diet, but I don't like brats, ring bologna, and some of the pink pork.**

2. Have you noticed any recent changes in the quality of the food?

61 No 8 Yes If yes: 7 Better ☐ Worse

Please Comment **None.**

Very good.

It's better in the last 2 months.

Always very good.

All great.

How does one notice?

Roast beef is tasteless.

3. On the days you eat a meal at the dining center, how much of the food you eat that entire day is eaten at the dining center?

7 About one quarter (1/4th) 28 About one third (1/3rd)

24 About half (1/2) 7 About two thirds (2/3rd)

12 Greater than two thirds (2/3rd)

4. Which of the following best describes why you attend the dining center? (check all that apply)

57 To eat a balanced meal 57 To visit with friends

9 To help make ends meet 1 Unable to prepare meals at home

16 For food and nutrition information 1 To volunteer at the site.

1 When attending other activities.

5. Do you eat healthier foods as a result of the dining program?

7 No ☐ Yes

6. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

43 Yes 9 No 25 Not Applicable (N/A)

7. Does attending the dining program help you continue to live freely where you choose? 53 Yes ☐ No ☐ Don't know

8. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?
15 Yes 10 No 23 Don't know 30 Not applicable (N/A)

Please continue survey on back →

9. If you did not have these meals to eat, would you still have at least one hot, freshly prepared meal to eat daily? 7 No 69 Yes

10. During the past month, did you skip any meals because you had to use money for other living expenses? 74 No 2 Yes

11. Overall, do you feel the dining program has improved your quality of life?
13 No 63 Yes

12. Are you satisfied with the service you receive from the dining program?
☐ Never ☐ Seldom 1 Sometimes 15 Usually 62 Always

13. Do you participate in nutrition education opportunities offered at the dining center?
31 No 37 Yes If no, why not? _____

What types of nutrition and wellness topics/activities would you like to see offered?
(check all that apply)

4 Cooking Ethnic/International Foods

10 Gardening & Local Foods

13 Health/Wellness Checks

30 Cooking for 1 or 2

9 Nutrition for Caregivers

20 Nutrition for Brain Health

7 Mindfulness & Meditation

23 Healing Foods

12 Popular Diets & Food Trends

20 Healthy Recipe Exchanges

Other ideas _____

If you could change something about the program, what would that be?

Ice cream every day.

No, everything is very good.

It is good as it is.

Nothing.

Don't change anything.

Baked sweet potatoes instead of white potatoes which are high in sugar.

More than once a week.

New provider.

New food provider.

No change, I come 5 days a week

After breakfast once in a while

More of the same.

Thank you very much.

Additional comments:

The food we eat is good.

We love Jen, best thing about it.

Good food, enjoy it every time.

We love Jenny and she does a wonderful job care for and assisting all the diners at the Senior Center.

I like to eat here.

No comments.

I have been impressed with the flavor, quality, variety and amount of food served.

Impressed with how hot the hot foods are.

None.

Feil's is to be complimented.

Keep up the good work.

Tell Us What You Think.....*Your Opinion Matters!*

FORT ATKINSON CONGREGATE Senior Dining Survey

1. How would you rate the way the food tastes?

☐ Poor 1 Fair 4 Good 7 Very Good 2 Excellent

Comments **Great nutrition and balanced diet. But I don't like brats, ring bologna, and some of the pink pork.**

2. Have you noticed any recent changes in the quality of the food?

10 No 3 Yes *If yes:* 1 Better ☐ Worse

Please Comment **None. Very Good. It's better in last 2 months.**

3. On the days you eat a meal at the dining center, how much of the food you eat that entire day is eaten at the dining center?

☐ About one quarter (1/4th) 5 About one third (1/3rd)

4 About half (1/2) 2 About two thirds (2/3rd)

3 Greater than two thirds (2/3rd)

4. Which of the following best describes why you attend the dining center? (check all that apply)

12 To eat a balanced meal 11 To visit with friends

2 To help make ends meet 1 Unable to prepare meals at home

☐ For food and nutrition information

5. Do you eat healthier foods as a result of the dining program?

☐ No 14 Yes

6. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

10 Yes ☐ No 2 Not Applicable (N/A)

7. Does attending the dining program help you continue to live freely where you choose?

12 Yes ☐ No 2 Don't know

8. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

1 Yes ☐ No 8 Don't know 5 Not applicable (N/A)

Please continue survey on back →

9. If you did not have these meals to eat, would you still have at least one hot, freshly prepared meal to eat daily? 2 No 10 Yes
10. During the past month, did you skip any meals because you had to use money for other living expenses? 13 No ☐ Yes
11. Overall, do you feel the dining program has improved your quality of life?
☐ No 13 Yes
12. Are you satisfied with the service you receive from the dining program?
☐ Never ☐ Seldom ☐ Sometimes 1 Usually 12 Always
13. Do you participate in nutrition education opportunities offered at the dining center?
5 No 6 Yes If no, why not? **No opinion. I am already aware of most of it.**

What types of nutrition and wellness topics/activities would you like to see offered?
(check all that apply)

- | | |
|--|------------------------------|
| <input type="radio"/> Cooking Ethnic/International Foods | 2 Gardening & Local Foods |
| 2 Health/Wellness Checks | 5 Cooking for 1 or 2 |
| <input type="radio"/> Nutrition for Caregivers | 2 Nutrition for Brain Health |
| 3 Mindfulness & Meditation | 3 Healing Foods |
| 2 Popular Diets & Food Trends | 2 Healthy Recipe Exchanges |
| Other ideas It is good just the way it is. | |

If you could change something about the program, what would that be?
No change, I come 5 days a week.
After breakfast once in a while.

Additional comments:

We love Jen, best thing about it.

Good food, enjoy it every time.

We love Jenny and she does a wonderful job caring for and assisting all the diners at the Senior Center.

Thank you for completing this survey

Tell Us What You Think.....*Your Opinion Matters!*

JEFFERSON CONGREGATE Senior Dining Survey

1. How would you rate the way the food tastes?

☐ Poor ☐ Fair 6 Good 12 Very Good 4 Excellent

Comments _____

2. Have you noticed any recent changes in the quality of the food?

20 No 2 Yes If yes: 1 Better ☐ Worse

Please Comment: Roast Beef is tasteless

3. On the days you eat a meal at the dining center, how much of the food you eat that entire day is eaten at the dining center?

3 About one quarter (1/4th) 6 About one third (1/3rd)

6 About half (1/2) 2 About two thirds (2/3rd)

5 Greater than two thirds (2/3rd)

4. Which of the following best describes why you attend the dining center? (check all that apply)

15 To eat a balanced meal 15 To visit with friends

3 To help make ends meet ☐ Unable to prepare meals at home

5 For food and nutrition information To Volunteer 1

5. Do you eat healthier foods as a result of the dining program?

1 No 21 Yes

6. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

12 Yes 1 No 9 Not Applicable (N/A)

7. Does attending the dining program help you continue to live freely where you choose?

13 Yes 5 No 3 Don't know

8. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

4 Yes 5 No 4 Don't know 9 Not applicable (N/A)

Please continue survey on back →

9. If you did not have these meals to eat, would you still have at least one hot, freshly prepared meal to eat daily? ☐ No 22 Yes
10. During the past month, did you skip any meals because you had to use money for other living expenses? 22 No ☐ Yes
11. Overall, do you feel the dining program has improved your quality of life?
6 No 14 Yes
12. Are you satisfied with the service you receive from the dining program?
☐ Never ☐ Seldom ☐ Sometimes 6 Usually 16 Always
13. Do you participate in nutrition education opportunities offered at the dining center?
8 No 11 Yes If no, why not? I love it alone, I don't feel it is necessary

What types of nutrition and wellness topics/activities would you like to see offered?
(check all that apply)

4 Cooking Ethnic/International Foods	3 Gardening & Local Foods
3 Health/Wellness Checks	13 Cooking for 1 or 2
2 Nutrition for Caregivers	4 Nutrition for Brain Health
1 Mindfulness & Meditation	8 Healing Foods
5 Popular Diets & Food Trends	7 Healthy Recipe Exchanges
Other ideas _____	

If you could change something about the program, what would that be?
It is good as it is, nothing, don't change anything, none, nothing, no

Additional comments:

I like to eat here, no comments, I have been impressed with the flavor, quality, variety and amount of food served. Also impressed with how hot the hot foods are. None

Thank you for completing this survey

Tell Us What You Think.....*Your Opinion Matters!*

JOHNSON CREEK CONGREGATE Senior Dining Survey

1. How would you rate the way the food tastes?

☐ Poor ☐ Fair 4 Good 4 Very Good 1 Excellent

Comments _____

2. Have you noticed any recent changes in the quality of the food?

8 No ☐ Yes If yes: ☐ Better ☐ Worse

Please Comment _____

3. On the days you eat a meal at the dining center, how much of the food you eat that entire day is eaten at the dining center?

☐ About one quarter (1/4th) 5 About one third (1/3rd)

8 About half (1/2) 1 About two thirds (2/3rd)

☐ Greater than two thirds (2/3rd)

4. Which of the following best describes why you attend the dining center? (check all that apply)

4 To eat a balanced meal

8 To visit with friends

☐ To help make ends meet

☐ Unable to prepare meals at home

2 For food and nutrition information

5. Do you eat healthier foods as a result of the dining program?

1 No 7 Yes

6. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

2 Yes 5 No 2 Not Applicable (N/A)

7. Does attending the dining program help you continue to live freely where you choose?

6 Yes 2 No 1 Don't know

8. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

2 Yes 2 No 2 Don't know 3 Not applicable (N/A)

Please continue survey on back →

9. If you did not have these meals to eat, would you still have at least one hot, freshly prepared meal to eat daily? 1 No 8 Yes
10. During the past month, did you skip any meals because you had to use money for other living expenses? 9 No 0 Yes
11. Overall, do you feel the dining program has improved your quality of life?
2 No 7 Yes
12. Are you satisfied with the service you receive from the dining program?
☐ Never ☐ Seldom ☐ Sometimes 1 Usually 8 Always
13. Do you participate in nutrition education opportunities offered at the dining center?
4 No 5 Yes If no, why not? _____

What types of nutrition and wellness topics/activities would you like to see offered?
(check all that apply)

☐ Cooking Ethnic/International Foods

☐ Gardening & Local Foods

☐ Health/Wellness Checks

1 Cooking for 1 or 2

3 Nutrition for Caregivers

3 Nutrition for Brain Health

☐ Mindfulness & Meditation

2 Healing Foods

1 Popular Diets & Food Trends

4 Healthy Recipe Exchanges

Other ideas _____

If you could change something about the program, what would that be?

Baked sweet potatoes instead of white potatoes which are high in sugar.

More than once a week.

New provider.

New food provider.

Additional comments:

Thank you for completing this survey

Tell Us What You Think.....*Your Opinion Matters!*

LAKE MILLS CONGREGATE Senior Dining Survey

1. How would you rate the way the food tastes?

☐ Poor ☐ Fair 3 Good 2 Very Good 2 Excellent

Comments _____

2. Have you noticed any recent changes in the quality of the food?

5 No ☐ Yes If yes: ☐ Better ☐ Worse

Please Comment **Always very good.**

3. On the days you eat a meal at the dining center, how much of the food you eat that entire day is eaten at the dining center?

1 About one quarter (1/4th) 2 About one third (1/3rd)
2 About half (1/2) ☐ About two thirds (2/3rd)
1 Greater than two thirds (2/3rd)

4. Which of the following best describes why you attend the dining center? (check all that apply)

6 To eat a balanced meal 4 To visit with friends
2 To help make ends meet ☐ Unable to prepare meals at home
2 For food and nutrition information

5. Do you eat healthier foods as a result of the dining program?

☐ No 7 Yes

6. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

5 Yes ☐ No 2 Not Applicable (N/A)

7. Does attending the dining program help you continue to live freely where you choose?

6 Yes 1 No ☐ Don't know

8. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

3 Yes 1 No 3 Don't know ☐ Not applicable (N/A)

Please continue survey on back →

9. If you did not have these meals to eat, would you still have at least one hot, freshly prepared meal to eat daily? ☐ No 7 Yes
10. During the past month, did you skip any meals because you had to use money for other living expenses? 6 No 1 Yes
11. Overall, do you feel the dining program has improved your quality of life?
☐ No 7 Yes
12. Are you satisfied with the service you receive from the dining program?
☐ Never ☐ Seldom ☐ Sometimes ☐ Usually 7 Always
13. Do you participate in nutrition education opportunities offered at the dining center?
2 No 5 Yes If no, why not? _____

What types of nutrition and wellness topics/activities would you like to see offered?
(check all that apply)

☐ Cooking Ethnic/International Foods

☐ Gardening & Local Foods

1 Health/Wellness Checks

3 Cooking for 1 or 2

☐ Nutrition for Caregivers

1 Nutrition for Brain Health

☐ Mindfulness & Meditation

2 Healing Foods

1 Popular Diets & Food Trends

2 Healthy Recipe Exchanges

Other ideas _____

If you could change something about the program, what would that be?

Ice cream every day.

No, everything is very good.

Additional comments: Feil's is to be complimented.

Keep up the good work.

Thank you for completing this survey

Tell Us What You Think.....*Your Opinion Matters!*

PALMYRA CONGREGATE Senior Dining Survey

1. How would you rate the way the food tastes?

☐ Poor ☐ Fair 1 Good 5 Very Good 2 Excellent

Comments _____

2. Have you noticed any recent changes in the quality of the food?

6 No ☐ Yes If yes: ☐ Better ☐ Worse

Please Comment _____

3. On the days you eat a meal at the dining center, how much of the food you eat that entire day is eaten at the dining center?

1 About one quarter (1/4th) 5 About one third (1/3rd)

1 About half (1/2) 1 About two thirds (2/3rd)

☐ Greater than two thirds (2/3rd)

4. Which of the following best describes why you attend the dining center? (check all that apply)

5 To eat a balanced meal

3 To visit with friends

2 To help make ends meet

☐ Unable to prepare meals at home

2 For food and nutrition information

5. Do you eat healthier foods as a result of the dining program?

2 No 5 Yes

6. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

2 Yes 2 No 4 Not Applicable (N/A)

7. Does attending the dining program help you continue to live freely where you choose?

4 Yes 2 No 1 Don't know

8. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

☐ Yes ☐ No 3 Don't know 5 Not applicable (N/A)

Please continue survey on back →

9. If you did not have these meals to eat, would you still have at least one hot, freshly prepared meal to eat daily? ☐ No 8 Yes
10. During the past month, did you skip any meals because you had to use money for other living expenses? 8 No ☐ Yes
11. Overall, do you feel the dining program has improved your quality of life?
4 No 4 Yes
12. Are you satisfied with the service you receive from the dining program?
☐ Never ☐ Seldom ☐ Sometimes 2 Usually 6 Always
13. Do you participate in nutrition education opportunities offered at the dining center?
3 No 1 Yes If no, why not? I feel I have this info at home. Haven't seen any offered.

What types of nutrition and wellness topics/activities would you like to see offered?
(check all that apply)

☐ Cooking Ethnic/International Foods

☐ Gardening & Local Foods

☐ Health/Wellness Checks

1 Cooking for 1 or 2

1 Nutrition for Caregivers

5 Nutrition for Brain Health

☐ Mindfulness & Meditation

1 Healing Foods

☐ Popular Diets & Food Trends

2 Healthy Recipe Exchanges

Other ideas _____

If you could change something about the program, what would that be?

Additional comments:

Thank you for completing this survey

Tell Us What You Think.....*Your Opinion Matters!*

WATERTOWN CONGREGATE Senior Dining Survey

1. How would you rate the way the food tastes?

☐ Poor ☐ Fair 6 Good 8 Very Good 5 Excellent

Comments _____

2. Have you noticed any recent changes in the quality of the food?

12 No 3 Yes *If yes:* 5 Better ☐ Worse

Please Comment **All great. How does one notice?**

3. On the days you eat a meal at the dining center, how much of the food you eat that entire day is eaten at the dining center?

2 About one quarter (1/4th) 5 About one third (1/3rd)

7 About half (1/2) 1 About two thirds (2/3rd)

3 Greater than two thirds (2/3rd)

4. Which of the following best describes why you attend the dining center? (check all that apply)

15 To eat a balanced meal 16 To visit with friends

☐ To help make ends meet ☐ Unable to prepare meals at home

5 For food and nutrition information **When attending other activities**

5. Do you eat healthier foods as a result of the dining program?

3 No 16 Yes

6. Do you feel that the meals help you maintain or improve your health or conditions such as diabetes, heart disease, high blood pressure, etc.?

12 Yes 1 No 6 Not Applicable (N/A)

7. Does attending the dining program help you continue to live freely where you choose?

12 Yes 3 No 4 Don't know

8. Have the meals helped prevent or decrease the amount of time you would have spent in the clinic, hospital or rehabilitation center?

5 Yes 2 No 3 Don't know 8 Not applicable (N/A)

Please continue survey on back →

9. If you did not have these meals to eat, would you still have at least one hot, freshly prepared meal to eat daily? 4 No 14 Yes
10. During the past month, did you skip any meals because you had to use money for other living expenses? 16 No 1 Yes
11. Overall, do you feel the dining program has improved your quality of life?
1 No 18 Yes
12. Are you satisfied with the service you receive from the dining program?
☐ Never ☐ Seldom 1 Sometimes 5 Usually 13 Always
13. Do you participate in nutrition education opportunities offered at the dining center?
9 No 9 Yes If no, why not? **Do not want to. No time. Not always for my lifestyle.**

What types of nutrition and wellness topics/activities would you like to see offered?
(check all that apply)

- | | |
|--------------------------------------|------------------------------|
| 1 Cooking Ethnic/International Foods | 5 Gardening & Local Foods |
| 7 Health/Wellness Checks | 7 Cooking for 1 or 2 |
| 3 Nutrition for Caregivers | 5 Nutrition for Brain Health |
| 3 Mindfulness & Meditation | 7 Healing Foods |
| 3 Popular Diets & Food Trends | 3 Healthy Recipe Exchanges |
| Other ideas _____ | |

If you could change something about the program, what would that be?
More of the same. Thank you very much.

Additional comments: 4

The food we eat is good.

Thank you for completing this survey

6. Goals for the Plan Period

6-A. Involvement of Older People in Aging-Related Program Development and Planning

Historically, Jefferson County experiences low or no attendance at public hearings or meetings around Older American's Act Programs and transportation unless elders, who are benefiting from those services, are informed that the plan has significant changes that directly affects them; such as in the past people became involved in advocacy when the county experienced an abrupt change in food vendors and when the grocery shopping van service was discontinued. We need to move people from being reactive to proactive ~ and this will be our greatest challenge this planning period.

Key Outcome Indicator: Throughout the duration of the 2016-2018 Aging Unit Plan, no less than 6 new opportunities will be created for older people to learn about programs, services and advocacy.

Goal 1: In order to increase the opportunity for seniors to engage in discussions about Aging-Related Program Development & Planning, the ADRC Advisory Committee will hold one-fourth of its meetings in different locations throughout 2016.

Goal 2: By 12/31/2017 the ADRC will offer one Senior Statesmanship Program to expand older adult's knowledge about the role of county and municipal governments and learn how they can effectuate change.

Goal 3: To increase awareness about aging programs, services and advocacy options in Jefferson County, the ADRC Advisory Committee's monthly agenda and meeting minutes will be distributed to every senior center, apartment complex and dining site each month of the three year plan.

6-B. The Elder Nutrition Program

According to the 2014 Jefferson County Congregate and Home Delivered Meal Program Satisfaction Surveys, 11 people responded that they would not have had enough to eat each day if it were not for the program; 3 people indicated that they skipped meals because they didn't have enough money for food; 26 people responded that they would not get one, hot fresh meal each serving day if it were not for the program and at one site the majority of people getting home delivered meals checked that 2/3rd of what they eat each day comes from the meal program.

Senior hunger and food insecurity affects more than 4 million senior citizens according to **Feeding America**. The number of food insecure seniors is projected to increase by 50% when the youngest of the Baby Boom Generation reaches age 60 in 2025.

Key Outcome Indicator: 100% of seniors completing satisfaction surveys will report that they are not experiencing hunger or food insecurity.

Goal 1: In order to increase awareness of local food resources, the program's nutritionist will complete 6 on-site trainings by 12/31/2016. The Nutrition Coordinator will mail packets containing information about local food resources to 100% of home delivered meal participants by 12/31/2016.

Training and information packets will include information about:

- Food Pantries
- Farmer's Markets & the Senior Farmer's Market Voucher Program
- FoodShare Benefits
- Emergency Food Options
- Eating Healthy on a Budget
- Accessing a Benefit Check Up

Goal 2: In order to improve health literacy among Home Delivered Meal participants, beginning in January 2015 and ongoing throughout each year of the plan, the Nutritionist will administer the **Newest Vital Sign (NVS)** Tool to 100% those who score 6+ on the Nutrition Check Tool, indicating that they are at high nutritional risk. Those who score 0-1 on the NVS will be provided additional nutrition education and counseling services on a 1:1 basis each quarter.

Goal 3: In order to reduce paperwork by 75% technology will be purchased and used to communicate information between the office and sites on a monthly basis beginning 3/1/2016 and each month thereafter.

6-C. Services in Support of Caregivers

Jefferson County is fortunate to have many resources for caregivers, including respite, adult day, supportive home and personal care. There are various support groups and Memory Cafés, in addition to a strong group of volunteers through Your-Friends-in-Action.

Jefferson County has had limited success in developing a caregiver coalition. What we often hear is that people have too many meetings to attend, and many times it is the same people at the various meetings. During the course of this three year plan, we will create new avenues for reaching stakeholders.



Dear Healthcare Professional:

Thank you for your interest in the Newest Vital Sign (NVS), the first tool available to assess health literacy in English and Spanish.

Research shows that patients with low health literacy are less likely to comply with prescribed treatment and medical instructions from their physician. Identifying patients who are at risk for low health literacy allows physicians to apply specific clear health communication techniques that may enhance understanding. The Newest Vital Sign is a simple and fast way to identify those patients. The tool, which tests literacy skills for both numbers and words*, has been validated against a previously validated measure of health literacy (the TOFHLA), and has been shown to take approximately three minutes to administer.

In addition to the NVS tool, we are also including information to help enhance patient-provider communication. In this folder you will find the following materials:

- NVS Tool (nutrition label and scoring sheet tear-off pad, both two-sided in English/Spanish)
- NVS Implementation Guide
- *Ask Me 3* (fact sheet on free educational materials from the non-profit Partnership for Clear Health Communication)
- *Help Your Patients Succeed* (tips for improving communication with your patients)
- *Why Does An Ice Cream Label Work . . .* (fact sheet explaining the design of the NVS)

The Newest Vital Sign is Pfizer Inc's most recent contribution to the health literacy movement. For more than nine years, Pfizer has been committed to raising awareness of developing solutions for low health literacy. The overall goal of our Clear Health Communication Initiative is to positively impact the health care system by enhancing patient-provider communication to increase compliance and improve patient health outcomes.

The Newest Vital Sign and companion materials are available to medical and public health providers at no cost. To learn more about our efforts to improve health literacy, please visit www.pfizerhealthliteracy.com.

Sincerely,

Richard C. Hubbard, M.D.
Senior Director, External Medical Affairs
Pfizer Inc

*Literacy is defined as the understanding and application of words (prose), numbers (numeracy), and forms, etc. (document).





Why Does an Ice Cream Label Work as a Predictor of the Ability To Understand Medical Instructions?

A patient's ability to read and analyze any kind of nutrition label requires the same analytical and conceptual skills that are needed to understand and follow a provider's medical instructions. The skills, which are known as *health literacy*, are defined as the understanding and application of words (prose), numbers (numeracy), and forms (documents).

The use of an ice cream label is especially relevant as recent research in the *American Journal of Preventive Medicine* (November 2006) has shown that poor comprehension of food labels correlated highly with low-level literacy and numeracy skills. However, the study found that even patients with better reading skills could have difficulties interpreting the labels.

Whether reading a food label or following medical instructions, patients need to:

- remember numbers and make mathematical calculations.
- identify and be mindful of different ingredients that could be potentially harmful to them.
- make decisions about their actions based on the given information.

PROSE LITERACY:

Clinical example: The patient has scheduled some blood tests and is instructed in writing to fast the night before the tests. The skill needed to follow this instruction is **Prose Literacy**.

Ice cream label example: The patient needs this skill to read the label and determine if he can eat the ice cream if he is allergic to peanuts.

NUMERACY:

Clinical example: A patient is given a prescription for a new medication that needs to be taken at a certain dosage twice a day. The skill needed to take the medication properly is **Numeracy**.

Ice cream label example: The patient needs this same skill to calculate how many calories are in a serving of ice cream.

DOCUMENT LITERACY:

Clinical example: The patient is told to buy a glucose meter and use it 30 minutes before each meal and before going to bed. If the number is higher than 200, he should call the office. The skill needed to follow this instruction is **Document Literacy**.

Ice cream label example: The patient needs this skill to identify the amount of saturated fat in a serving of ice cream and how it will affect his daily diet if he doesn't eat it.



Implementation Guide for the Newest Vital Sign

Health literacy— the ability to read, understand and act upon health information — is now known to be vital to good patient care and positive health outcomes. According to the Institute of Medicine’s groundbreaking report on health literacy, nearly half of all American adults — 90 million people — have difficulty understanding and using health information. When patients lack the ability to understand and act upon medical information, it can put their health at risk.

The Newest Vital Sign is a new tool designed to quickly and simply assess a patient’s health literacy skills. It can be administered in only 3 minutes and is available in English and Spanish. The patient is given a specially designed ice cream nutrition label to review and is asked a series of questions about it. Based on the number of correct answers, health care providers can assess the patient’s health literacy level and adjust the way they communicate to ensure patient understanding.

There are many ways to integrate the Newest Vital Sign (NVS) into a private practice or clinic setting to improve communication with patients. Improved communication can help increase your patients’ ability to understand and act upon the information you provide; ultimately improving patient satisfaction and health outcomes.

How To Use the Newest Vital Sign

1. Who and when to administer the Newest Vital Sign.

- **A nurse (or other trained clinic staff)** is the preferred administrator of the Newest Vital Sign.
- Administer at the same time that other vital signs are being taken.

2. Ask the patient to participate.

A useful way to ask the patient is an explanation similar to this:

“We are asking our patients to help us learn how well patients can understand the medical information that doctors give them. Would you be willing to help us by looking at some health information and then answering a few questions about that information? Your answers will help our doctors learn how to provide medical information in ways that patients will understand. It will only take about 3 minutes.”

3. Hand the nutrition label to the patient.

The patient can and should retain the nutrition label throughout administration of the Newest Vital Sign. The patient can refer to the label as often as desired.

More...

4. **Start Asking the 6 questions, one by one, giving the patient as much time as needed to refer to the nutrition label to answer the questions.**
- There is no maximum time allowed to answer the questions. The average time needed to complete all 6 questions is about 3 minutes. However, if a patient is still struggling with the first or second question after 2 or 3 minutes, the likelihood is that the patient has limited literacy and you can stop the assessment.
 - **Ask the questions in sequence.** Continue even if the patient gets the first few questions wrong. However, **if question 5 is answered incorrectly, do not ask question 6.**
 - **You can stop asking questions if a patient gets the first four correct.** With four correct responses, the patient almost certainly has adequate literacy.
 - **Do not prompt patients who are unable to answer a question.** Prompting may jeopardize the accuracy of the test. Just say, "Well, then let's go on to the next question."
 - **Do not show the score sheet to patients.** If they ask to see it, tell them that "I can't show it to you because it contains the answers, and showing you the answers spoils the whole point of asking you the questions."
 - **Do not tell patients if they have answered correctly or incorrectly.** If patients ask, say something like: "I can't show you the answers till you are finished, but for now you are doing fine. Now let's go on to the next question."
5. **Score by giving 1 point for each correct answer (maximum 6 points).**
- **Score of 0-1** suggests high likelihood (50% or more) of limited literacy.
 - **Score of 2-3** indicates the possibility of limited literacy.
 - **Score of 4-6** almost always indicates adequate literacy.

Record the NVS score in the patient's medical record, preferably near other vital sign measures.

Best Practices for Implementation: Summary

- A nurse (or other trained clinic staff) is the preferred administrator of the Newest Vital Sign.
- Administer the NVS at the same time that the patient's other vital signs are being taken.
- Record the NVS score in the patient's chart, preferably near other vital sign measures.
- Tailor communication to ensure patient understanding.

Nutrition Facts

Serving Size $\frac{1}{2}$ cup
Servings per container 4

Amount per serving

Calories 250 Fat Cal 120

%DV

Total Fat 13g 20%

Sat Fat 9g 40%

Cholesterol 28mg 12%

Sodium 55mg 2%

Total Carbohydrate 30g 12%

Dietary Fiber 2g

Sugars 23g

Protein 4g 8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Score Sheet for the Newest Vital Sign Questions and Answers

READ TO SUBJECT:

This information is on the back of a container of a pint of ice cream.

1. If you eat the entire container, how many calories will you eat?

Answer: 1,000 is the only correct answer

2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?

Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container. Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl?"

3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

Answer: 33 is the only correct answer

4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

Answer: 10% is the only correct answer

READ TO SUBJECT:

Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.

5. Is it safe for you to eat this ice cream?

Answer: No

6. (Ask only if the patient responds "no" to question 5): Why not?

Answer: Because it has peanut oil.

ANSWER CORRECT?

yes	no

Number of correct answers:

Interpretation

Score of 0-1 suggests high likelihood (50% or more) of limited literacy.

Score of 2-3 indicates the possibility of limited literacy.

Score of 4-6 almost always indicates adequate literacy.