Schreiner University
Health and Wellness Center Survey

Dear Student,

In order to evaluate current services and determine future need and services for the Health and Wellness Center, I am asking you to please take the time to complete this short question survey. Your assistance will help us to meet your needs more efficiently and effectively and will be used to improve and expand our service and care. Please indicate your level of satisfaction from “0” to “5” with five being the best. Thank you for giving Health and Wellness your feedback.

1. Were your immediate needs met?  
   0 1 2 3 4 5

2. Were you treated respectfully/professionally?  
   0 1 2 3 4 5

3. Was the treatment received satisfactory?  
   0 1 2 3 4 5

4. Was your wait time satisfactory?  
   0 1 2 3 4 5

5. As a result of your visit to Health & Wellness, have you gained knowledge which will assist you in managing future health issues?  
   0 1 2 3 4 5

6. Please share any concern you may wish to bring to our attention.
   __________________________________________________________________________________
   __________________________________________________________________________________

Please list a phone number where you can be reached to allow us to assist you with your concern: __________________________

List suggestions for additional services or programs:
   __________________________________________________________________________________
   __________________________________________________________________________________

Please complete and return this form to the Health and Wellness Center drop box. Thank you for your input.

Please contact us at 830-792-7279 any time between 9am and 5pm at Health and Wellness Center. health@schreiner.edu