

Vicki Dietitian/Nutritionist (circle one): Jenna Sandra Celena **Nutrition Clinic Survey** Date: Gender: Age: ___ Male ____less than 18 years ____ 35-64 years ____ 65 years and older Female 18-34 years 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: 5 1 2 4 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 1 2 3 4 5 3. I am sure I can take care of my own health. 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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