

Today's date _____

Course name/number _____ School/ Institution _____

Social Security Number (last four digits) _____

**Center for Healthy Communities
Student Survey
Pre-Test**

This survey is designed to measure student attitudes and perceptions of community service. Relying on your current feelings about the issues raised, please complete all parts of this survey answering each question as honestly as possible. Your responses will be kept confidential. Thank you for your participation.

Please answer the survey questions relying on the following definitions:

Community Service: any activity in which a community work component was required that you performed for free.

Community Resources: social service agencies, churches, government programs, shelters, support groups, community clinics, or any similar organization.

Placement, clinical site, training site: All refer to work done for a course or class as part of a training program at a non-classroom site.

Demographics

1. What is your age? _____
2. Your gender (please circle the number which applies to you)
 1. Female
 2. Male
3. Your ethnicity (please circle all which apply) [optional]

1. African American	4. Latina/Latino or Hispanic
2. Asian American/Pacific Islander	5. Native American/ Alaskan Native
3. Caucasian or European American	6. Other (specify): _____
4. What discipline do you represent? (please circle the number which applies to you)

1. Medical Student	5. Dietetic Technology Student
2. Nursing Student	6. Physician's Assistant Student
3. Psychology Student	7. Social Work Student
4. Dental Hygiene Student	8. Other (specify): _____
5. How many years does it typically take to complete your academic program? _____
6. What year of your program are you currently in? _____

Go on to page 2.....

7. What setting will this clinical/training experience be in? (please circle the number which applies)
- | | |
|----------------------------|---------------------------|
| 1. Hospital | 5. Church |
| 2. Community health center | 6. Private home |
| 3. School (K-12) | 7. Extended care facility |
| 4. Clinic | 8. Other (specify): _____ |
8. What is the length of this clinical training experience? _____
9. Prior to this placement, my training/clinical experiences through school have been in: (please circle all that apply)
- | | |
|----------------------------|---------------------------|
| 1. Hospital | 5. Church |
| 2. Community health center | 6. Private home |
| 3. School (K-12) | 7. Extended care facility |
| 4. Clinic | 8. Other (specify): _____ |
10. Prior to this placement, my training/clinical experiences through a prior job have been in: (please circle all that apply)
- | | |
|----------------------------|---------------------------|
| 1. Hospital | 5. Church |
| 2. Community health center | 6. Private home |
| 3. School (K-12) | 7. Extended care facility |
| 4. Clinic | 8. Other (specify): _____ |
11. Excluding school and work, in what types of settings have you volunteered? (please circle all that apply).
- | | |
|----------------------------|---------------------------|
| 1. Hospital | 5. Church |
| 2. Community health center | 6. Private home |
| 3. School (K-12) | 7. Extended care facility |
| 4. Clinic | 8. Other (specify): _____ |

Section I

Please answer the questions below using the following scale:

- | | | | | | | |
|----------------|-------|----------------|---------|-------------------|----------|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Strongly agree | Agree | Somewhat agree | Neutral | Somewhat disagree | Disagree | Strongly disagree |

At this time,

- _____ 1. I feel well prepared to practice my profession in a community similar to the community in which my placement is located.
- _____ 2. I feel comfortable providing services to people from different ethnic and racial groups than my own.
- _____ 3. I believe students should volunteer their time helping people without resources.

Go on to page 3....

Section I, continued

Please answer the questions below using the following scale:

1	2	3	4	5	6	7
Strongly agree	Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree	Strongly disagree

At this time,

- _____ 4. Upon graduation, I would like to work in settings where health care professionals are underrepresented.
- _____ 5. Upon graduation, I would like to work in a setting with patients/clients of various cultural backgrounds.
- _____ 6. Upon graduation, I would be interested in working on a multidisciplinary team (e.g., psychologist, physician, social worker, nurse practitioner, etc.)
- _____ 7. I believe that health care professionals have a responsibility to volunteer for community service activities.
- _____ 8. I believe that health care would be improved by the increased practice of multidisciplinary health care teams.
- _____ 9. Health care professionals should always try to incorporate the patient/client's health beliefs/practices when planning treatment.
- _____ 10. I feel that I can have a positive impact on the community in which I work by volunteering my time.
- _____ 11. It is important for me to be involved in a program to improve the community.
- _____ 12. Learning by doing is a necessary component for adequate training of health care professionals.
- _____ 13. I believe it should be mandatory for health care professional students to participate in community service.
- _____ 14. I feel that it is important to consider a wide range of health care practices (such as nontraditional practices) when planning treatment for my client/patient.
- _____ 15. I believe that there are valid alternative health care beliefs/practices that may differ from traditional health care practices.

Go on to page 4.....

Section II

Please answer the questions below using the following scale:

1	2	3	4	5	6	7
Very willing	Willing	Somewhat willing	Neutral	Somewhat unwilling	Unwilling	Very unwilling

Post graduation, how willing would you be to:

- _____ 1. Work on a multidisciplinary team?
- _____ 2. Work at a community health clinic?
- _____ 3. Work in a rural setting?
- _____ 4. Work in an urban setting?
- _____ 5. Work in a suburban setting?
- _____ 6. Work in a private practice?
- _____ 7. Work in a hospital?
- _____ 8. Volunteer for community service?

Thank you for completing this questionnaire!

Permission to use this instrument can be granted by Carla Clasen, Evaluation Coordinator, Center for Healthy Communities, (937) 775-1119 or carla.clasen@wright.edu