Date: ____________________

PLEASE help us serve you better. Student Health & Counseling Services is committed to providing the best health services possible. Comments, compliments and concerns are welcome. The Director reviews all comments. Please take a minute to respond to the following questions:

1. How many times have you visited Student Health & Counseling Services? (Select one)
   - ☐ Once
   - ☐ 2 – 4 times
   - ☐ More than 5 times
   Which location(s): ☐ Hayward Campus  ☐ Concord Campus

2. How did you first learn about Student Health & Counseling Services?
   - ☐ Friend
   - ☐ Orientation
   - ☐ Class Presentation
   - ☐ Website
   - ☐ ___________________Other (Please Specify)

3. How would you rate the overall services provided? (Select one)
   - ☐ Excellent
   - ☐ Very Good
   - ☐ Average
   - ☐ Below Average
   - ☐ Poor

4. Were you seen in any of these Departments or Specialty Clinics? (Select all that apply)
   - ☐ Counseling
   - ☐ Psychiatry
   - ☐ Health & Wellness
   - ☐ Doctor
   - ☐ Pharmacy
   - ☐ Physical Therapy
   - ☐ Nurse Practitioner
   - ☐ Laboratory
   - ☐ Massage Therapy
   - ☐ Nursing Clinic
   - ☐ X-Ray
   - ☐ Orthopedics

5. How would you rate your overall appointments with the department(s) or clinic(s) indicated above? (Select one)
   - ☐ Excellent
   - ☐ Very Good
   - ☐ Average
   - ☐ Below Average
   - ☐ Poor

COMMENDS  COMPLIMENTS  CONCERNS

(Optional) Name: __________________________ Email: ___________________ Phone: ___________________

Your name is not required, but may be helpful as it may enable us to learn more about your concerns and facilitate action if necessary. We will follow up with your comment/concern if you leave your contact information.

Thank you for your feedback!

For more information about Student Health & Counseling Services, visit us at csueastbay.edu/shcs