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 Other Other 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) Other 3. Nationality: (Specify) Lenrollment Status: Undergraduate Graduate		
Female Female Gender Queer Other Other Cother		
Transgender Gender Queer Other Other, please specify: . 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 Other S. Nationality: (Specify) . L. Enrollment Status: Undergraduate	Male	
Gender Queer Cother Cot	Female	
Conter Conte	Transgender	
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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 3. Nationality: (Specify) 4. Enrollment Status: Undergraduate	Other	
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Black Hispanic or Latino Asian or Pacific Islander American Indian or Alaskan Native Bi-Racial Multi-Racial Other Other Other (please specify) 3. Nationality: (Specify) 4. Enrollment Status: Undergraduate		
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Bi-Racial Multi-Racial Other Other (please specify) 3. Nationality: (Specify) 4. Enrollment Status: Undergraduate		
Multi-Racial Other Other Other (please specify) 3. Nationality: (Specify) 4. Enrollment Status: Undergraduate		
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4. Enrollment Status:	3. Nationality: (Specify)	
Undergraduate		
Undergraduate		
\sim	I. Enrollment Status:	
Graduate	Undergraduate	
	Graduate	

5. What is your sexual orientation?	
Heterosexual	
Gay	
Bi-sexual	
Lesbian	
Other	
Other (please specify)	1
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	
Admininstrative Evaluation/Required by Dean	
Referred by friend	
Referred by family/other	
Word of mouth	
Other	
Other (please specify)	П

8. Approximately how many sessions have you had at CPS this academic year? 1 2-4 5-7 8-10 >10

9. How much do you agree with the following statement?

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
l can schedule appointments without long delays.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

10. Please answer the following questions:

	Very favorable	Favorable	Somewhat favorable	Neither favorable or unfavorable	Somewhat unfavorable	Unfavorable	Very unfavorable
Before ever coming to CPS, what was your impression of the service?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Now that you have been to CPS, how would you rate your opinion of the service?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

11. Please answer the following questions:

	Extremely distressed	Very distressed	Moderately distressed	Mildly distressed	Slightly distressed	Not at all distressed
How distressed were you when you first contacted CPS?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
How distressed are you now?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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
Dhwani 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 you 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	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Ease of scheduling an appointment with this therapist that met your needs	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The ability of the therapist to create an open and supportive environment	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The therapist listened carefully to your concerns	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The extent to which your concerns/issues were addressed	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The therapist's ability to protect your confidentiality and privacy	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Your overall satisfaction with therapy services received	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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

- Karin Marton-Rollins
- Elaine Cowen
- 🕥 Saranga Bhalla
- Kate Salvatore
- 🔵 Dhwani 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	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Extent to which symptoms (e.g., anxiety, low mood, any problematic behaviors) improved	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The ability of the psychiatrist to create an open and supportive environment	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The ability of the psychiatrist to listen carefully to your concerns	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The extent to which your psychiatry concerns/issues were addressed	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The extent to which the psychiatrist discussed the medications prescribed, tests ordered, and/or other treatment recommendations	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The extent to which the psychiatrist provided guidance about a course of action if symptoms persist or worsen	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The ability of the psychiatrist to protect your confidentiality and privacy	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Your overall satisfaction with psychiatric services	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Friendliness, courtesy and helpfulness of the registration staff	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Efficiency of the check- in and check-out process	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Protection of your confidentiality and privacy	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Your overall satisfaction with the Administrative Staff	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The CPS provider was sensitive to my sexual orientation.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The CPS provider was sensitive to my gender identity and/or gender expression.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The CPS provider spoke using clear language that I could understand.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Working with CPS has positively impacted my ability to stay enrolled at Princeton University.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Working with CPS has positively impacted my life as a student.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
23. Overall, how satisfied	d are you with	your care at CPS?			
Very satisfied					
Satisfied					
Somewhat satisfied					
Somewhat dissatisfied					
Dissatisfied					
Very dissatisfied					
24. Please provide exam	nples of any as	spect of your experie	ence with CPS th	nat were satisfyi	ng:

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 <u>link</u> 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.