**Launch a Campaign:**

**Sample Survey**

Find out what changes students want and increase buy in through a survey. Adapt these questions based on your issue and goals, then use these results to build your case.

Consider making a free SurveyMonkey account to create your survey and send students a link to complete it through your school listserv or social media.

Remember to keep it short, ideally under 5 minutes.

**Have you accessed mental health services and supports at our school?**

Yes

No

**How would you rate our school's campus mental health services and supports?**

Excellent

Good

Fair

Poor

 I don't know (I haven’t used them)

**What barriers, if any, exist in accessing mental health services and supports through our school? (Check all that apply).**

Location of service

Busy personal schedule

Hours of service

Cost of service

Long wait from referral to appointment

Long wait at clinic

Stigma

I did not experience any barriers

I don't know (I have not had enough experience with the school services)

Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you find out about our school’s mental health services and supports? (Check all that apply).**

On-campus event (e.g., orientation, health fair, mental health screening)

School website

Faculty or Staff

Peer/ friend

Resident advisor/director (RA/RD)

Campus-based security

Student health center

Campus based club

On-campus advertising (e.g., fliers, student newspaper, etc.)

Not aware of them

Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What services and supports are critical to your success in school? (Check all that apply).**

Individual counseling

24-hour hotline

Screening and evaluation

Off-campus referrals

Medications

Walk-in health center

Crisis services

Peer support

Pharmacy

Group counseling

Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current classification in college?**

Freshman/First year

Sophomore/Second year

Junior/Third year

Senior/Fourth year

Graduate Student