

**SANTIAGO CANYON COLLEGE
HEALTH AND WELLNESS CENTER SURVEY**

Thank you for taking the time to fill out this survey. Your opinions help to improve the quality of services provided to better meet the needs of students and staff. The information given will be kept anonymous and confidential.

Name (optional): _____ **Date** (required): _____

PLEASE CHECK:

1. What did you learn today?

2. How did you hear about our services?

- Friends Class Orientation School Directory
 Returning Other _____

3. Which services have you used at this health center:

- Doctor Nurse Psychologist
 Walk-In OTC Supplies

4. How would you rate the quality of care you received from the nurse?

- Excellent Good Average
 Fair Poor

5. Please rate the quality of care you received from Dr. Ford, Dr. Yocam, Dr. Campitelli – Smith (**circle one of the above doctors**)?

- Excellent Good Average
 Fair Poor N/A

6. How would you rate the service provided to you?

- Excellent Good Average
 Fair Poor

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6. How would you rate the service provided to you?

- Excellent Good Average
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7. How would you rate the time frame in which your care was handled?

- Excellent Good Average
- Fair Poor

8. Have the services helped you deal more sufficiently with your problems?

- Yes No

9. Did you receive the service(s) you needed?

- Yes No

10. Do our hours respond your needs?

- Yes No

11. Would you recommend this health center to other students and/or staff?

- Yes No

12. Do you feel that the clerical staff was friendly and helpful?

- Yes No

13. Would you return to seek more medical care/information from this health center?

- Yes No

14. What could we do to make your visit better?

15. Are you interested in participating in a focus group?

- Yes No

If yes, please print e-mail here: _____

STAFF ONLY: DO NOT MARK BELOW THIS LINE

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