



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 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: _____