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 ____________

   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)
- Tribal College or University
- Predominately Black Institution
- Asian American and Native American Pacific Islander-Serving Institution
- Alaska Native-Serving Institution/Native Hawai’ian-Serving Institution
- Native American-Serving Non-Tribal Institution

8. INSTITUTIONAL TYPE

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

9. Carnegie Classification

For information regarding your classification, visit
http://www.carnegieclassification.iu.edu/lookup/lookup.php,
find your campus listing and note the “Basic” Carnegie Classification for your campus below.

- Associate’s Colleges
- Baccalaureate Colleges
- Baccalaureate/Associate’s Colleges
- Master’s Colleges and Universities
- Doctoral Universities
- Special Focus Institutions
- Tribal Colleges
- Classification Pending
- Unclassified/Outside the US

10. SPRING BREAK DATES

Please list your Spring Break dates for the current school year.

Start date ___________________________  End Date ___________________________

- I collected data during or within the 30 days following Spring Break
- I did not collect data during or within the 30 days following Spring Break
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

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:  

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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
6865 Deerpath Rd., Suite 154
Elkridge, MD 21075
410.859.1510 (fax)

Direct all inquiries regarding completion of this survey to:
Mary T. Hoban, PhD, MCHES
Director, ACHA-NCHA Program Office
443-270-4558 (phone)
mhoban@acha.org

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