



Student Health Center Survey

You were recently seen at the VSU Student Health Center for an appointment. We value you as a patient and want our services to meet your needs. As part of this effort, we ask that you take a few moments and complete this brief survey about your most recent visit. Your responses are completely confidential. This survey is anonymous. No one, including the researcher, will be able to associate your responses with your identity. Please do not write your name or put any other identifying information on the survey/response sheet.

The results of this survey will be used to evaluate and improve the VSU Student Health Center and the services that we provide.

Your participation in this survey is voluntary. You may choose not to take the survey, to stop responding at any time, or to skip any questions that you do not want to answer. Your completion of the survey serves as your voluntary agreement to participate in the survey.

Questions regarding the purpose or procedures of the survey should be directed to Lynette Lewis at 229-333-5886 or lalewis@valdosta.edu. This study has been exempted from Institutional Review Board (IRB) review in accordance with federal regulations. The IRB, a university committee established by federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your rights as a research participant, you may contact the IRB Administrator at 229-333-7837 or irb@valdosta.edu.

If you have completed this survey during the current term on a previous visit to the Student Health Center, please do not participate again.

Demographic Information

Today's Date: _____ Approximate time of visit: _____

Gender

- Male
- Female

Resident Status

- On Campus
- Off Campus

Class Status

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student

Evaluation of the Student Health Center

Appointment Status:

- I had a scheduled appointment.
- I was a walk-in patient.

Did you have problems making an appointment?

- Yes
- No

If yes, explain:

When you called about your appointment...

the phone was answered by the third ring

the line was busy

you were put on hold

Yes	No	Uncertain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(over)

Who did you see at the Student Health Center during your most recent visit? (Mark all that apply)

- Nurse Nurse Practitioner Physician Assistant Doctor

Please rate your level of Satisfaction with each of the following items below based on your most recent visit to the Student Health Center.

	Very Unsatisfied	Unsatisfied	Satisfied	Very Satisfied	N/A
The person who answered your call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception upon arriving at the Health Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time in which you were seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time spent with you by Doctor/Nurse Practitioner/Physician Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time spent with you by nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of your illness/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care received by Doctor/Nurse Practitioner/Physician Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care received by nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care received by laboratory staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care received by the x-ray staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care received by the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling about medications by pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with your visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to provide explanation on any of the ratings above.

How many times have you visited the Student Health Center this semester?

- 1 to 2
 2 to 5
 6 to 10
 More than 10

Would you recommend the Student Health Center to other students?

- Yes
 No

What suggestions do you have to help us improve our services?

Thank you for your feedback!

Revised October 2012