Cuyamaca College Student Health and Wellness

Satisfaction Survey

Dear Student:

At Cuyamaca College Student Health and Wellness Services, we are committed to providing you with the best possible student health services. We are interested in knowing what you think about our services. You can help us evaluate our performance by completing this brief survey regarding your visit.

Thank you for taking the time to share your experience with us.

Date of Your Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions | Rating 1 Very Poor | Rating 2Poor | Rating 3Fair | Rating 4Good | Rating 5Very Good | Not Applicable |
| 1 | If you spoke to the student health services by phone, how helpful was the person you spoke to |  |  |  |  |  |  |
| 2 | Ease of scheduling your visit |  |  |  |  |  |  |
| 3 | The ease of the check in process |  |  |  |  |  |  |
| 4 | The comfort, cleanliness, and amenities’ of the student health services location |  |  |  |  |  |  |
| 5 | Clear and sufficient instructions on what to do and what is expected for your visit |  |  |  |  |  |  |
| 6 | The courtesy and caring of the staff  |  |  |  |  |  |  |
|  | Questions | Rating 1 Very Poor | Rating 2Poor | Rating 3Fair | Rating 4Good | Rating 5Very Good | Not Applicable |
| 7 | Skills of the staff(RN, Health and Safety Specialist, Personal Counselor, MD) |  |  |  |  |  |  |
| 8 | Comfort level with the provider( RN, Health and Safety Specialist, Personal Counselor, MD) |  |  |  |  |  |  |
| 9 | Usefulness of the information provided by the staff related to your visit reason |  |  |  |  |  |  |
| 10 | Overall, how satisfied were you with your visit at the Student Health and Wellness Service Center |  |  |  |  |  |  |

Was this your first visit to us as a student/employee at the Student Health and Wellness Services Center? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_

Likelihood of you recommending your peers and or other students to the Cuyamaca College Student Health and Wellness Services Center? Yes: \_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_

Please add any other comments you have regarding your visit today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_