

CUSTOMER FEEDBACK QUESTIONNAIRE

Customer..... Contact details:.....

Name of supervisor or Sponsor:.....

To help us improve the service we offer to our customers we would be grateful if you would answer the following questions.

- 1 Name of consultant
- 2 When you had your first appointment with your consultant:

<input type="checkbox"/>	Did you complete and sign a medical record form?	Yes/No
<input type="checkbox"/>	If you are on medication, were you asked to obtain a doctor's signature before starting the diet?	Yes/No
<input type="checkbox"/>	Were the different programmes explained to you?	Yes/No
<input type="checkbox"/>	Did your consultant weigh and measure you?	Yes/No
<input type="checkbox"/>	Did your consultant give you Weight Care Booklet to you	Yes/No
<input type="checkbox"/>	Were you briefed on how to follow your programme?	Yes/No
<input type="checkbox"/>	Were you briefed on how to use the products?	Yes/No
<input type="checkbox"/>	Was the importance of completing the stabilisation programme explained to you?	Yes/No
- 3 How regularly do you meet with your consultant? (please tick correct box)

	Every week	<input type="checkbox"/>	
	Every 2 weeks	<input type="checkbox"/>	
	Once a month	<input type="checkbox"/>	
	Not on a regular basis	<input type="checkbox"/>	
- 4 Does your consultant weigh and measure you regularly? Yes/No
- 5 Does he/she take time to offer advice and solutions to any problems you have with the diet? Yes/No
- 6 Are you offered a wide variety of products from which to choose? Yes/No
- 9 How much weight have you lost on the diet? (please enter weight loss) kgs Yes/No
- 10 Are you happy with the results you have achieved on the diet? Yes/No
- 11 Are you happy with the service you have received from your consultant? Yes/No
- 12 If No, we would appreciate your reasons, or any other comments you would like to add (suggestions/improvements)

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Many thanks for answering this questionnaire