

# STUDENT SATISFACTION SURVEY

School Name \_\_\_\_\_

YOUR SCHOOL BASED HEALTH CENTER NEEDS YOUR HONEST OPINION ABOUT THE CARE YOU RECEIVE HERE.  
DO NOT WRITE YOUR NAME ON THIS SURVEY - IT IS CONFIDENTIAL. JUST TELL US WHAT YOU THINK!

Your grade: \_\_\_\_\_ Gender (check one): Male  Female

1. Who did you see today?  
Nurse Practitioner  Social Worker  Dental Hygienist  Dentist  Other  \_\_\_\_\_  
(who?)

2. About how many visits have you made to the Health Center this school year?  
This is my first visit  (If 1<sup>st</sup> visit, skip to Question #4) 2 - 5  6 - 10  More than 10

3. If this is not your 1<sup>st</sup> visit, are most of your visits to the: (check all that apply)  
Nurse Practitioner  Social Worker  Dental Hygienist  Dentist  About Equal

4. How would you rate the care you received at the Health Center today?  
Excellent  Good  Okay  Poor

5. Did you get help for the problem that brought you here today? Yes  No   
If you answered "no", please explain:

6. If the Health Center was not here in school, what would you have done today about your health problem?  
\_\_\_\_\_  
\_\_\_\_\_

7. Please answer the following statements:

I have learned some new health habits through my visit(s) here.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know, 1 <sup>st</sup> visit <input type="checkbox"/>
I have changed some of my behaviors by coming to the Health Center.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know, 1 <sup>st</sup> visit <input type="checkbox"/>
I've learned that some things I do may cause my health problems.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know, 1 <sup>st</sup> visit <input type="checkbox"/>
I have learned how to take care of my teeth and gums.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know, 1 <sup>st</sup> visit <input type="checkbox"/>
I have learned how to better manage my problems.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know, 1 <sup>st</sup> visit <input type="checkbox"/>
Using the Health Center has improved my overall health.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know, 1 <sup>st</sup> visit <input type="checkbox"/>
Coming here has been helpful to me.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know, 1 <sup>st</sup> visit <input type="checkbox"/>

8. Will you continue to use the Health Center for your health care? Yes  No  (if no, please explain)  
\_\_\_\_\_

9. Would you recommend the Health Center to a friend? Yes  No  (if no, why not?)  
\_\_\_\_\_

10. Would you like to see us offer other services? Yes  No  \_\_\_\_\_  
(If Yes, what services?)

11. Is there any way we can be more helpful to you? \_\_\_\_\_  
\_\_\_\_\_

12. Do you have health insurance? Yes  No  Don't Know  \_\_\_\_\_  
(If Yes, what is it?)

**Thank you for filling out this survey! Your answers are important and will be kept confidential.**