Dear Student,

Please assist us by taking a few minutes to complete the following satisfaction survey by checking the appropriate box. Responses are anonymous. If you wish to be contacted about compliments or concerns, please add your name and phone number. Your responses are for THIS YEAR, 2003-2004.

Thank you for taking the time to complete the survey.

1. Please mark the number most representative of your visits to the Student Health Center this year.
   □ 1 visit  □ 2-3 visits  □ 4-5 visits  □ 6-9 visits  □ 10+ visits

2. Please check the staff member you saw during your visit.
   □ Physician visit (Dr. Williams, Dr. Darnell, and/or Dr. Dysinger)
   □ Nurse practitioner visit (Kathleen Brown)
   □ Nurse visit (Silvia Semar)

3. Please rate the following services you used as follows:
   5 = Excellent  4 = Very Satisfied  3 = Fairly Satisfied  2 = Poor  1 = Very Poor  N/A = Not Applicable

   I was able to obtain an appointment in a timely fashion.
   □ 5  □ 4  □ 3  □ 2  □ 1  □ N/A

   The health center staff was sensitive to my privacy.
   □ 5  □ 4  □ 3  □ 2  □ 1  □ N/A

   The staff was helpful.
   □ 5  □ 4  □ 3  □ 2  □ 1  □ N/A

   The check-out process was efficient.
   □ 5  □ 4  □ 3  □ 2  □ 1  □ N/A

   Overall quality of services
   □ 5  □ 4  □ 3  □ 2  □ 1  □ N/A

   Comment______________________________________________________________________________
   ____________________________________________

   The receptionist was professional, courteous, and helpful.
   □ 5  □ 4  □ 3  □ 2  □ 1  □ N/A

   Comment______________________________________________________________________________
   ____________________________________________

   The health care provider conveyed a caring attitude.
   □ 5  □ 4  □ 3  □ 2  □ 1  □ N/A

   The health care provider explained the diagnosis and treatment to me.
   □ 5  □ 4  □ 3  □ 2  □ 1  □ N/A
The health care provider told me what to do if I did not feel better.
☐ 5  ☐ 4  ☐ 3  ☐ 2  ☐ 1  ☐ N/A

The health care provider discussed how to prevent recurrences of illness/injury.
☐ 5  ☐ 4  ☐ 3  ☐ 2  ☐ 1  ☐ N/A

The health care provider spent enough time with me.
☐ 5  ☐ 4  ☐ 3  ☐ 2  ☐ 1  ☐ N/A

The health care provider was professional and courteous.
☐ 5  ☐ 4  ☐ 3  ☐ 2  ☐ 1  ☐ N/A

Comment ______________________________________________________________________________
_______________________________________________________________________________________

4. Gender: 5. Citizenship status:
☐ Female  ☐ Domestic (US Citizen or permanent resident)
☐ Male  ☐ International

6. Age: 7. Classification
☐ 17 and under  ☐ Freshman
☐ 18-19  ☐ Sophomore
☐ 20-21  ☐ Junior
☐ 22-26  ☐ Senior
☐ 27-30  ☐ Graduate Student
☐ 30 and over

8. Where do you live?
☐ U of R housing—On-campus (which Residence Hall _________________________________)
☐ U of R housing—Off-campus (which U of R housing facility _________________________________)
☐ Non U of R housing—Off campus

9. Are the fees for chargeable services reasonable?
☐ Yes  ☐ No
Comment ______________________________________________________________________________
_______________________________________________________________________________________

10. Do you take medications regularly? If so what do you take?
_______________________________________________________________________________________
_______________________________________________________________________________________

11. Additional comments
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________