



# FOUNDATIONS PROGRAM EVALUATION

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

Foundation Program Client Name: \_\_\_\_\_ Join Date: \_\_\_\_\_

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

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

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

2. Did the Foundations Program give you the tools to help your journey to better health? ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ n/a

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

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

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

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

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

5. Do you feel you received what was promised in your Foundations Program ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ n/a

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

6. How likely would you be to recommend the TNT Foundations Program to others? ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ n/a

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

7. How can we improve our TNT Foundations Program?

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

8. Do you plan on continuing with TNT and in what capacity?

Yes  
No

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

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