

We, at Counseling and Psychological Services, constantly strive to improve the services we provide to our students. We'd like to ask you about your experience. We would very much appreciate your taking a few minutes to complete this survey. Your feedback is critical to ensure that we are meeting your mental health care needs. Your participation is completely voluntary, and your responses will not be associated with your name.

If you have any questions or comments about this survey, please contact Calvin Chin, Director of Counseling and Psychological Services at 609-258-3285.

1. Gender:

- Male
- Female
- Transgender
- Gender Queer
- Other

Other, please specify:

2. Ethnic/racial background: (Select all that apply)

- White
- Black
- Hispanic or Latino
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Bi-Racial
- Multi-Racial
- Other

Other (please specify)

3. Nationality: (Specify)

4. Enrollment Status:

- Undergraduate
- Graduate

5. What is your sexual orientation?

- Heterosexual
- Gay
- Bi-sexual
- Lesbian
- Other

Other (please specify)

6. In what year of your program are you?

- 1
- 2
- 3
- 4
- >4

7. How did you learn about CPS?

- Advertisement
- Self-referred
- Depression Screening
- CPS Workshop or Outreach Event
- Medical Services
- Administrative Evaluation/Required by Dean
- Referred by friend
- Referred by family/other
- Word of mouth
- Other

Other (please specify)

12. Which clinician(s) did you work with at CPS?

(Select all that apply)

- Karin Belser
- Saranga Bhalla
- Anna Braverman
- David Campbell
- Calvin Chin
- Joseph Cooper
- Elaine Cowen
- Kerri Danskin
- Nathalie Edmond
- Shefalika Gandhi
- Rebecca Giagnacova
- Hilary Herbold
- Krista Kalkreuth
- Ellen Kent
- Karin Marton-Rollins
- Jillian Neill
- Jessica Oddo
- Jonathan Pastor
- Kate Salvatore
- Dhvani Shah
- Karen Schwartz

13. We would like to ask you questions about your primary therapist (i.e., the therapist with whom you worked the most at CPS). Please indicate who your primary therapist was below.

- Karin Belser
- Anna Braverman
- David Campbell
- Calvin Chin
- Joseph Cooper
- Kerri Danskin
- Nathalie Edmond
- Shefalika Gandhi
- Rebecca Giagnacova
- Hilary Herbold
- Krista Kalkreuth
- Ellen Kent
- Jillian Neill
- Jessica Oddo
- Jonathan Pastor
- Karen Schwartz

14. Please respond to the following items based specifically upon your experience with your primary therapist, who you indicated above:

	Very Satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very Dissatisfied
Extent to which symptoms (e.g., anxiety, low mood, any problematic behaviors) improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of scheduling an appointment with this therapist that met your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ability of the therapist to create an open and supportive environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The therapist listened carefully to your concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The extent to which your concerns/issues were addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The therapist's ability to protect your confidentiality and privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall satisfaction with therapy services received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please indicate who your primary psychiatric provider was at CPS (if any):

- Karin Marton-Rollins
- Elaine Cowen
- Saranga Bhalla
- Kate Salvatore
- Dhvani Shah
- I did not see a psychiatric provider at CPS

16. Please respond to the following items based specifically upon your experience with your primary psychiatric provider at CPS:

	Very Satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very Dissatisfied
Ease of scheduling appointment with this psychiatrist that met your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extent to which symptoms (e.g., anxiety, low mood, any problematic behaviors) improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ability of the psychiatrist to create an open and supportive environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ability of the psychiatrist to listen carefully to your concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The extent to which your psychiatry concerns/issues were addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The extent to which the psychiatrist discussed the medications prescribed, tests ordered, and/or other treatment recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The extent to which the psychiatrist provided guidance about a course of action if symptoms persist or worsen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ability of the psychiatrist to protect your confidentiality and privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall satisfaction with psychiatric services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please rate CPS on how satisfied you were with the Front Desk Administrative Staff:

	Very Satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very Dissatisfied
Ease of scheduling an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendliness, courtesy and helpfulness of the registration staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiency of the check-in and check-out process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protection of your confidentiality and privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall satisfaction with the Administrative Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. The following questions will allow us to assess if our providers were culturally sensitive when interacting with you. Please indicate the degree to which you agree or disagree with the following items:

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	N/A
The CPS provider was sensitive to my cultural (ethnic or religious) needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CPS provider was sensitive to my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CPS provider was sensitive to my gender identity and/or gender expression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CPS provider spoke using clear language that I could understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. If you selected disagree or strongly disagree for any of the above questions related to cultural sensitivity, please explain your rationale so we can continue improving our services.

20. The following questions will allow us to assess the impact of our care and services on your academics. Please indicate the degree to which you agree or disagree with the following items:

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	N/A
Working with CPS has positively impacted my academics/grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with CPS has positively impacted my ability to stay enrolled at Princeton University.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with CPS has positively impacted my life as a student.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. If you selected disagree or strongly disagree for any of the above questions related to impact of care on academics, please explain your rationale so we can continue improving our services.

22. Please answer:

	Very Likely	Somewhat Likely	Not Sure	Unlikely	Not At All Likely
How likely are you to recommend CPS to another student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Overall, how satisfied are you with your care at CPS?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Dissatisfied
- Very dissatisfied

24. Please provide examples of any aspect of your experience with CPS that were satisfying:

25. Please provide examples of any aspect of your experience with CPS that were unsatisfying:

26. Please let us know any additional comments you may have about your experience at CPS. Please include any suggestions you may have about CPS:

Thank you for participating! We appreciate your feedback.

Please click on this [link](#) and enter your e-mail if you would like to register for a chance to win a \$10 giftcard as a thank you for completing our survey. Your answers to the survey will not be connected to your e-mail and will remain anonymous.