

Institution of Higher Education Demographic Survey

Data from all participating institutions are aggregated for the comparative studies by various types of institutional characteristics. For that purpose, please furnish the data requested below and return this form with your questionnaires. Because this form is used to control the processing of questionnaires, survey responses cannot be returned until this information is complete. In no instance will your institution be singled out for comparison with others in the aggregated analysis.

Section 1. Institutional Characteristics

1. INSTITUTION NAME

Please specify _____

2. SURVEY PERIOD

Fall or Spring _____ Year _____

3. STUDENT ENROLLMENT

Total Student Enrollment _____
 Total Undergraduate Enrollment _____
 Total Graduate Enrollment _____
 Total Non-Degree Seeking/Other Enrollment _____

If separate data are unavailable for undergraduates and graduates, please provide composite data for both in the undergraduate column and check here:

If your institution serves only undergraduates OR graduates, complete the appropriate box and leave the other blank.

Undergraduate

% Female	_____
% Male	_____
% White, non-Hispanic	_____
% Black, non-Hispanic	_____
% Hispanic or Latino	_____
% Asian or Pacific Islander	_____
% Native American or Alaskan Native	_____
% International	_____
% Other	_____

Graduate

% Female	_____
% Male	_____
% White, non-Hispanic	_____
% Black, non-Hispanic	_____
% Hispanic or Latino	_____
% Asian or Pacific Islander	_____
% Native American or Alaskan Native	_____
% International	_____
% Other	_____

4. AMERICAN COLLEGE HEALTH ASSOCIATION AFFILIATION

- ACHA Institutional Member (Please specify Institution Member ID #: _____)
 Non-Member Institution

5. INSTITUTIONAL CONTROL

- Public
 Private

6. RELIGIOUS AFFILIATION

- Yes (Please specify: _____)
 No

Section 1, Continued. Institutional Characteristics

7. MINORITY SERVING INSTITUTION STATUS (select all that apply)

For information regarding your IHE's classification as a minority serving institution, please visit <http://www.ed.gov/about/offices/list/ocr/edlite-minorityinst.html>

- Postsecondary Minority Institution
- Historically Black College or University (HBCU)
- High Hispanic Enrollment
- Hispanic Serving Institution (HSI)
- Indian Tribally Controlled College or University
- Alaska Native-Serving Institution
- Native Hawaiian-Serving Institution

8. INSTITUTIONAL TYPE

- Two-year
- Four-year or more
- Other (Please specify: _____)

9. CARNEGIE CLASSIFICATION

For information regarding your classification, visit <http://www.carnegiefoundation.org/classifications/index.asp?key=782>, find your campus listing, and note the "Basic" Carnegie Classification for your campus below.

Associate's Colleges

- Public Rural-Serving Small
- Public Rural-Serving Medium
- Public Rural-Serving Large
- Public Suburban-Serving Single Campus
- Public Suburban-Serving Multicampus
- Public Urban-Serving Single Campus
- Public Urban-Serving Multicampus
- Public Special Use
- Private Nonprofit
- Private For-profit
- Public 2-year under 4-year Universities
- Public 4-year, Primarily Associate's
- Private Nonprofit 4-year, Primarily Associate's
- Private For-profit 4-year, Primarily Associate's

Baccalaureate Colleges

- Arts and Sciences
- Diverse Fields
- Baccalaureate/Associate's Colleges

Master's Colleges and Universities

- Larger Programs
- Medium Programs
- Smaller Programs

Research Institutions

- Research Universities (very high research activity)
- Research Universities (high research activity)
- Doctoral/Research Universities

Special Focus Institutions

- Faith-Related
- Medical
- Other Health
- Engineering
- Other Technology
- Business
- Art/Music/Design
- Law
- Other

Miscellaneous

- Tribal College
- Classification Pending
- Unclassified

10. NATIONAL COLLEGIATE ATHLETIC ASSOCIATION (NCAA) DIVISION

Please mark highest division applicable to a sport at your institution.

To determine your division membership, please visit <http://web1.ncaa.org/memberLinks/links.jsp>

- Division I
- Division II
- Division III

Section 1, Continued. Institutional Characteristics

11. CAMPUS LOCALE

- Very large city (population over 500,000)
- Large city (population of 250,000 - 499,999)
- Small city (population of 50,000 - 249,999)
- Large town (population of 10,000 - 49,999)
- Small town (population of 2,500 - 9,999)
- Rural community (population under 2,500)

12. CAMPUS HEALTH INSURANCE MODEL

- We offer no form of student health insurance and students are responsible for their own coverage
- Voluntary (*Students have the option of purchasing your institution's health insurance plan but are not required to show any proof of insurance to your institution*)
- Soft Waiver (*Students are mandated to have health insurance coverage comparable to your institution's plan, and if so, they may waive your institutional plan without proof of alternative coverage*)
- Hard Waiver (*Students are mandated to have health insurance coverage comparable to your institution's plan, and if so, they may waive your institutional plan with proof of alternate coverage*)
- Mandatory (*All students are mandated to purchase your institution's student health insurance regardless of outside insurance coverage*)
- Other (Please specify: _____)

Section 2. Survey Characteristics

1. PURPOSE OF SURVEY

- Pre-test (e.g., before educational program or campus-wide intervention)
- Post-test (e.g., after educational program or campus-wide intervention)
- General assessment of student beliefs, behaviors, and experiences
- Other (Please specify: _____)

2. DATE ADMINISTERED

Start date _____ End date _____

3. STUDENT SAMPLE CHARACTERISTICS (I surveyed...)

- All of the different types of students who attend my institution
- Only a particular group of students (e.g., undergraduates, freshmen, athletes, medical students, commuters) (Please specify: _____)

4. INCENTIVES

- Students who completed the ACHA-NCHA were entered into a random drawing for an incentive (Please specify incentive: _____)
- All students who completed the ACHA-NCHA received an incentive (Please specify incentive: _____)
- I did not offer students who completed the ACHA-NCHA an incentive for their participation

5. SURVEY TYPE (I surveyed using...)

- Paper-based surveys (Complete Section 2A on the next page)
- Online/Web-based surveys (Complete Section 2B on the next page)

Section 2A: Paper-based survey characteristics

6A. SAMPLING PROCEDURES

Classroom Sampling

- Surveyed random selection of classes from across institution
- Surveyed other random selection of classes (e.g., all sections of a particular class required by all students)
(Please specify: _____)
- Surveyed non-random selection of classrooms (e.g., classes taught by personal acquaintances)
(Please specify: _____)

Please specify the number of classrooms surveyed: _____

Mailed Sampling

- Mailed survey to all students at institution
- Mailed survey to all students in a particular subgroup (e.g., commuters, undergraduates, graduates)
(Please specify: _____)
- Mailed survey to random selection of students at institution
- Mailed survey to random selection of students in a particular subgroup (e.g., commuters, undergraduates)
(Please specify: _____)
- Mailed survey to a non-random selection of students (e.g., students who participated in a program)
(Please specify: _____)

Convenience Sampling

- Convenience sample (e.g., students coming to student health, students eating lunch in the student union)
(Please specify: _____)

Other

- Other (Please specify: _____)

7A. SURVEY DISTRIBUTION

How many surveys did you distribute? _____

Section 2B: Online/Web-based survey characteristics

6B. SAMPLING PROCEDURES

E-Mailed Sampling

- E-mailed survey to all students at institution
- E-mailed survey to all students in a particular subgroup (e.g., commuters, undergraduates, graduates)
(Please specify: _____)
- E-mailed survey to random selection of students at institution
- E-mailed survey to random selection of students in a particular subgroup (e.g., commuters, graduates)
(Please specify: _____)
- E-mailed survey to a non-random selection of students (e.g., students who participated in a program)
(Please specify: _____)

Convenience Sampling

- Convenience sample (e.g., posting survey URL on institution website or on posters)
(please specify: _____)

7B. SURVEY DISTRIBUTION

How many students did you invite to participate? _____

Check here if you would like ACHA to determine:

Section 3. Data Agreement and Contact Information

Thank you for completing the above information and for helping us better use the ACHA-NCHA survey data in developing normative information for a variety of variables.

The ACHA-NCHA is being used across the nation to assess student health risks, beliefs, behaviors, and consequences. Each participating institution of higher education (IHE) receives a copy of its data file and reports for the purposes of analysis, research, and program planning. Additionally, each participating institution receives an aggregate report with data from all IHEs using random sampling methodologies that participated in the same survey period. The creation of this large national data file and aggregate report allows you to compare your students to a national sample. It also provides the opportunity for a greater understanding of student health, what works to reduce student health risks and consequences, and what changes can be brought about over time. In light of this opportunity, we are asking your permission to analyze, report on, and use the data collected from your students to further both our understanding of student health needs identified by the ACHA-NCHA and the ability of IHEs to meet these needs.

By signing below, I hereby agree to the following statement:

“I, as the ACHA-NCHA program representative at my institution, give the American College Health Association permission to analyze, report on, and otherwise use the aggregate data. I understand that all information in the aggregate data is protected and that the identity of my institution and the students who complete the ACHA-NCHA will remain confidential at all times.”

Signature	_____	Date	_____
Name	_____	Title	_____
Institution	_____		
Phone	_____	E-mail	_____
Address	_____ _____ _____		

When all sections are complete, please either mail or fax this survey to:



American College Health Association

891 Elkridge Landing Rd., Suite 100
Linthicum, MD 21090
410.859.1510 (fax)

Direct all inquiries regarding completion of this survey to:

Mary T. Hoban, Ph.D., CHES
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