



**SCHOOL-BASED
HEALTH ALLIANCE**
Redefining Health for Kids and Teens

School-Based Health Center Client Survey

This survey asks about how you feel about the health center at your school. Your answers will help us find out how the health center is doing and make it better.

Three important things to know before you start:

It's Private!

Please do not write your name on this form or the survey. Your answers are private.

It's Quick!

The survey will take less than five minutes to complete.

It's Optional!

You do not have to take this survey or answer any questions that you do not want to.

If you want to take the survey, please start it on the next page.

School-Based Health Center Client Survey

Remember, you do not have to answer any questions that you do not want to answer. Please do not write your name on this survey. Thank you for your time!

1. How many times have you used the health center since school started this year? (check one)

- Never
- 1 or 2 times
- 3 to 9 times
- 10 times or more

2. What kind of help have you gotten at the health center? (check all that apply)

- Check-up or physical exam or sports physical
- Help when I was sick or hurt
- Immunizations or shots
- Counseling to talk about things like stress, feeling sad, or problems with family or friends
- Help with eating better or exercise
- Help with my teeth for toothaches, cavities, or cleanings
- Help with sexual health issues (like birth control/condoms or testing for pregnancy/STDs)
- Other: _____

3. The people who work at the health center...	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
Treat me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen carefully to what I have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep my information private.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. The health center...	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
Is easy to get help from when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helps me miss less school or class time than going somewhere else for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a safe place to go if I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. The health center helped me to...	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
Get better grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skip less school or cut classes less.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have goals and plans for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel like I had an adult I could turn to if I needed help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn how to take better care of my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How satisfied (happy) are you with the health center at your school? (check one)

- Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied

7. If your school did not have a health center, what would you have done to take care of your health problems/needs today? (check all that apply)

- Gone to another doctor or nurse Nothing
 Gone to the hospital or emergency room (ER) I'm not sure
 Called my parents or gone home Other: _____

8. Would you like to tell us anything else (good or bad) about the health center at your school?

9. What is your gender?

- Male Female Another gender

10. What grade are you in?

- 5th 9th Another grade:
 6th 10th _____
 7th 11th
 8th 12th

11. What is your race or ethnicity?

- African American Native American/
American Indian Two or more
 Asian Pacific Islander ethnicities
 Filipino White Another ethnicity:
 Latino/Hispanic _____