



Client Feedback Form Key

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. *Contemplation*
- I'm *ready* to take some new steps to address this topic. *Preparation*
- I *have started* to take some steps to address this topic. *Action*
- I *have been* taking some steps to address this topic. *Maintenance*
- I am *not interested* in taking steps to address this topic at this time. *Pre-contemplation*

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. *Contemplation*
- I plan to *start* taking some new steps to address this topic, *soon*. *Preparation*
- I plan to *start* taking steps to address this topic today. *Action*
- I plan to *continue* taking steps to address this topic. *Maintenance*
- I am *not interested* in addressing this topic at this time. *Pre-contemplation*

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