



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 your TNT Provider beneficial? ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ n/a

Please explain: _____

8. Was the time spent with your TNT coaches beneficial ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ n/a

Please explain: _____

9. 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: _____