

# Clinician Feedback Form

## Wellness Pizza Protocol: Pilot Evaluation

Your feedback, honest and critical, is exactly what will help shape the Wellness Pizza into the best clinical tool it can be. This form takes around 10 minutes to complete. All responses are confidential and used for development purposes only.

### Section A: About You

#### Q1 What is your professional role?

- Child & adolescent psychiatrist       Psychotherapist / therapist       School counsellor
- Social worker       Occupational therapist       Other (please specify below)

If other, please specify:

#### Q2 How many years of clinical experience do you have?

- 0–2 years       3–5 years       6–10 years       11–20 years       20+ years

#### Q3 Which patient population did you use the Wellness Pizza with during this pilot?

- Children (5–8)       Children (9–12)       Adolescents (13–17)
- Adults (18+)       Families       Couples

### Section B: Using The Tool

#### Q4 How many patients / sessions did you use the Wellness Pizza with during the pilot?

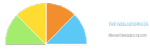
- 1–2 sessions       3–5 sessions       6–10 sessions       10+ sessions

#### Q5 How easy was it to introduce the Wellness Pizza into your sessions?

1 = Very difficult to introduce · 10 = Completely seamless

Very difficult	1	2	3	4	5	6	7	8	9	10	Completely seamless
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Circle or highlight your answer



**Q6 How engaged were your patients with the tool?**

1 = Very little engagement · 10 = Highly engaged throughout

Very little engagement	1	2	3	4	5	6	7	8	9	10	Highly engaged
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Circle or highlight your answer

**Q7 How useful did you find the clinical protocol guide?**

1 = Not useful · 10 = Extremely useful

Not useful	1	2	3	4	5	6	7	8	9	10	Extremely useful
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Circle or highlight your answer

**Q8 Which sections of the protocol did you use?**

- Child & teen clinician guide
- Adult clinician guide
- Family protocol
- Couples protocol
- Reflection prompts (16 slices)
- Wellness tracker

**Section C: Clinical Impact**



**Q9 Did the Wellness Pizza open up conversations that might have been difficult to access otherwise?**

- Yes, consistently
- Yes, sometimes
- Not really
- No

**Q10 Describe a moment where the tool worked particularly well — what happened?**

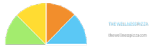
Please be as specific as you can. This is the most valuable feedback you can give.

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**Q11 Was there a situation where the tool did not work well or felt inappropriate? Please describe.**



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**Q12 Did using the Wellness Pizza change how you understood a patient’s presentation?**

- Yes — significantly     Yes — somewhat     Not particularly     No

*If yes, please briefly describe:*

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## Section D: The Protocol Guide

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**Q13 Was the protocol guide clear and easy to follow?**

1 = Very unclear · 10 = Completely clear

Very unclear	1	2	3	4	5	6	7	8	9	10	Completely clear
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*Circle or highlight your answer*

**Q14 What, if anything, was missing from the protocol that would have been helpful?**

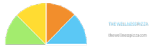
**Q15 Were there any slices that prompted particularly rich conversations with patients?**

*List the slices and briefly describe what came up:*

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## Section E: Overall

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**Q16 Overall, how would you rate the Wellness Pizza as a clinical tool?**

1 = Not useful · 10 = Excellent — would use regularly

Not useful	1	2	3	4	5	6	7	8	9	10	Excellent
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Circle or highlight your answer

**Q17 Would you recommend the Wellness Pizza to a colleague?**

- Definitely yes     Probably yes     Unsure     Probably not     Definitely not

**Q18 Is there a patient population or clinical setting you think this tool would be particularly well-suited to that we haven't considered?**

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**Q19 Any other comments, suggestions, or feedback?**

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**Thank you so much for your time and feedback.**

It means a great deal and will directly shape how this tool develops.

Please return this form to: [support@thewellnesspizza.com](mailto:support@thewellnesspizza.com)

[www.thewellnesspizza.com](http://www.thewellnesspizza.com) · [@thewellnesspizza](https://twitter.com/thewellnesspizza)