SOUTHWEST HIGH SCHOOL HEALTH CENTER SURVEY

This survey is completely anonymous. This means that information you provide will not be tied back to you personally. Please do not write your name down. Although the information requested is important for the survey, please feel free to skip any questions you do not feel comfortable answering. If you do not understand a question please ask the facilitator.

Please answer the following questions to the best of your ability. Fill in the blank or mark an X in the space indicated for your answer.

Student Background:
1. What is your gender?  □ Male  □ Female

2. What is your age? _______ years

3. What is your grade level? □ 9th □ 10th □ 11th □ 12th

4. How do you describe yourself? Please select one or more responses
   □ American Indian or Alaska Native
   □ Asian
       □ Indian  □ Chinese  □ Korean
       □ Vietnamese □ Japanese
   □ Black or African American
   □ Hispanic or Latino
       □ Mexican, Mexican American, Chicano
       □ Puerto Rican
       □ Cuban
       □ Other Origin (e.g. Colombian, Dominican, Nicaraguan etc.)
       Please Specify____________________________________________________________
   □ Pacific Islander
   □ Native Hawaiian
   □ White
   □ Other (Please Specify_____________________________________________________)
5. What is(are) the primary language(s) spoken at home?

☐ English  ☐ Spanish  ☐ Chinese  ☐ Japanese  ☐ Korean  ☐ Vietnamese

☐ Other Language (Please specify __________________________)

6. What language do you prefer to speak?

☐ English  ☐ Spanish  ☐ Chinese  ☐ Japanese  ☐ Korean  ☐ Vietnamese

☐ Other Language (Please specify __________________________)

7. Who do you live with? **Please select all that apply**

☐ Mother  ☐ Father  ☐ Grandparents  ☐ Other (Please specify ________________)

8. Are your parents/guardians:

☐ Single, never married  ☐ Married  ☐ Separated  ☐ Divorced  ☐ Other (Please specify______)

9. If your parents/guardians work, what is their job?

Father: ________________  Mother: ________________  Guardian: ________________

**The following questions will help us learn about your social support network:**

10. Who do you **usually** go to when you are worried or concerned? **Please select all that apply**

☐ Mother  ☐ Professional Counselor/Therapist outside of school

☐ Father  ☐ Minister/Priest/Rabbi

☐ Brother/Sister  ☐ School Counselor

☐ Other Relative  ☐ School Health Clinic

☐ Friend  ☐ Clinic outside of school

☐ Boy/Girlfriend  ☐ Other (Who/Where? ____________)

☐ None of the Above

11. How did they help you? **Please select all that apply**

☐ Listened to you  ☐ Offered Advice

☐ Provided Comfort  ☐ Referred you to someone or a professional

☐ Other (What? ____________________________)  ☐ Not Applicable
12. How satisfied were you with the selected person's help?
☐ Very Satisfied  ☐ Somewhat Satisfied  ☐ Somewhat Dissatisfied  ☐ Very Dissatisfied
☐ Not Applicable

13. Would you go to them for help again?
☐ Yes: Why? __________________________________________________________
☐ No: Why? __________________________________________________________
☐ Not Applicable

14. During the past year, have you struggled with any of the following issues? (Please select all that apply)
☐ Medical Issues  ☐ Family problems-conflicts/separations
☐ Sad/Depressed  ☐ Just don’t feel good
☐ Anger out-of-control  ☐ Feel Alone, can’t make friends
☐ Sleeping problems  ☐ Fear out-of-control
☐ Sexual problems  ☐ Stress out-of-control
☐ Problems with friends  ☐ Problems with schoolwork
☐ Weight problems  ☐ Feel bored too often
☐ Unhappy with a breakup  ☐ Problems with boy/girlfriend
☐ Thoughts of self harm  ☐ Problems with the police
☐ None of the Above  ☐ Drug/Alcohol use

15. Have you seen a professional for any of the above problems?
☐ Yes: If so, which issues? ________________________________
☐ No
☐ Not Applicable

16. Who referred you to a health professional?
☐ Family member  ☐ Friend
☐ School Health Center  ☐ Minister/Pastor/Priest
☐ (Other: _________)  ☐ Not Applicable

17. Would you go there again for help?
☐ Yes: Why? __________________________________________________________
☐ No: Why? __________________________________________________________
☐ Not Applicable
18. Do you know anyone who has gone to a helping professional (e.g. counselors, social workers, psychologists)?

☐ Yes: Please Specify

☐ Mother ☐ Father ☐ Brother/sister

☐ Female Friend ☐ Male Friend ☐ Boy/girlfriend

☐ Other relative ☐ Other (Who/Where? ______________ )

☐ No

Southwest High School has a Health Clinic located in the nurse’s office next to the administration building. The following questions will help us understand who uses this clinic:

19. Have you ever used the school clinic? If you have never visited the clinic please proceed to question 21.

☐ Yes

☐ No

20. Please check all services below that apply to your visit to the clinic:

☐ I had a sickness/illness (Sore throat, cold, flu, skin problems, etc.)

☐ I had an injury (such as sprains, cuts, bruises, broken bones, etc.)

☐ I had a physical problem (such as headaches, pain, stomachaches, dizziness, etc.)

☐ I had sleeping problems

☐ To get medications from the school nurse (Ibuprofen, Tylenol, cough drops, etc.)

☐ To get eating and nutrition advice and/or counseling from a health educator

☐ I had a mental health concern

☐ I needed a sports physical

☐ I had a physical exam (not sports related)

☐ I needed birth control information

☐ I needed birth control supplies or prescriptions (e.g. condoms, medication, nexplanon, etc.)

☐ I needed a pregnancy test

☐ I needed information about Sexually Transmitted Infections (Herpes, Chlamydia etc.)

☐ I needed protection against Sexually Transmitted Infections (such as condoms)

☐ I needed tests for Sexually Transmitted Infections

☐ I needed treatment for Sexually Transmitted Infections

☐ Other (What? ______________________________)
Please check all services below that apply to your visit to the clinic

☐ I received counseling
☐ Related to Family members (e.g. parents, siblings) or stress at home
☐ Related to Friends (e.g. boyfriend, girlfriend, experienced a break up)
☐ Related to Emotions (e.g. sad, depressed, stress, anger, anxiety etc.)
☐ Related to Sexual issues (e.g. peer pressure)
☐ Related to School (e.g. problems with grades)
☐ Related to Alcohol or Drug use
☐ Other (Please Specify ______________________________ )
☐ Not Applicable

21. If you have not visited the clinic, we’d like to know more. Please check the items below that relate to you regarding reason(s) for not visiting the clinic. (Please select all that apply) If you have visited the clinic please proceed to the next question.

☐ I am concerned about friends knowing I have gone there
☐ I am concerned about the cost
☐ I did not know there was a clinic
☐ I did not know of all the services offered at the clinic
☐ I have no need to go to the clinic (Please specify: ______________________________ )
☐ My parent/guardian did not sign the consent form
☐ I have religious concerns (Please specify: ______________________________ )
☐ I receive medical services outside of school
☐ I find it too difficult to schedule an appointment
☐ Other (Please specify: ______________________________ )

22. Do you have health insurance?

☐ Yes - Please specify which type
    ☐ Medicaid/MediCAL   ☐ My parent’s health insurance
    ☐ Other (which one? ______________________________ )  ☐ I do not know

☐ No
☐ I do not know

If you have visited the school clinic at least once, then please answer the following questions. If you have never visited the clinic please proceed to question 28:

23. During the last school year, how many times did you visit the school clinic? ____________ visits
24. **During your last visit**, how satisfied were you with the help you received?

- [ ] Very Satisfied
- [ ] Somewhat Satisfied
- [ ] Somewhat Dissatisfied
- [ ] Very Dissatisfied

25. Would you recommend the clinic to a classmate?

- [ ] Yes: Why? __________________________________________________________
- [ ] No: Why? __________________________________________________________

26. Have you recommended the clinic to a classmate?

- [ ] Yes: Why? __________________________________________________________
- [ ] No: Why? __________________________________________________________

27. Are there any services not provided by the clinic that you would like to see offered?

- [ ] Counseling on drinking, drug, and/or smoking use
- [ ] Nutrition counseling through cooking education classes
- [ ] Student to student health education
- [ ] Confidential Peer support groups
- [ ] Other recommendation: _____________________________________________
- [ ] None of the above

The following question is to help us better understand how to interpret the results of the surveys:

28. How honest were you in filling out this survey?

- [ ] Answered more than 3 questions differently than if I were alone
- [ ] Somewhat Honest (answered 1-3 questions differently than if I were completing the survey alone)
- [ ] Very Honest (answered all questions to the best of my knowledge)

29. What other comments do you have that might help us improve the school clinic?

**Thank you for participating in this survey.**