



## Client Feedback Form

Name: \_\_\_\_\_ Family #: \_\_\_\_\_

Topic: \_\_\_\_\_

**BEFORE** you start your nutrition education please check ONE statement below that best describes you:

- I *want to learn more* but I'm *not ready* to address this topic yet.
- I'm *ready* to take some new steps to address this topic.
- I *have started* to take some steps to address this topic.
- I *have been* taking some steps to address this topic.
- I am *not interested* in taking steps to address this topic at this time.

**AFTER** you complete this lesson please check ONE statement below that best describes you:

- I'm *more aware* of ways to address this topic but I'm *not sure* when I will take action.
- I plan to *start* taking some new steps to address this topic, *soon*.
- I plan to *start* taking steps to address this topic today.
- I plan to *continue* taking steps to address this topic.
- I am *not interested* in addressing this topic at this time.

Tell us one thing you learned:

If you plan to make changes tell us what they are:

Thank you!

This institution is an equal opportunity provider.

<p><b>Staff Use Only</b> MI-WIC NE Topic: MI-WIC Recorded by: Staff initials:</p>
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