BCIT ®
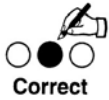
Patient Opinion of Medical Services RN

RN's NAME: _____   DATE OF SURVEY: _____

BCIT is committed to providing high quality service. You can help by providing thoughtful and honest responses to each of the following statements. The information you provide will be used to more closely match service to your needs. Thank you for your assistance. Please note that not all items may apply to your particular situation, in which case please indicate: No Opinion (N-O).

SECTION ONE:
Please fill in circle completely: using **dark pencil** or blue/black ink and pressing firmly..

Correct   Incorrect

	No Opinion	Strongly Disagree	Disagree	Agree	Strongly Agree
	4	**3**	**2**	**1**	**N-O**
1. The RN made me feel welcome.	O	O	O	O	O
2. I felt that the RN was sympathetic to my situation.	O	O	O	O	O
3. The RN provided information so that I would know what to expect.	O	O	O	O	O
4. The RN presented information in a way I could understand.	O	O	O	O	O
5. The RN gave me the opportunity to ask questions.	O	O	O	O	O
6. The RN seemed attentive to my questions and comments.	O	O	O	O	O
7. The RN responded effectively to my questions and comments.	O	O	O	O	O
8. The RN provided sufficient opportunities to discuss my situation.	O	O	O	O	O
9. The RN's technique was gentle.	O	O	O	O	O
10. I found the written health information provided by the RN to be useful.	O	O	O	O	O
11. The RN used appointment time effectively.	O	O	O	O	O

Patient Opinion of Medical Services RN

SECTION TWO: **Your comments below are for your RN only. No one else will see them.**

What did you find most effective about the RN?

_____

_____

_____

_____

_____

_____

What suggestions do you have to help improve the RN's effectiveness?

_____

_____

_____

_____

_____

_____

_____

Additional questions as supplied by the RN: