

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.)

	Poor	Fair	Good	Excellent	Don't Know / Not Applicable
a. Communications skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Collaboration/teamwork skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Problem solving/critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Professional attitudes and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)

	Poor	Fair	Good	Excellent	Don't Know / Not Applicable
a. Academic advising you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistance in applying for dietetic internships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)

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

6. Are there any topics not covered in the required curriculum that should be required?

Yes \Rightarrow Please specify: _____

No _____

7. If you had to do it over, would you complete the Dietetics Program again?

Yes

No \Rightarrow Why not? _____

8. Are you currently a Registered Dietitian?

Yes \Rightarrow In what year did you become a Registered Dietitian? _____

No

(Go to 10)

9. Have you ever been a Registered Dietitian?

Yes

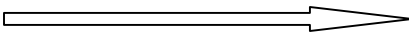
No

10. Are you currently a Licensed or Certified Dietitian? \leftarrow

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 \Rightarrow How many years have you worked in the field? _____
(Go to 16)
- No \downarrow

14. Have you ever been employed in the field of dietetics?

- Yes \Rightarrow 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)

- | | |
|---|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Research Unit |
| <input type="checkbox"/> Out-Patient Clinic | <input type="checkbox"/> College or University |
| <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Federal or State Government |
| <input type="checkbox"/> School District | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Food Company | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Pharmaceutical Company | _____ |

18. For your primary position in dietetics, indicate your areas of practice.

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Clinical Nutrition Care | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Foodservice Administration | <input type="checkbox"/> Health and Wellness |
| <input type="checkbox"/> Comm. Nutrition/Public Health | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Research | |
| <input type="checkbox"/> Education or Teaching | |
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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?

	Currently enrolled in	Have been enrolled in	Never enrolled in
a. An undergraduate program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A masters program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A PhD program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A professional school (such as MD, JD, pharmacy, physical therapy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

- | | |
|---|---|
| <input type="checkbox"/> less than \$20,000 | <input type="checkbox"/> \$40,000 to \$49,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$50,000 to \$59,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$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.