2013-2014 SBHC Student Satisfaction Survey

We need your help! To give you the best health care, we need your opinion. Please DO NOT put your name on the survey so we can keep it private.

These are questions about YOU

1. What is today’s date? ____________________ 2. Your Grade ________ 3. Your Age ________

4. Are you ☐ Male ☐ Female or ☐ Other ?

5. Would you say that in general your physical health is:
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

6. Would you say that in general your emotional and mental health is:
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

7. How many times have you been to the Health Center in the last 12 months?
☐ First Time ☐ 2 times ☐ 3 – 5 times ☐ 6 – 10 times ☐ More than 10 times

8. How comfortable are you going to the Health Center?
☐ Very comfortable ☐ Somewhat comfortable ☐ Not very comfortable ☐ Not at all comfortable

9. Would you say your health is better, the same, or worse because of the Health Center?
☐ Better ☐ The same ☐ Worse

10. How satisfied are you with the health center?
☐ Very satisfied ☐ Somewhat satisfied ☐ Not very satisfied ☐ Not at all satisfied

These are questions about TODAY

11. 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

12. 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:

>> Would you have gone to the other clinic or doctor for care today?
☐ Yes ☐ No ☐ I don’t know

>> How many classes would you have missed today if you had gone 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

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These are questions about the LAST 12 MONTHS

13. In the past 12 months, about how many school days did you miss because you were sick?
   - None
   - 1 – 2 days
   - 3 – 5 days
   - 6 – 10 days
   - More than 10 days

14. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? (Check ALL that apply)
   - No
   - Yes – during school hours
   - Yes – during the summer
   - Yes – on the weekend
   - Yes – before or after school
   - Don’t know/can’t remember

15. In the past 12 months, where did you usually go to get physical and/or mental health care? (Choose ONLY ONE)
   - School-Based Health Center
   - Doctor’s office
   - Emergency room or urgent care clinic
   - School nurse
   - Pharmacy
   - Parent/family member
   - Other health clinic (not at school)
   - Some other place
   - Don’t know

16. 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

17. 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

These are questions about the HEALTH CENTER

18. In the past 12 months, did the Health Center doctor or nurse refer you to another place to get health care services, like mental health, dental, x-rays?
   - Yes
   - No
   - Don’t know

If you answered “Yes” above:
   >> Did someone from the Health Center follow-up with you regarding your referral(s)?
   - Always
   - Usually
   - Sometimes
   - Never / Not sure

19. In the past 12 months, did the Health Center doctor or nurse order a blood test, x-ray, or other test for you?
   - Yes
   - No
   - Don’t know

If you answered “Yes” above:
   >> Did someone from the Health Center follow-up with you regarding your test(s)?
   - Always
   - Usually
   - Sometimes
   - Never / Not Sure
20. In the past 12 months, when you called this Health Center to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed?

☐ Always  ☐ Usually  ☐ Sometimes  ☐ Never  ☐ Does not apply to me

21. In the past 12 months, when you made an appointment for a check-up or routine care with this Health Center, how often did you get an appointment as soon as you thought you needed?

☐ Always  ☐ Usually  ☐ Sometimes  ☐ Never  ☐ Does not apply to me

These are questions about HEALTH COMMUNICATION

22. In the past 12 months, how often did the Health Center...

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>...doctors or nurses explain things in a way that was easy to understand</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...doctors or nurses give you easy to understand instructions about taking care of your health problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...staff act as helpful as you thought they should be</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...staff treat you with courtesy and respect</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

23. In the past 12 months, did a Health Center Staff talk to you about any of the following:

<table>
<thead>
<tr>
<th></th>
<th>YES, and I got what I needed</th>
<th>YES, but I did not get what I need</th>
<th>YES, but I didn’t need it</th>
<th>NO, but I need to talk about that</th>
<th>NO, I do not need to talk about that</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Healthy eating (breakfast, milk, fruits, veggies)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Drugs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Brushing &amp; Flossing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Feelings (sad, angry, anxious)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Alcohol</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
23. Continued:

In the past 12 months, did a doctor or other Health Center Staff talk to you about any of the following:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes, and I got what I needed</th>
<th>Yes, but I did not get what I need</th>
<th>Yes, but I didn’t need it</th>
<th>No, but I need to talk about that</th>
<th>No, I do not need to talk about that</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Health</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Safety &amp; injury prevention</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Healthy Body Weight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Exercise (sports, walking, dancing)</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Healthy relationships</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Your school performance and grades</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I did not talk about any of these topics</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Thank you!