



Dietitian/Nutritionist (circle one): **Jenna** **Sandra** **Celena** **Vicki**

**Nutrition Clinic Survey**

Date: \_\_\_\_\_

**Gender:**

**Age:**

\_\_\_ Male

\_\_\_ less than 18 years \_\_\_ 35-64 years

\_\_\_ Female

\_\_\_ 18-34 years \_\_\_ 65 years and older

What did you like or not like about your nutrition visit?



Please rate the following statements using numbers 1-5 based on this scale: Circle your answer.

**For each statement below circle the number based on this scale:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

- |  |           |
|--|-----------|
| 1. I would recommend this nutrition clinic to my family and friends              | 1 2 3 4 5 |
| 2. Usually, my health is good.   | 1 2 3 4 5 |
| 3. I am sure I can take care of my own health.                                   | 1 2 3 4 5 |
| 4. All my nutrition questions were answered today.                               | 1 2 3 4 5 |
| 5. It is important for me to have a follow-up call.                              | 1 2 3 4 5 |
| 6. It is important for me to have the same dietitian/nutritionist for my visits. | 1 2 3 4 5 |
| 7. We made a goal or plan to improve my eating habits.                           | 1 2 3 4 5 |
| 8. After today's nutrition visit, I understand the importance of healthy eating. | 1 2 3 4 5 |

Any suggestions/comments about today's nutrition visit?

