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
- ☐ b. Emergency room
- ☐ c. Medical clinic or private doctor's office
- ☐ d. Some other place
- ☐ e. There is no one place that I usually go

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

- ☐ a. Nurse
- ☐ b. Mental Health Counselor
- ☐ c. Medical Provider – nurse practitioner, physician's assistant or physician
- ☐ d. Dental Provider
- ☐ e. Health Educator
- ☐ 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
- ☐ b. General Health Care – (sore throat, colds/flu, headaches, menstrual cramps, stomach ache, rash, medications)
- ☐ c. Counseling
- ☐ d. Health Education (for health questions and information)
- ☐ e. Physical Exam
- ☐ f. Sports Physical
- ☐ g. Dental Services
- ☐ h. Vision Services
- ☐ i. Just needed to talk with someone
- ☐ j. Support Group
- ☐ k. Referral to a provider some place else
- ☐ l. Referral to another Wellness Center provider
- ☐ m. Something else: _____

_____

(*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 <u>sooner</u> 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 a Health 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: _____

_____

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THANK YOU again for completing our survey!