



Project Age Well Post-Program Questionnaire (2023)

Please complete this final survey for Project Age Well. We expect it will take about 10 minutes.

Your responses will help guide us on how to improve the program for future groups. We thank you for your time and attention!

* Required

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First Name and Last Initial: *

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In general, would you say that your health is: *

- Poor
- Fair
- Good
- Very Good
- Excellent

For each question below, please select the option that most applies to you. *

1 - Not at
all
confident

2

3

4

5

6

7 - Totally
confident

How
confident do
you feel in
your ability to
address your
nutritional
health needs?

How
confident are
you in your
ability to be
physically
active?

How
confident are
you in your
ability to
address your
mental health
needs?

How
confident are
you in your
ability to
maintain
connections
with others &
your
community?

Social Connection

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How often do you feel you lack companionship? *

- Hardly ever
- Some of the time
- Often

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How often do you feel left out? *

- Hardly ever
- Some of the time
- Often

6

How often do you feel isolated from others? *

- Hardly ever
- Some of the time
- Often

Nutrition Security

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"We worried whether our food would run out before we got money to buy more."

In the last 3 months, was this often true, sometimes true, or never true for your household?

*

- Often true
- Sometimes true
- Never true

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"The food that we bought just didn't last, and we didn't have money to get more."

In the last 3 months, was this often, sometimes, or never true for your household? *

- Often true
- Sometimes true
- Never true

In the last 3 months, how often were you able to eat foods that you feel meet the needs required by your medical condition(s)? *

- Never
- Sometimes
- Often
- Always

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You answered that you are sometimes or never able to purchase the foods you need to meet the needs of your medical condition(s). This is because: (check all that apply)

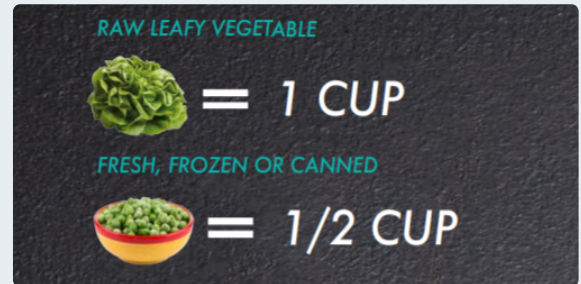
- I don't know which foods I need to eat.
- I don't know where to find the foods I need.
- I can't always afford the foods I need.
- I don't buy or prepare my own foods.
- I don't enjoy the foods I need to eat.

Food and Nutrition

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In the last week, how many servings of vegetables did you eat during an average day? This includes fresh, frozen, and canned vegetables.

A serving is 1/2 cup of raw or cooked vegetables or 1 cup of leafy greens. *



- 1 - 2 servings per day
- 3 - 4 servings per day
- 5 or more servings per day
- 0 servings - I don't eat vegetables

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In the last week, how often did you eat more than one TYPE of vegetable each day? *

- Never
- Sometimes
- Often
- Always

In the last week, how often did you eat whole grains when eating grain foods?

Whole grains include: whole grain or whole wheat bread, whole wheat pasta, brown rice, quinoa, farro, buckwheat, oatmeal, amaranth. *

- Never
- Less than half the time
- About half the time
- All the time
- Not applicable; I don't eat grain foods.

Your experience with Project Age Well

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How would you rate your experience with Project Age Well? *

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very Satisfied

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How likely is it that you would recommend this program to a friend or colleague? *

- Very unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely

Indicate to what extent you agree or disagree with the following statement:

The technology needed for this program was easy to use *

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

For each statement below, please select the option that most reflects your opinion.

	Poor	Needs Improvement	Good	Excellent
Overall quality of the meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variety of the meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portion of the meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presentation of the meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Experience with Project Age Well

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What did you like most about Project Age Well?

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What did you like least about Project Age Well?

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What other feedback would you like to share about Project Age Well?

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