

Date: _____

At the Child and Adolescent Health Centers, providing quality care is the most important service we offer. Help us maintain the finest quality and service by answering the following questions. Thank you.

Which provider did you see? Nurse Practitioner School Nurse Counselor
Where did you receive services? Ironmen Health Center Hornet Health Center Rambler Wellness Program

Think about the health care providers (doctors, nurses, counselors) at the health center.		Always	Usually	Sometimes	Never
1.	Do they <u>listen carefully</u> to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do they <u>explain things</u> in a way you can understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do they show <u>respect</u> for what you have to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do they <u>spend enough time</u> with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do they talk <u>with you</u> instead of <u>at you</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do they ask about your physical <u>and</u> mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with the following statements about the health center?		Definitely Yes	Mostly Yes	Mostly No	Definitely No
7.	I know how to contact my health care provider if I have questions or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I will tell a health care provider my concerns, even if they don't ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I talk to my health care provider about different ways to handle health problems or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I am completely honest when talking to my health care provider about my health, personal life, and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I know what health services I can get without my parents knowing or saying it is OK.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	The health center gives me health information that I can use to better understand issues affecting my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	The health center is welcoming to children and teens (reception area, exam rooms, office staff.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I would recommend the health center to other teens in my school or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. If you could give one overall grade to the health center, what would it be?

A B C D E F

16. Please provide the following information: Age: _____ years Gender: _____



IRONMEN HEALTH CENTER
Mancelona Family Resource Center
205 Grove St., Mancelona, MI 49659
(231) 587-9840
Fax (231) 587-9846



HORNET HEALTH CENTER
Pellston Middle/High School
172 Park St., Pellston, MI 49769
(231) 539-8550
Fax (231) 539-8616



RAMBLER WELLNESS PROGRAM
Boyne City Elementary School
930 Brockway Boyne City, MI 49712
Boyne City Middle School
1025 Boyne Ave Boyne City, MI 49712
(231) 439-8253



GAYLORD BLUE DEVIL WELLNESS CENTER
Gaylord High School
90 Livingston Blvd., Gaylord, MI 49735
(989) 732-6890
Fax (989) 732-6891

The Child and Adolescent Health Center Program is operated by the Health Department of Northwest Michigan, with major funding from the Michigan Department of Health and Human Services and Michigan Department of Education.