

Nutrition Talk - Survey - Sample

Please Provide Feedback to Better Our Services For You.

1. Was the information you received today informative and/or helpful?

Yes No Comments: I learned how to take better care of myself

2. Are you carrying unwanted weight that you would benefit from eliminating or reducing?

Yes No Comments: _____

If yes, please select the amount you would like to eliminate:

10-20 lbs. 20-30 lbs. 30-40 lbs. 50+ lbs.

3. Approximate number of co-workers at your place of employment:

0-10 10-25 25+

4. Would you be interested in having a doctor present health information to your group, along with a nutritious meal, at no charge to you?

Yes No Comments: I work for Google

5. Would you like more information on Better Nutrition, Cleansing and/or Weight Loss.

Yes No Comments: I need to shed some extra pounds

Name: Merry Patient

Cell or Home Phone: 831-457-2000 Work Phone: _____

Some make things happen... Some watch things happen...
Others simply wait and wonder, "What happened?"
Take *control* of your health today!