



# 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 with your TNT Provider beneficial?

☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ n/a

Please explain:

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

9. Was the time spent with your TNT coach(s) 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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