

Time Begin: \_\_\_\_\_

Time End: \_\_\_\_\_

## 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?  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

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**

- |  |   |
|--|---|
| <input type="checkbox"/> Mother            | <input type="checkbox"/> Professional Counselor/Therapist outside of school |
| <input type="checkbox"/> Father            | <input type="checkbox"/> Minister/Priest/Rabbi                              |
| <input type="checkbox"/> Brother/Sister    | <input type="checkbox"/> School Counselor                                   |
| <input type="checkbox"/> Other Relative    | <input type="checkbox"/> School Health Clinic                               |
| <input type="checkbox"/> Friend            | <input type="checkbox"/> Clinic outside of school                           |
| <input type="checkbox"/> Boy/Girlfriend    | <input type="checkbox"/> Other (Who/Where? _____)                           |
| <input type="checkbox"/> 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**)

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Issues         | <input type="checkbox"/> Family problems-conflicts/separations |
| <input type="checkbox"/> Sad/Depressed          | <input type="checkbox"/> Just don't feel good                  |
| <input type="checkbox"/> Anger out-of-control   | <input type="checkbox"/> Feel Alone, can't make friends        |
| <input type="checkbox"/> Sleeping problems      | <input type="checkbox"/> Fear out-of-control                   |
| <input type="checkbox"/> Sexual problems        | <input type="checkbox"/> Stress out-of-control                 |
| <input type="checkbox"/> Problems with friends  | <input type="checkbox"/> Problems with schoolwork              |
| <input type="checkbox"/> Weight problems        | <input type="checkbox"/> Feel bored too often                  |
| <input type="checkbox"/> Unhappy with a breakup | <input type="checkbox"/> Problems with boy/girlfriend          |
| <input type="checkbox"/> Thoughts of self harm  | <input type="checkbox"/> Problems with the police              |
| <input type="checkbox"/> None of the Above      | <input type="checkbox"/> 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?

- |   |   |
|---|---|
| <input type="checkbox"/> Family member        | <input type="checkbox"/> Friend                 |
| <input type="checkbox"/> School Health Center | <input type="checkbox"/> Minister/Pastor/Priest |
| <input type="checkbox"/> (Other: _____)       | <input type="checkbox"/> 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**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mother         | <input type="checkbox"/> Father                   | <input type="checkbox"/> Brother/sister |
| <input type="checkbox"/> Female Friend  | <input type="checkbox"/> Male Friend              | <input type="checkbox"/> Boy/girlfriend |
| <input type="checkbox"/> Other relative | <input type="checkbox"/> 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.**