WELL-BEING ASSESSMENT

A program by ACHA

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.

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

What city is your institution located in?

What state is your institution located in?

Section 1. Institutional Characteristics

Institution name

Survey Period

- ○ Fall (specify year)

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

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.