



GUAM COMMUNITY COLLEGE
SCHOOL OF TECHNOLOGY & STUDENT
SERVICES
Health Services Center

HSC Satisfaction Survey

☐ Student

☐ Employee

Date: _____

☐ Fall ☐ Spring ☐ Summer

Objective: To help improve our services, please answer this survey form briefly.

Be ensured that your answers are respected and that your privacy will be protected.

***What is the nature of your visit today?**

☐ Health Clearance ☐ PPD/TB Skin Test ☐ Ill or Sick ☐ Injured/Accident ☐ Other

a) Rate the services.	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Excellent
b) Wait time/s	<input type="checkbox"/> Less than an hour	<input type="checkbox"/> 1-2 hours	<input type="checkbox"/> More than 2 hours
c) What is one improvement in the Health Center that you would recommend?			
d) Strength of the Health Services Center			
e) General Comments:			

***Today, I was assisted by an/a** ☐ Admin. Asst. ☐ Registered Nurse

~Thank you for completing the survey~