



DETOXIFICATION PROGRAM EVALUATION FORM

What was the primary reason you enrolled in this detox program?

On a scale of 1 (least successful) to 10 (most successful) How would you rate the achievement of your primary goal? _____ Comments: _____

On the same 1 to 10 scale, how would you rate your overall 21 day experience? _____
Comments: _____

On the same 1 to 10 scale, how would you rate the quality of materials? _____ Instruction? _____, support? _____ Comments: _____

Did you participate in our Facebook group forum? _____

If YES - Did you find it helpful and easy to use? _____

If NO - What kept you from joining? Do you have another preference for online support? _____

Would you repeat this program in the future? Why or why not? _____

Would you recommend this program to friends or colleagues? _____

What would you like to see added to this program in the future? _____

Would you like to join my email list to receive my ezine and be notified of upcoming programs and special offers?

Email address: _____

Are you interested in a complementary strategy session to investigate taking the next step to reach your health goals?

If yes, please provide name and phone number. _____
