Didactic Program in Dietetics Alumni Survey

We appreciate your help with this assessment of the Didactic Program in Dietetics. Please check the box next to the answer that best matches your response to the questions below.

1. Overall, how well do you think your education and experiences at UW-Madison prepared you to pursue your professional goals?
   - [ ] Poor
   - [ ] Fair
   - [ ] Good
   - [ ] Excellent
   - [ ] Don’t Know/Not Sure

2. How would you rate your education and experiences in the Dietetics Program and related course work at UW-Madison in helping you develop the following professional skills and attributes? (Check either poor, fair, good or excellent for each item below.)

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Don’t Know / Not Applicable</th>
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</thead>
<tbody>
<tr>
<td>a. Communications skills</td>
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<td>b. Collaboration/teamwork</td>
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<tr>
<td>skills</td>
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<td>c. Problem solving/critical</td>
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<td>thinking skills</td>
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<td>d. Professional attitudes</td>
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<tr>
<td>and values</td>
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</table>

3. How would you rate each of the following aspects of your dietetics education at UW-Madison? (Check either poor, fair, good or excellent for each item below.)

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Don’t Know / Not Applicable</th>
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</thead>
<tbody>
<tr>
<td>a. Academic advising you</td>
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<td>received</td>
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<td>b. Assistance in applying</td>
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<td>for dietetic internships</td>
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4. Did you complete a Dietetic Internship (or AP4) Program following graduation?
   - [ ] Yes  [ ] Name of Program/Institution: ________________________________
   - [ ] No  [ ] Why not? ________________________________________________
5. How would you rate the following courses or areas of study in helping you to achieve your professional and personal goals?
(Check either poor, fair, good or excellent for each item.)

<table>
<thead>
<tr>
<th>Course/Study Area</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Don't Know / Not Applicable</th>
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</thead>
<tbody>
<tr>
<td>a. Human Nutrition (NS332)</td>
<td>☐</td>
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<td>b. Life Cycle Nutrition (NS431)</td>
<td>☐</td>
<td>☐</td>
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<td>c. Community Nutrition (NS431)</td>
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<td>d. Clinical Nutrition (NS631)</td>
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<td>e. Biochemical Nutrition (NS510)</td>
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<tr>
<td>f. Applications in Clinical Nutrition: Capstone (NS520)</td>
<td>☐</td>
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<tr>
<td>g. Foodservice Operations (FS437)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>h. Management of Food and Nutrition Services (FS537)</td>
<td>☐</td>
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<td>i. Physiology (Physiology 335)</td>
<td>☐</td>
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<td>j. Biochemistry (Biochem 501 or Biomol Chem 314)</td>
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<td>k. Business Courses (Accounting, Organizational Behavior)</td>
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</table>

6. Are there any topics not covered in the required curriculum that should be required?
   ☐ Yes  ➔ Please specify: __________________________________________________________
   ☐ No

7. If you had to do it over, would you complete the Dietetics Program again?
   ☐ Yes
   ☐ No  ➔ Why not? ________________________________________________________________

8. Are you currently a Registered Dietitian?
   ☐ Yes  ➔ In what year did you become a Registered Dietitian? __________
   ☐ No

9. Have you ever been a Registered Dietitian?
   ☐ Yes
   ☐ No

10. Are you currently a Licensed or Certified Dietitian? ➔
    ☐ Yes
    ☐ No
11. Are you currently employed?
   □ Yes, Full-time (at least 30 hours/week)
   □ Yes, Part-time (less than 30 hours/week)
   □ Not currently employed (Go to question 14)

12. Who is your current primary employer?
   a. Name of Company/Organization: ____________________________
   b. Your current title: ____________________________
   c. Your current major responsibilities: ____________________________
   d. What is the level of your responsibility?
      □ Director/Manager
      □ Supervisor/Coordinator
      □ Staff

13. Are you currently employed in the field of dietetics?
   □ Yes How many years have you worked in the field? __________
   □ No (Go to 16)

14. Have you ever been employed in the field of dietetics?
   □ Yes How many years did you work in the field? __________
   □ No

15. Why are you not currently employed in the field of dietetics? (Check all that apply)
   □ Lack of employment in the geographic area
   □ Temporary leave of absence
   □ Desired a change in careers
   □ Enrolled in school
   □ Dissatisfied or disinterested in dietetics
   □ Other (please specify): ____________________________

   (If you are not employed in the field of dietetics, go to question 19 on the next page.)

16. Does your current position require the Registered Dietitian credential?
   □ Yes, required
   □ Preferred, but not required
   □ No, not required

17. For your primary position in dietetics, indicate your employment setting.
   (Check only one)
   □ Hospital
   □ Out-Patient Clinic
   □ Long-Term Care
   □ School District
   □ Food Company
   □ Pharmaceutical Company
   □ Research Unit
   □ College or University
   □ Federal or State Government
   □ Private Practice
   □ Other (please describe) ____________________________
18. For your primary position in dietetics, indicate your areas of practice.
(Check all that apply)
- Clinical Nutrition Care
- Foodservice Administration
- Comm. Nutrition/Public Health
- Research
- Education or Teaching
- Sales
- Health and Wellness
- Other (please describe)

19. Please check whether you are currently enrolled in, have you ever enrolled in, or have never enrolled in each of the following types of formal education since you completed your dietetics education at UW-Madison?

<table>
<thead>
<tr>
<th>Currenty enrolled in</th>
<th>Have been enrolled in</th>
<th>Never enrolled in</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. An undergraduate program</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. A masters program</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>c. A PhD program</td>
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<td>☐</td>
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<tr>
<td>d. A professional school (such as MD, JD, pharmacy, physical therapy, etc.)</td>
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</table>

20. Have you earned any additional degrees since you graduated from UW-Madison?
☐ Yes  
  a. Type of Degree: ______________________  b. Year Earned: ______
  c. Major Area of Study: ______________________
  d. College/University: ______________________

☐ No

21. Have you completed any other type of additional education or any additional professional credentials or certifications whether or not it is related to dietetics?
☐ Yes  
  Please describe: ______________________

☐ No

22. If you have ever participated in or belonged to any professional affiliations or organizations, either inside or outside of the field of dietetics, please list any affiliations or organizations you have participated in.

23. Of the following salary ranges, which most accurately reflects your gross annual income? (Check only one)
☐ less than $20,000
☐ $20,000 to $29,999
☐ $30,000 to $39,999
☐ $40,000 to $49,999
☐ $50,000 to $59,999
☐ $60,000 or more

24. Please provide any additional comments you feel would be useful as we review our dietetics program in the space provided below.

Thank you for participating in this assessment of the Didactic Program in Dietetics. Please fold your survey and return it in the enclosed postage-paid envelope.