



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:

1	2	3	4	5
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?

