



# VIP PROGRAM EVALUATION FORM

Today's Date: \_\_\_\_\_

VIP Client Name: \_\_\_\_\_ Join Date: \_\_\_\_\_

Score: Excellent =4, Good=3, Fair = 2, Poor =1

1. How satisfied are you with your overall VIP membership experience?  4  3  2  1  n/a

Please explain: \_\_\_\_\_

2. Does the VIP membership help you meet your health goals?  4  3  2  1  n/a Please

explain: \_\_\_\_\_

3. Do you feel you are taking advantage of benefits of your VIP membership?  4  3  2  1  n/a

Please explain: \_\_\_\_\_

4. Please rate our team on their professionalism, friendliness, helpfulness, and knowledge:  4  3  2  1  n/a

Please explain: \_\_\_\_\_

5. How likely would you be to recommend the VIP Membership program to others?  4  3  2  1  n/a

Please explain: \_\_\_\_\_

6. Do you feel 'in the know' about the VIP membership classes and other add on value privileges/services?  4  3  2  1  n/a

Please explain: \_\_\_\_\_

7. Was the time spent with one of our TNT Providers, beneficial?  4  3  2  1  n/a

Please explain: \_\_\_\_\_

8. Was the time spent with your Clinical Nutritionist, Katie Gravante, beneficial?  4  3  2  1  n/a

Please explain: \_\_\_\_\_

9. Was the time spent with your Health Coach, Brooke Gonseth, beneficial?  4  3  2  1  n/a

Please explain: \_\_\_\_\_

10. Was the time spent with your Mindset Coach, Karen Stange, beneficial?  4  3  2  1  n/a

Please explain: \_\_\_\_\_

11. How can we improve your VIP experience in the future?

Please explain: \_\_\_\_\_

10. Do you plan on continuing your VIP Membership?  YES  NO

Please explain: \_\_\_\_\_