**School-Based Health Center (SBHC)**

**User Survey**

 Thank you for filling out this survey about your school-based health center (SBHC)!

Your honest opinion will help us to improve the services offered here. Please **do not** include your name as all answers are confidential. You’re not required to answer these questions, and if you don’t, it will not affect your ability to use your SBHC. If you need help filling this out, please ask the SBHC staff for assistance. Thanks for sharing your thoughts with us!

1. School:

2. Age: 3. Gender: 🞎 Female 🞎 Male

4. Where do you go *most often* for health care? (*Please mark* ***only one****.*)

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | a. School-based health center | 🞎 | d. Some other place |
| 🞎 | b. Emergency room  | 🞎 | e. There is no one place that I usually go |
| 🞎 | c. Medical clinic or private doctor’s office |  |  |

5. When you visited your SBHC today, who did you go to for care?  *(Please mark* ***all*** *that apply.)*

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | a. Nurse | 🞎 | d. Dental Provider |
| 🞎 | b. Mental Health Counselor  | 🞎 | e. Health Educator |
| 🞎 | c. Medical Provider – nurse practitioner,  physician’s assistant or physician | 🞎 | f. Nutritionist |

6. Did you have an appointment today? 🞎Yes 🞎 No

7. Thinking about your visit *today*, what do you think about . . .
 *(Please mark* ***one*** *response for* ***each*** *question.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Bad |
|  a. the length of time you had to wait? | 🞎 | 🞎 | 🞎 | 🞎 |
|  b. the staff’s attention to your questions/concerns? | 🞎 | 🞎 | 🞎 | 🞎 |
|  c. the quality of the care you received?  | 🞎 | 🞎 | 🞎 | 🞎 |

 8. When you visited your SBHC *today*, what were the *main* services you received?

 *(Please mark* ***all*** *that apply.)*

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | a. First Aid/Injury Treatment | 🞎 | h. Vision Services |
| 🞎 | b. General Health Care – (sore throat,  colds/flu, headaches, menstrual cramps,  stomach ache, rash, medications) | 🞎 | i. Just needed to talk with someone |
| 🞎 | j. Support Group |
| 🞎 | c. Counseling | 🞎 | k. Referral to a provider some place else |
| 🞎 | d. Health Education (for health questions and  information) | 🞎 | l. Referral to another Wellness Center  provider |
| 🞎 | e. Physical Exam  | 🞎 | m. Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 | f. Sports Physical |
| 🞎 | g. Dental Services |  |

(*Mark* ***one*** *box for each statement below to show how much you agree.*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Strongly Agree | Agree | Disagree | Strongly disagree |
| 9.  | Having a Health Center at my school . . . |  |  |  |  |
|  |  |  |  |  |
|  a. helps me get answers to my health questions………..……  | 🞎 | 🞎 | 🞎 | 🞎 |
|  b. I get health care I wouldn’t otherwise get………………… | 🞎 | 🞎 | 🞎 | 🞎 |
|  c. I get health care sooner than I would otherwise get it……. | 🞎 | 🞎 | 🞎 | 🞎 |
|  d. I don’t have to miss school because of a health problem…. | 🞎 | 🞎 | 🞎 | 🞎 |
|  |  |  |  |  |  |
| 10.  | The health center staff have helped me to learn how to take better care of myself…….......................................................... | 🞎 | 🞎 | 🞎 | 🞎 |
|  |  |  |  |  |  |
| 11. | My health has improved as a result of having aHealth Center at my school………............................................ | 🞎 | 🞎 | 🞎 | 🞎 |
|  |  |  |  |  |  |
| 12. | I feel comfortable talking about my health issues and problems with the. . . |  |  |  |  |
|  |  |  |  |  |
|  a. Nurse……………………………………………………… | 🞎 | 🞎 | 🞎 | 🞎 |
|  b. Counselor………………………………………................ | 🞎 | 🞎 | 🞎 | 🞎 |
|  c. Provider – Nurse Practitioner, Physician’s Assistant or Physician………………………………........................... | 🞎 | 🞎 | 🞎 | 🞎 |
|  |  |  |  |  |  |
| 13. | My teachers like it that I use the Health Center at my school…………………………................................................. | 🞎 | 🞎 | 🞎 | 🞎 |
|  |  |  |  |  |  |
| 14. | I recommend the Health Center to my friends at school…………………………................................................. | 🞎 | 🞎 | 🞎 | 🞎 |

15. What services would you like to see your SBHC provide *more* of? (*Please mark* ***all*** *that apply.*)

|  |  |  |
| --- | --- | --- |
|  🞎 Counseling | 🞎 Support Groups | 🞎 Drug and Alcohol Counseling |
|  🞎 Dental Services | 🞎 Health Education | 🞎 Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please make any additional comments that you like:

**THANK YOU** again for completing our survey**!**