



## 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.**

*This document was created by the School-Based Health Alliance with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number: U45MC27804 and title: "State Adolescent and Young Adult Health Capacity Building Program." The information or content are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, the U.S. Government, or any other agency. We gratefully acknowledge the support of the school-based health center professionals who generously advised on the development of this survey.*

# School-Based Health Center Client Survey

## School-Based Health Center Survey

*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 9times
- 10 times or more

**2. What kind of help have you gotten at the health center this year? (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 sexual health like a pregnancy test, contraception or an STI test (**High School version only**)
- Help with my teeth for toothaches, cavities, or cleanings
- Other

| <b>3. The people who work at the health center...</b> | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------|-------|----------|-------------------|
| Treat me with respect.                                |                |       |          |                   |
| Care about me.  |                |       |          |                   |
| Listen carefully to what I have to say.               |                |       |          |                   |
| Keep my information private.                          |                |       |          |                   |

| <b>4. The health center...</b>             | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| Is easy to get help from when I need it.   |                |       |          |                   |
| Is a good place to go if I have a problem. |                |       |          |                   |

| <b>5. The health center helped me to...</b>                | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| Have goals and plans for the future.                       |                |       |          |                   |
| Feel like I had an adult I could turn to if I needed help. |                |       |          |                   |
| Learn how to take better care of my health.                |                |       |          |                   |
| Meet many of my health needs.                              |                |       |          |                   |

**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 today to take care of your health problems/needs? (check all that apply)**

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

**10. What grade are you in?**      5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

**11. What is your race or ethnicity?**

- Black or African American
- Asian or Asian American
- Latino/Hispanic
- Native American/American Indian
- White
- Two or more ethnicities
- Another ethnicity: \_\_\_\_\_