Food Service Survey for Residents

**Survey Purpose:** Together with the Ontario Seniors Nutrition and Advocacy Committee (OSNAC), the Ontario Association of Residents’ Councils (OARC) is seeking resident feedback about their experiences with Food Services in their long-term care (LTC) homes. Your responses will help us to identify needs, raise awareness and support advocacy for increased government investment in nutritional support and food service staffing in long-term care. Responses will also help to inform opportunities for education and policy and practice changes.

**Anonymity:** Your responses are anonymous and will be kept confidential. No personal information will be shared—your voice will be heard without identifying you.

**Sharing Results:** Preliminary survey results will be shared in a future webinar hosted by OARC and OSNAC.

**Your Time:** This survey will take approximately 15 to 30 minutes to complete.

**Instructions:** This survey is open to residents in Ontario long-term care homes and may be completed independently or with support from a family member, volunteer or team member (staff). Please take a few moments to share your input by mail, email or via Survey Monkey by **due date** **October 30, 2025**.

**Submitting Your Survey:**

**By Mail:** Complete the survey and place it into a stamped envelope addressed to:

**Ontario Association of Residents’ Councils**  
4261 Highway 7 East, Suite #A14-360

Markham, ON L3R 9W6

**By Email:**

1. Complete the survey [insert word link].
2. Email it as an attachment to [jlangston@ontarc.com](mailto:jlangston@ontarc.com)
3. Please include your name and the name of your long-term care home in the email (if comfortable).

**By SurveyMonkey:**

1. Click the link to access the survey: **[Insert SurveyMonkey link here]**
2. Complete the survey online.
3. Click **“Submit”** at the end to send your responses.

**Questions:** Please contact Melissa McVie, Director of Communications [mmcvie@ontarc.com](mailto:mmcvie@ontarc.com) x 260 or Jennifer Langston, Operations and Project Manager [jlangston@ontarc.com](mailto:jlangston@ontarc.com) x 220.

**This survey is conducted by OARC and OSNAC:** For more information about our organizations please visit [www.ontarc.com](http://www.ontarc.com/) for the Ontario Association of Residents’ Councils and [www.osnac-fnat.com](http://www.osnac-fnat.com) for the Ontario Seniors Nutrition & Advocacy Committee.

# ***Thank you for your participation.***

**Food Service Survey for Long-Term Care Home Residents**

**Q1.** I am satisfied with the quality of the meals provided at my LTC home. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q2.** I am satisfied with the quality of snacks provided at my LTC home. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q3.** I am satisfied with the variety of meals offered at my LTC home. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q4.** I am satisfied with the variety of snacks offered at my LTC home. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q5.** My personal or cultural food preferences are available with the regular menu offerings. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q6.** The regular menu meets my needs to support good health. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No\*

\*If **NO**, has your LTC home made changes to your menu and/or discussed diet options to meet your needs/restrictions i.e. gluten free, renal diet, food allergies etc.? (Q20) *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q7.** My home accommodates my preferences around mealtimes (E.g. If I prefer to sleep in and miss breakfast, I can have my breakfast a bit later in the morning). *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q8.** I believe that meals are well-paced, and I can enjoy my food and the dining experience without feeling rushed. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q9:** Meals at my home are served when residents are ready to receive them and/or when they have dining assistance available. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q10.** The people serving and assisting me during mealtimes have time to connect with me and have meaningful conversations. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q11:** Meals at my home are served at the appropriate temperatures (warm foods are warm, cold foods are cold). *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q12.** OARC and OSNAC have advocated for increased resources that would enable homes to hire additional Food Service Staff. This might allow Personal Support Workers and Nurses to focus on care and assisting residents with meals, while dietary staff oversee all aspects of meal service.

I believe that more Food Service Staff would better support my dining experience. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q13.** As of April 1, 2025, the government-funded nutritional allowance per resident, per day is $13.44. This funding covers all expenditures related to raw foods, beverages, meals and snacks. This budget also includes all oral nutritional supplements, some vitamin supplementation, tube feeding supplies and specialty dietary items like modified textured foods, beverage thickeners, vegetarian/vegan and gluten-free products.

I believe that a larger food budget (nutritional support envelope) is needed to improve menu offerings and the overall dining experience in my home. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q14.** I believe that my Residents’ Council (and/or Food Committee) can influence menus at my home. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q15.** I believe that my Residents’ Council (and/or Food Committee) can influence the mealtime experience (including noise levels, décor/furniture, light levels, ambiance, etc.) at my home. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q16.** I would recommend my home’s dining experience to a prospective resident, family member or friend. *Please checkmark (🗸) the Yes or No box below.*

☐ Yes ☐ No

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| Please explain: |

**Q17.** Please provide any additional comments about your meal and snack service experiences in your LTC home.

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| Additional comments: |

# **Q18.** Who is completing the survey?

*Please checkmark (🗸) one of the following boxes below.*

☐ I am a resident completing my own survey

☐ I am a family member assisting a resident to complete their survey

☐ I am a volunteer or team member assisting a resident to complete their survey

# **Q19.** Please provide your postal code **OR** indicate which of the following six [Ontario Health Region](https://ontariohealthathome.ca/find-my-hccss/) you reside in:

☐ **Ontario Health North East**: Serving communities from Parry Sound to Sault Ste. Marie to the Hudson Bay and James Bay Coasts

☐ **Ontario Health North West**: Serving communities from Thunder Bay to Kenora to the Hudson Bay Coast

☐ **Ontario Health East**: Serving communities from Pickering to Deep River to Hawkesbury

☐ **Ontario Health Central**: Serving communities from Mississauga to Huntsville and Orangeville to Markham

☐ **Ontario Health Toronto**: Serving more than 150 unique urban neighborhoods across Toronto

☐ **Ontario Health West**: Serving communities from Waterloo to Windsor and Tobermory to Niagara Falls

# ***Thank you for your participation.***