



Please take a moment to answer a few questions to help us improve services

Name of your doctor: _____

Date of your appointment: _____

- Do you have health related problems or concerns that you feel could be improved with better nutrition and/ or weight management? (circle) yes no
- Did you receive any information or instruction during your appointment about ways eat healthier and/ or achieve a healthy weight? (circle) yes no

If yes, what staff member(s) provided you with instruction or materials? (circle)

Physician Physician’s Assistant Medical Assistant or Nurse Other

If yes, do you feel you will use the information to make changes that could improve your health? (circle)

yes no

* (Optional) Please describe any nutrition information or instruction you received and how you plan to use it to improve your health:

- If you did **not** receive any information during your appointment about ways eat healthier and/ or achieve a healthy weight, would you have liked to? (circle) yes no

* (Optional) Please describe any nutrition information or instruction you would have liked to receive but did not:

Thank You!