Team Diet Challenge Feedback Form

Did you learn anything on the challenge?
YES NO NO OPINION

Something specific?

_____

Did you receive enough motivation from the staff?
YES NO NO OPINION

Will you continue eating according to the New Millennium Diet?
YES NO NO OPINION

Will you incorporate any of the eating and cooking methods into your own diet?
YES NO NO OPINION

Did the challenge help you get any closer to your goal?
YES NO NO OPINION

Would you participate in another Team Diet Challenge?
YES NO NO OPINION

Please rate your experience with the challenge

POOR									Excellent
1	2	3	4	5	6	7	8	9	10

Please rate your experience with your team

POOR									Excellent
1	2	3	4	5	6	7	8	9	10

Is there anything that you would change about the Team Diet Challenge?

_____

_____

Other comments, questions, concerns or amazing results?

_____

_____

_____

_____ _____
Name Date

THANK YOU FOR TRAINING WITH PRIDE CONDITIONING!