

Lycoming College

Student Health Services

Your opinion matters to us! Please take a few moments to answer the following questions so we may continue to provide quality health care to all our patients.

1. Enter the date of visit:

-- dd/mm/yy

2. Name (optional):

Name

3. Indicate class status:

- FR
- SO
- JR
- SR
- Other

4. Indicate the number of times seen by a provider in the health center this year (if O go to question #19):

- 1-3
- 4-6
- 7-9
- 10 or more

5. I was seen by the following provider(s):

- Nurse
- Nurse Midwife
- Doctor

6. If seen by the nurse, the amount of time spent with me was:

- too short
- too long
- appropriate

7. If seen by the Nurse Midwife, the amount of time spent with me was:

- too short

too long
appropriate

8. If seen by the doctor, the amount of time spent with me was:

too short
too long
appropriate

9. The provider(s) addressed my health concerns:

Yes No

10. Please indicate which provider **did not** adequately address your concerns.

11. The provider gave me clear understanding of my problem and the treatment plan:

Yes No

12. Please indicate which provider(s) **did not** clearly state the problem and treatment:

13. The provider(s) hours in the health center are adequate:

Yes No

14. Please indicate which provider(s) hours are **not adequate**:

15. The Health Center Staff, to include Receptionist, Student Workers, Nurses, Doctor, Nurse Midwife, were all professional:

Yes No

16. Please indicate which staff member(s) **did not** meet your standard of professionalism:

17. My overall experience in the health center was

very positive
positive
negative

18. Additional comments:

