



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, Lori, Amanda, 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 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: _____