



PROGRAM EVALUATION FORM

Today's Date:

Client Name:

What Phase are you in:

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

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

Please explain:

2. Did the Program meet your expectations? 4 3 2 1 n/a

Please explain:

3. Quality of the handout materials? 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 TNT's Phase 1 or Phase 2 program? 4 3 2 1 n/a

Please explain:

6. Was the time spent in your APRN visits with Lori Esarey, beneficial? 4 3 2 1 n/a

Please explain:

7. Was the time spent in your APRN visits with Amanda Ansbaugh, beneficial? 4 3 2 1 n/a

Please explain:

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

Please explain:

9. Was the time spent in your health coach visits with 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 program experience?

Please explain:

12. Do you plan on continuing with TNT? YES NO

Please explain:

Thank you so much for taking the time to fill out this form. We hope you continue with TNT on your journey to optimal health.

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