

Ward: _____ Room: _____ Bed: _____ Date: _____

Hospital Food Experience Questionnaire Short Version (HFEQ-sv)

We would like your opinion on hospital food. First, we would like you to tell us about your food and food-related priorities for hospital meals in general. Then, we would like you to rate the meal you have just received.

Subscale 1: Food Priorities

We would like you to think about hospital food in general and rate the level of IMPORTANCE to you, as a patient, for each of the following.

As a patient, how important is it that hospital food ...

	Not important		Neutral		Very important
...Tastes good	1	2	3	4	5
...Is local	1	2	3	4	5

Subscale 1 score = ____/10

Subscale 2: Food-Related Priorities

As a patient, how important is it that a hospital ...

	Not important		Neutral		Very important
...Allows you to choose your food	1	2	3	4	5
...Provides food in packages that are easy to open	1	2	3	4	5
...Provides food that is easy to chew, swallow, or eat on your own	1	2	3	4	5

Subscale 2 score = ____/15

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Subscale 3: Meal Ratings

Which meal is this?

Breakfast ☐ Lunch ☐ Dinner ☐

Please rate the following characteristics of the food and drinks at this meal:

	Very Poor	Poor	OK	Good	Very Good
The look of the food/drink	1	2	3	4	5
The taste of the food/drink	1	2	3	4	5
The texture of the food/drink	1	2	3	4	5
The temperature of the food/drink	1	2	3	4	5
The combination of food on the plate	1	2	3	4	5
The overall quality of the food at this meal	1	2	3	4	5

Subscale 3 score = ____/30

Total HFEQ-sv score = ____/55

A higher score indicates a higher quality meal experience.

