

**Glendale Community College
Student Evaluation of Health Services**

Name of Nurse _____

Date _____

Please complete the evaluation of the nurse who helped you. The results will give the nurse information on how you feel about his/her effectiveness. In marking this form, be honest and frank as well as fair and appreciative. To insure confidentiality, please fill out this survey and drop it in the box at the reception desk. If you need to change an answer, please erase completely.

PART I Please indicate an evaluation of the nurse seen today on the following qualities or services by rating each item with:

A) Strongly Agree, B) Agree, C) Neutral/Does Not Apply, D) Disagree, E) Strongly Disagree

	Strongly Agree	Agree	Neutral/Does Not Appl	Disagree	Strongly Disagree
1. Makes me feel at ease.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2. Is interested in helping me.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3. Provides an opportunity for me to express my needs and concerns.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4. The nurse is professional and well-informed.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5. The health care I received was adequately performed.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6. The health care, health education and referrals received were clearly explained.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7. The nurse is knowledgeable of student support services.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
8. The nurse helped me look at alternatives/choices and helped me make informed health decisions.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
9. I felt free to ask questions and express opinions.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10. This nurse respects me and understands my needs.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

PART II

11. I would return to see this nurse again.

Y Yes

N No

12. Overall rating of this nurse:

A Excellent

B Above average

C Average

D Below average

Please continue answering the evaluation questions on the reverse side of this form.

PART III

Write your comments in this area:

What did you find helpful about this student service?

DO NOT DUPLICATE

What else do you think we should do to serve you better?

DO NOT DUPLICATE