

2010 SBHC Student Satisfaction Survey

We need your help! To give you the best health care, we need your opinion. Please fill out this survey. DO NOT put your name on the survey; it is confidential. Answer the questions below by circling the answer(s) or filling in the blank.

Today:

1. How hard was it for you to get your appointment today?
Very hard Hard Not a problem Easy Very easy
2. How many classes did you miss today to come to the Health Center?
None 1-2 Classes 3-5 Classes All Day Don't Know
3. If your school did not have a Health Center, would you have another place (like a doctor's office, emergency room, or another clinic) to go for care today?

YES--I have another place to go for care

** Would you go to the other place for care? Yes No Don't Know

** How many classes would you have missed today to go to that other place?

None 1-2 Classes 3-5 Classes All Day Don't Know

NO--I don't have another place to go for care

DON'T KNOW--I don't know if I have another place to go for care

This school year:

4. Have you or the Health Center staff talked about any of the following topics?
Circle all the ones you've talked about.

The Dangers of Tobacco

The Dangers of Drugs and/or Alcohol

Eating Breakfast Every Day

Feeling Sad or Angry

Brushing Your Teeth Every Day

Making Safe Choices About Sex

Eating Meals With Your Family

Drinking Low-fat milk or Getting Enough Calcium From Other Foods

Eating Five Servings of Fruits and Vegetables Each Day

Being Physically Active Every Day – like: Walking, Sports, Dancing, etc.

5. How many times have you been to the Health Center this school year?

First Time

2-5 Times

6-10 Times

More than 10 Times

▶ ◆ ▶ ◆ ▶ ◆ ▶ PLEASE Fill Out the Back ▶ ◆ ▶ ◆ ▶ ◆ ▶

6. How comfortable are you going to the Health Center?

Very
Comfortable

Somewhat
Comfortable

Not Very
Comfortable

Not at all
Comfortable

7. How easy is it for you to talk to the staff at the Health Center?

Very
Easy

Easy

Not Very
Easy

Difficult

Very
Hard

8. How likely are you to follow the advice the Health Center staff gives you?

Very Likely

Likely

Maybe

Probably Not

9. As a result of receiving care at the Health Center, have you made any changes to your health behaviors? (for example: reducing drugs/alcohol/tobacco use, better eating habits, increasing exercise, increasing safe choices about sex)

Yes

No

10. During the past 12 months, did you have any **physical** health care needs that were **NOT** met (count any situations where you thought you should see a doctor, nurse or other health professional).

Yes

No

11. During the past 12 months, did you have any **emotional or mental** health care needs that were **NOT** met (count any situations where you thought you should see a counselor, social worker or other mental health professional).

Yes

No

12. During the past 12 months, did you have any dental needs that were **NOT** met (count any situations where you thought you should see a dentist).

Yes

No

13. Would you say that your health is better, the same, or worse because of the Health Center?

Better

The Same.

Worse.

Details: Female

Male

Age_____

Grade_____

Comments: Please feel free to write down anything you would like us to know about your health or the health center.