Introduction

American College Health Association
Well-Being Assessment
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. 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.

MOST QUESTIONS REQUIRE A RESPONSE. YOU WILL RECEIVE A MESSAGE REQUESTING YOU TO "PLEASE ANSWER THIS QUESTION" IF A REQUIRED QUESTION IS LEFT BLANK.

Contact Information

Name and title of respondent

E-mail address for questions about survey entries
Where is your institution located?

- United States
- Canada
- Outside of the U.S. or Canada

Institutional Characteristics

Section 1. Institutional Characteristics

Institution name

Survey Period

- Fall (specify year)

Total Student Enrollment

- Total Student Enrollment
- Total Undergraduate Enrollment
- Total Graduate Enrollment
- Other/Non-Degree Seeking Enrollment
**Undergraduate Student Enrollment**
Please enter a number 0-100 to represent *percentage* in each category. Do not include any symbols.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Female</td>
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<tr>
<td>Male</td>
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<tr>
<td>White, non-Hispanic</td>
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<td>Black, non-Hispanic</td>
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<td>Hispanic or Latino</td>
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<td>Native American or Alaskan Native</td>
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<tr>
<td>International</td>
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<td>Other</td>
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</table>

**Graduate Student Enrollment**
Please enter a number 0-100 to represent *percentage* in each category. Do not include any symbols.

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Institutional Member of ACHA?

- Yes (please specify Institutional member number)
- No

Institutional Control:

- Public
- Private

Religious Affiliation

- Yes (please specify)
- No

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)
- Tribal College or University
- Predominately Black Institution
- Asian American and Native American Pacific Islander-Serving Institution
- Alaska Native-Serving Institution/Native Hawaiian-Serving Institution
- Native American-Serving Non-Tribal Institution
- None of these
Institutional Type

- Two-year
- Four-year or more
- Other (please specify)

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)

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

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)

Date Administered

Please enter survey start and end dates in mm/dd/yyyy format.

Survey Start Date

Survey End Date

Incentives

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

Please specify the total cash value of the incentives you offered

Please enter a whole number. Do not use any symbols or decimals. For example, if the total cash value of your incentives was $3,500 please enter 3500 in the box below

Total cash value
Section 2B: Online/Web-based Survey Characteristics

Web Sampling Procedures

- 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 sample (e.g., posting survey URL on institution website or on posters) (please specify)
Section 3. Data Agreement and Signature

Data Agreement

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

The ACHA-WBA 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 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 well-being 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 well-being needs identified by the ACHA-WBA and the ability of IHEs to meet these needs.

By typing your name below, I hereby agree to the following statement:

“I, as the ACHA-WBA 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-WBA will remain confidential at all times.”

Type your name below indicating you agree with the data agreement statements.

Thank you for taking the time to complete this survey.

Direct all inquiries regarding completion of this survey to:
Valerie Hartman, MS
Manager, Research Administration
vhartman@acha.org

To download a copy of your submission for your records, please click on the Adobe Acrobat symbol 📝 in the upper right corner of the next page.