**STUDENT SATISFACTION SURVEY**

School Name

YOUR SCHOOL BASED HEALTH CENTER NEEDS YOUR HONEST OPINION ABOUT THE CARE YOU RECEIVE HERE.

**DO NOT WRITE YOUR NAME ON THIS SURVEY – IT IS CONFIDENTIAL.** JUST TELL US WHAT YOU THINK!

Your grade: Gender (check one): Male Female

1. Who did you see today?

Nurse Practitioner Social Worker Dental Hygienist Dentist Other

(who?)

1. About how many visits have you made to the Health Center this school year?

This is my first visit (If 1st visit, skip to Question #4) 2 - 5 6 – 10 More than 10

1. If this is not your 1st visit, are most of your visits to the: (check all that apply)

Nurse Practitioner Social Worker Dental Hygienist Dentist About Equal

1. How would you rate the care you received at the Health Center today? Excellent Good Okay Poor
2. Did you get help for the problem that brought you here today? Yes No If you answered “no”, please explain:
3. If the Health Center was not here in school, what would you have done today about your health problem?

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| --- | --- | --- | --- |
| 7. Please answer the following statements:I have learned some new health habits through my visit(s) here. | Yes | No | Don’t know, 1st visit |
| I have changed some of my behaviors by coming to the Health Center. | Yes | No | Don’t know, 1st visit |
| I’ve learned that some things I do may cause my health problems. | Yes | No | Don’t know, 1st visit |
| I have learned how to take care of my teeth and gums. | Yes | No | Don’t know, 1st visit |
| I have learned how to better manage my problems. | Yes | No | Don’t know, 1st visit |
| Using the Health Center has improved my overall health. | Yes | No | Don’t know, 1st visit |
| Coming here has been helpful to me. | Yes | No | Don’t know, 1st visit |

1. Will you continue to use the Health Center for your health care? Yes No (if no, please explain)
2. Would you recommend the Health Center to a friend? Yes No (if no, why not?)
3. Would you like to see us offer other services? Yes No

(If Yes, what services?)

1. Is there any way we can be more helpful to you?
2. Do you have health insurance? Yes No Don’t Know

(If Yes, what is it?)

**Thank you for filling out this survey! Your answers are important and will be kept confidential.**