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| **LOS RIOS COMMUNITY COLLEGE DISTRICT**  **STUDENT REVIEW OF NURSES** |

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| NURSE’S NAME  TIME/DATE |

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| 4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable |

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| Your review of this nurse should be fair and honest. Limit your assessment to this nurse. The nurse will not be able to see your feedback until the end of the semester. Check only one answer for each review item. You do not need to sign your name. |

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| 1. | I have seen this nurse: | Once | 2 – 4 times | More than 4 times | | | | | |
| 2. | I have seen this nurse: | In the office | At a presentation | Other (Please describe on the line below): | | | | | |
| 3. | I found the nurse to be approachable | | | | 4 | 3 | 2 | 1 | N/A |
| 4 | I was comfortable discussing my needs/issues with him/her | | | | 4 | 3 | 2 | 1 | N/A |
| 5. | The nurse was attentive and courteous | | | | 4 | 3 | 2 | 1 | N/A |
| 6. | The nurse listened to my concerns and questions | | | | 4 | 3 | 2 | 1 | N/A |
| 7. | The nurse communicated clearly with me | | | | 4 | 3 | 2 | 1 | N/A |
| 8. | The nurse met my immediate needs | | | | 4 | 3 | 2 | 1 | N/A |
| 9. | The nurse provided an opportunity for follow-up | | | | 4 | 3 | 2 | 1 | N/A |
| 10. | The nurse assisted me in a professional and confidential manner | | | | 4 | 3 | 2 | 1 | N/A |
| 11. | I would return to this nurse for assistance if necessary | | | | 4 | 3 | 2 | 1 | N/A |

Are there any comments that you would like to add about the care you received from this nurse?