



Patient Satisfaction Form

The 4HealthyWeight Service would welcome your feedback about your experience. Please **circle** the number which most closely reflects how you feel about the following statements (*where 1 reflects the least positive and 5 reflects the most positive*) :

Please rate the following:

The aims of the programme were clearly explained	1	2	3	4	5
I have learnt new skills to help me control my weight	1	2	3	4	5
Having all 3 components (diet, activity, counselling) was useful and supportive?	1	2	3	4	5
I found the one to one sessions supportive, enjoyable and relevant	1	2	3	4	5
I found the Counsellor to be skilled and effective	1	2	3	4	5
I found the Physician to be skilled and effective					
I found the Nurse to be skilled and effective	1	2	3	4	5
I found the Dietitian to be skilled and effective					
I found the Activities and Exercise Specialist to be skilled and effective	1	2	3	4	5
Overall, the management of the Service was professional and supportive	1	2	3	4	5

Thank you for your feedback