



SURVEY

Please take a few minutes and tell us how we are doing! Your constructive criticism is important to us – without it, we will not be able to improve our service to you. Please check all that apply:

1. Tell us a little about yourself.

Student Employee Other (such as Vendor, Guest, or Friend/Family member of Student)

Male Female Age: Under 18 18 – 25 Over 25 Over 50

3. Is the Student Health Center your only resource for obtaining health care? Yes No

4. Approximately, how many times a semester do you visit the Health Center? 1 time 2 – 4 times More than 4

5. Identify two (2) immunizations you must have documented proof of to transfer to a four-year school.

Hepatitis B Tetanus MMR (Measles/Mumps/Rubella) TB (Tuberculosis Skin Test)

6. Are you aware that the Student Health Center offers educational materials and treatment on communicable diseases; i.e. STDs and immunizations? Yes No

Please rate the following on a standard of 1 to 5 (1 being the least favorable, 5 being the most favorable).

	1	2	3	4	5
Were you treated courteously by the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were staff members attentive to your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the clinician (doctor/nurse) explain the nature of your illness/problem in understandable terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the treatment and health instructions explained clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the clinician allow time to listen to and answer all your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your problem was diagnosed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that the treatment offered was appropriate for your problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Does the Student Health Center assist you in staying in school and working toward your goals? Yes No

6. Would you recommend the Student Health Center to other students? Yes No

7. Will you continue to use the Student Health Center at Moorpark College? Yes No

If not, why? _____

8. How did you hear about the Student Health Center? _____

Please use the space below to offer suggestions on how we can better serve our clients. Feel free to comment on convenience of appointments, fees, health education material, etc.

The Medical and Clerical Staff of the Moorpark Student Health Center thank you for your input!!