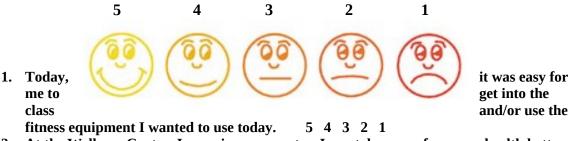


Date of Visit: _____

Client gender:	Client age: less than 12 years	13 -17 years
Male	18 - 24 years	25 - 39 years
Female	40 – 64 years	65 and older

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



- 2. At the Wellness Center, I was given support so I can take care of my own health better. 5 4 3 2 1
- 3. The health information given to me today was helpful. 5 4 3 2 1
- 4. Wellness Center staff was helpful and accessible. 5 4 3 2 1
- 5. The Wellness Center (equipment, restrooms, floor) was clean and in good repair during my visit today. 5 4 3 2 1
- 6. I am sure I can take care of my own health (T'áá hwó'ají t'éego). 5 4 3 2 1
- 7. Usually my health is good. 5 4 3 2 1
- 8. I would recommend this wellness center to my family and friends. 5 4 3 2 1

What did we do well today?

How can we do better? We know we need a bigger facility and are working on it. Is there anything else we can improve?

Wellness	Center	staff to	complete	this	section:
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- __General
- __Personal Training
- __Fitness Assessment
- __New Member Orientation

__Group Fitness Class: _____

Staff: _____

Revised 1/2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.