

2011 SBHC Student Satisfaction Survey

Please fill out this survey. DO NOT put your name on it so we can keep it private.

Here are questions about you

Are you a girl or boy? (circle one) What grade are you in? _____ How old are you? _____

1. Are you enrolled as a student at this school?

- Yes No

2. Would you say that in general your physical health is:

- Excellent Very Good Good Fair Poor

3. Would you say that in general your emotional and mental health is:

- Excellent Very Good Good Fair Poor

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

- First Time 2 times 3 – 5 times 6 – 10 times More than 10 times

Here are OVERALL questions about your Health Center

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

- Very comfortable Somewhat comfortable Not very comfortable Not at all comfortable

6. How easy is it for you to talk to the Health Center staff:

- Very Easy Easy Not Very Easy Difficult Very Hard

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

- Very likely Likely Maybe Probably not

8. During the past 12 months, have you had any **physical** health care needs that were **NOT** met? (anytime where you thought you should see a doctor or nurse).

- Yes No

9. During the past 12 months, have you had any **emotional or mental health** care needs that were **NOT** met? (anytime where you thought you should see a mental health counselor).

- Yes No

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

- Better The same Worse

Here are questions about your Health Center visit today

11. How hard was it to get to your appointment today?

- Very hard Hard Not a problem Easy Very easy

12. How many classes did you miss today to come to the health center?

- None or only part of a class 1 -2 classes 3 – 5 classes All Day I don't know

13. If your school did not have a Health Center, would you have another place to go for care today (like a doctor's office, emergency room, or another clinic)?

- Yes No I don't know

If you answered "Yes" above:

6 A. Would you **go** to the other clinic or doctor for care today?

- Yes No I don't know

6 B. How many classes would you have missed today if you went to the other clinic or doctor?

- None or only part of a class 1 - 2 classes 3 – 5 classes All Day I don't know

Here are questions about you and your Health Center visits this school year

14. Have you talked about any of the following topics with the Health Center Staff? (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Drugs | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Healthy Body Weight |
| <input type="checkbox"/> Healthy eating
(breakfast, milk,
fruits, veggies) | <input type="checkbox"/> Brushing & Flossing | <input type="checkbox"/> Sexual Health | <input type="checkbox"/> Exercise (sports, walking, dancing) |
| | <input type="checkbox"/> Feelings (sad,
angry, anxious) | <input type="checkbox"/> Safety & injury
prevention | <input type="checkbox"/> Healthy relationships |

15. As a result of receiving care at the Health Center, has it helped you keep healthy behaviors?

- Yes No

16. As a result of receiving care at the Health Center, has it helped you change unhealthy or risky behaviors?

- Yes No

COMMENTS: Please write down anything you would like us to know about your health or the Health Center.