West Valley College Student Health Services - Personal Counseling Satisfaction Survey

Your responses are anonymous and confidential; your counselor will not know the specific answers you provide. Your information is useful to us only if it reflects your true feelings and perceptions, so please answer questions thoughtfully. We greatly appreciate and encourage your participation.

1. Please answer the following demographic questions:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Female</td>
<td>☐ under 18</td>
<td>☐ Asian/Pacific Islander</td>
</tr>
<tr>
<td>☐ Male</td>
<td>☐ 18-24</td>
<td>☐ Native American</td>
</tr>
<tr>
<td>☐ Transgender</td>
<td>☐ 25-35</td>
<td>☐ African-American</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ 36-45</td>
<td>☐ Caucasian/White</td>
</tr>
<tr>
<td></td>
<td>☐ over 45</td>
<td>☐ Hispanic/Latino(a)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Multiracial</td>
</tr>
</tbody>
</table>

2. Please note which concern(s) originally brought you to seek counseling (check up to 3):

- ☐ Academic Difficulties
- ☐ Addictive Behaviors
- ☐ Anxiety
- ☐ Career Planning & Decision Making
- ☐ Childhood Trauma
- ☐ Co-Dependency
- ☐ Depression
- ☐ Eating & Body Image Concerns
- ☐ Family Concerns
- ☐ Health Concerns
- ☐ Life Transitions
- ☐ Parenting
- ☐ Post Traumatic Stress Disorder (PTSD)
- ☐ Relationship Concerns
- ☐ Sexual/Intimacy Concerns
- ☐ Sexual Orientation Concerns (LGBTQ)
- ☐ Suicidal Thoughts
- ☐ Rape or Sexual Assault
- ☐ Self-Esteem
- ☐ Stress Management
- ☐ Time Management
- ☐ Other: ____________________________

3. How did you first hear about personal counseling at Health Services?
   a) ☐ Referred by a teacher
   b) ☐ Referred by West Valley staff (non-faculty)
   c) ☐ Heard about it from a friend
   d) ☐ Came to Health Services for a different reason and then was told about counseling
   e) ☐ Read about it on West Valley’s website
   f) ☐ Saw a sign on campus
   g) ☐ Other: ____________________________

4. Semester(s) and Year(s) you received counseling sessions:
   ☐ Fall semester ☐ Spring semester Year(s): ____________

5. Approximate Number of Completed Counseling Sessions:
   □ 1 session  □ 5-7 sessions  Were you receiving mandated counseling?
   □ 2-4 sessions □ 8 or more sessions  □ Yes  □ No

6. What did you find most helpful about personal counseling at West Valley:
7. Please circle one answer for each of the following questions using the rating scale below:

4 = True to a great extent  3 = Mostly true  2 = Somewhat true  1 = Not at all true  n/a = Doesn’t apply

a) I felt comfortable in the waiting area.  
   4 3 2 1 n/a

b) I felt comfortable in the counselor’s office.  
   4 3 2 1 n/a

c) Confidentiality and its limits were explained to me.  
   4 3 2 1 n/a

d) I believe my counselor keeps my information confidential.  
   4 3 2 1 n/a

e) I felt safe to talk about my issues in personal counseling.  
   4 3 2 1 n/a

f) I felt my counselor was sensitive to issues of diversity (e.g. ethnicity, culture, gender, sexual orientation, religion, age, etc.)  
   4 3 2 1 n/a

g) I gained new interpersonal relationship skills.  
   4 3 2 1 n/a

h) I live a healthier lifestyle in at least one area (I get more sleep, socialize in a balanced way, exercise regularly, eat better, use less alcohol or other drugs, etc.)  
   4 3 2 1 n/a

i) I understand my patterns of behavior better as a result of counseling.  
   4 3 2 1 n/a

j) I am more likely to remain in school due to receiving counseling.  
   4 3 2 1 n/a

k) Personal counseling has helped me be more successful in school.  
   4 3 2 1 n/a

l) I would feel confident referring someone to Health Services for personal counseling.  
   4 3 2 1 n/a

8. Why did you stop your personal counseling sessions at West Valley? (check all that apply):

a) ☐ I have not stopped, I am still seeing a personal counselor at Health Services.

b) ☐ I felt I had achieved what I initially came for.

c) ☐ I did not have time in my schedule to continue personal counseling.

d) ☐ I did not feel personal counseling was helpful with my concerns.

e) ☐ I felt overwhelmed with the material we were discussing and did not wish to continue.

f) ☐ I decided to take a break from counseling at this time.

g) ☐ I reached the session limits.

h) ☐ I was referred or decided to be seen off campus.

i) ☐ I graduated from (or left) West Valley College and was no longer eligible for services.

j) ☐ Other (please specify): ____________________________________________________

9. If you could change anything about your personal counseling experience, what would it be?

10. Do you have any additional comments?

Thank you for your time and feedback!
Please return this form to the Health Services reception desk.