

Student Health Center

Patient Satisfaction Survey and Feedback

Please fill in the following demographic information

Age _____ Sex _____ Ethnicity _____

1. Indicate your primary affiliation with the University of Utah
Undergraduate Student _____ Spouse of a Student _____
Graduate/Professional Student _____ Other _____
2. Including your most recent visit, how many times have you been seen at the Student Health Center?
1-3 _____ 4-6 _____ 7-10 _____ 11+ _____
3. What was the purpose of your most recent visit?
Regular check-up/wellness care _____ Vaccinations _____
One-time injury or illness _____ Travel clinic _____
Lab work _____ Other _____
4. The length of time between requesting my appointment and my visit was reasonable.
Strongly Agree _____ Agree _____ Neutral _____ Disagree _____ Strongly Disagree _____
5. When making my appointment, the staff was professional, courteous, and attentive.
Strongly Agree _____ Agree _____ Neutral _____ Disagree _____ Strongly Disagree _____
6. The front desk check-in process was efficient.
Strongly Agree _____ Agree _____ Neutral _____ Disagree _____ Strongly Disagree _____
7. Adequate explanations were given to me about insurance and billing policies when checking in.
Strongly Agree _____ Agree _____ Neutral _____ Disagree _____ Strongly Disagree _____
8. I felt that my privacy and confidentiality were respected and protected during check-in.
Strongly Agree _____ Agree _____ Neutral _____ Disagree _____ Strongly Disagree _____
9. The Nursing staff was professional, courteous, and attentive.
Strongly Agree _____ Agree _____ Neutral _____ Disagree _____ Strongly Disagree _____

10. The Nursing Staff washed/sanitized their hands prior to any interactions with me (ie, taking my blood pressure, drawing blood, giving me a shot).

Yes ___ No ___ Unsure ___

11. The Provider was professional, courteous and attentive.

Strongly Agree ___ Agree ___ Neutral ___ Disagree ___ Strongly Disagree ___

12. The Provider washed/sanitized their hands prior to examining me.

Yes ___ No ___ Unsure ___

13. The Provider listened carefully to my concerns and I was satisfied with the advice and explanations that were given.

Strongly Agree ___ Agree ___ Neutral ___ Disagree ___ Strongly Disagree ___

14. Overall, I had a positive experience at the Student Health Center.

Strongly Agree ___ Agree ___ Neutral ___ Disagree ___ Strongly Disagree ___

15. I would recommend the Student Health Center to my peers.

Strongly Agree ___ Agree ___ Neutral ___ Disagree ___ Strongly Disagree ___

16. Have you ever used the Student Health Center website as a resource for frequently asked questions or information about your services? If yes, any suggestions for improvement?

17. If given the opportunity for free counseling, would you be interested in meeting with a Health Educator to further discuss health concerns such as smoking, diet and nutrition, birth control, sexual health, or image? If yes, what topics would be of interest to you?

18. Please list any other comments or suggestions for improvement of the Student Health Center.
