

STUDENT QUESTIONNAIRE

NURSE OR OTHER HEALTHCARE PROFESSIONAL

Thank you for your participation in this short survey. All of the district's health and mental health care providers are evaluated on a periodic basis, and yours is being evaluated today. We would appreciate your feedback on the care you received. Please respond honestly to the statements below and do NOT sign your name so that your comments remain anonymous.

Date: _____

Healthcare professional's name: _____

1. My healthcare professional listened attentively and understood my health concerns.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

5 4 3 2 1 0

Comments:

2. My health concerns were addressed to my satisfaction.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

5 4 3 2 1 0

Comments:

3. I was given clear instructions on how to care for my health concerns.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

5 4 3 2 1 0

Comments:

4. I was treated in a respectful way.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

5 4 3 2 1 0

Comments:

5. My privacy was maintained.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

5 4 3 2 1 0

Comments:

6. How would you rate the overall treatment that you received from your provider?

Excellent Good Fair Poor Very Poor

Comments: