

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?

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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:**

**1 2 3 4 5**

Strongly Disagree Neutral Agree Strongly

Disagree 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?

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