Data Hub Institutional Profile 9.0 AY 2025-2026

College Health and Well-Being Data Hub ("Data Hub")
Institutional Profile Survey (IPS) 9.0
2025 - 2026 Academic Year

Note: This form is intended to be used ONLY as a WORKSHEET. Survey responses must be submitted in Qualtrics using the link in your invitation email.

Survey Instructions

Please read the following instructions carefully before you begin. All data collected in this module is in reference to Academic Year 2025-2026 (By academic year, we mean a full 12-month period spanning approximately July 1, 2025 through June 30, 2026, which may align with your institution's fiscal year):

1. **Who Should Complete the Survey**
   This survey should be completed by the person(s) most familiar with your institution's services/resources/data. Collaboration with other departments may be needed to gather the information.

2. **Time Commitment for Data Entry**
   - **First-time participants:** Plan for **less than 60 minutes** for data entry.
   - **Returning participants:** Completion time will be considerably shorter, as many responses from last year are pre-filled.
   - **Please note:** While the survey itself is straightforward, **gathering the necessary data** beforehand may take additional time, depending on your internal processes.

3. **Survey Sections**
   - **Section A:** focuses on services, visit numbers, staffing, and budgets from all facilities/units/organizations whose *primary mission* is to provide students with health care (medical and mental health services) and health promotion to students.
   - **Section B:** collects information about the built environment and institution-wide policies and services.
   - **Section C (rotating module):** in AY 2025-2026, this section will gather information on sexual health programs and services on your campus. You may recognize many of these questions as they were part of the Sexual Health Services Survey (SHSS) in the past.

   Important: *Once you proceed to Section C, you will NOT be able to return to or edit your responses in Sections A and B. Please review your responses in Sections A and B before continuing to Section C.*

4. **Answering Questions**
   - All questions are required; however, we do employ skip logic throughout the survey.
   - For numeric responses, please read the question instructions carefully for when to use a negative 9 ('-9') or zero ('0') for missing/NA/unavailable data.

5. **Definitions and Clarifications**
   Hover over blue, dotted-underlined terms for definitions. A full list of terms is available on our website.

6. **Pre-Filled Responses**
   If applicable, some responses have been pre-filled based on last year's submissions. Please review and update as it pertains to AY 2025-2026.

7. **Submitting the Survey**
   Review your responses before submitting each section. Once the entire IPS is submitted, changes cannot be made.

Please help us protect your data by ensuring that any open-ended comments beyond question 2 do not give away your institution's identity. Avoid using the institution name or a unique department name that could identify your institution as you progress through the survey.

Consent

By clicking the 'Begin Institutional Profile' button below, you agree that:

- Your IPS responses will be imported into the ACHA Data Hub
- You are authorized to submit IPS responses on behalf of your institution

Institution: (INSTITUTION NAME)

Person completing this Institutional Profile:

○ Name: _____

○ Position: _____

○ E-mail address: _____

1. Which of the following best describes how the information requested in Section A of the Institutional Profile will be reported for (INSTITUTION NAME):

○ Data submitted in this IPS Section A should be considered only a **PARTIAL** picture of the care and services available to students enrolled at (INSTITUTION NAME). This IPS Section A is **INCOMPLETE**, as there are facilities/units/organizations whose primary mission is to provide medical care, mental health care/counseling, or health promotion to students that are missing from this data submission.

○ Data submitted in this IPS Section A should be considered a **COMPLETE** picture of the care and services available to students enrolled at (INSTITUTION NAME), as all medical care, mental health care/counseling, and health promotion for students is provided by a **single facility/unit/organization**.

○ Data submitted in this IPS Section A should be considered a **COMPLETE** picture of the care and services available to students enrolled at (INSTITUTION NAME), as it represents **an aggregate response from all facilities/units/organizations** whose primary mission is to provide medical care, mental health care/counseling, and health promotion to students.

Section A: Questions about your campus facilities/units/organizations providing medical care, mental health care/counseling, and/or health promotion for students.

Please note that all responses given in this Institutional Profile should pertain only to the 2025-2026 Academic Year and may be different than responses you'd give about current services and policies.

2. Name of facility/unit/organization you are reporting on behalf of in this AY 2025-2026 Section A of the Institutional Profile for (INSTITUTION NAME): If reporting on behalf of more than one facility/unit/organization, please create a descriptive name to describe the combined services.

_____

_____

_____

_____

_____

Please help us protect your data by ensuring that any open-ended comments beyond this point in the survey do not give away your institution's identity. Avoid using the institution's name or a unique department name that could identify the institution as you progress through the survey.

2A. How would you describe the facilities/units/departments that make up the data submitted on behalf of (DEPARTMENT NAME)? (Select all that apply)

- ☐ Medical care
- ☐ Mental health care and counseling
- ☐ Psychiatric care
- ☐ Health promotion
- ☐ Something else (please describe):

3. What type of services were available to students at (DEPARTMENT NAME) during the 2025-2026 Academic Year? (Select all that apply)

Note that specialty care services are provided by a provider with advanced, specialized and dedicated practice in the area. These providers should have completed a residency, fellowship, or other advanced certification in the area of practice. Selections with dotted underlines include definitions - please hover your mouse over the selection to see the definitions.

- ☐ 24- Hour Infirmary Care
- ☐ Acupuncture
- ☐ ADHD testing and/or assessment
- ☐ Allergy desensitization shots
- ☐ Allergy testing and evaluation
- ☐ Athletic training
- ☐ Basic needs/financial insecurity assistance services
- ☐ Biofeedback

- ☐ Chiropractic
- ☐ Collegiate Recovery Program
- ☐ Counseling, Couples
- ☐ Counseling, Crisis
- ☐ Counseling, Family
- ☐ Counseling, Group therapy
- ☐ Counseling, Individual psychotherapy
- ☐ Dedicated Men's Health Services
- ☐ Dental
- ☐ Dermatology
- ☐ Gender-Affirming Hormone Therapy (initiation and/or continuing)
- ☐ Gynecology/Women's Health
- ☐ Health Education Outreach
- ☐ HIV PrEP
- ☐ Immunizations
- ☐ Learning disabilities testing and/or assessment
- ☐ Massage Therapy
- ☐ Medication Dispensary

- [ ] Meditation skills development
- [ ] Clinical Nutrition Education
- [ ] Occupational Health
- [ ] Optometry
- [ ] Orthopedics
- [ ] Pharmacy
- [ ] Physical Therapy
- [ ] Point of care ultrasonography (POCUS)
- [ ] Primary care (physician, NP, or PA staffed clinics)
- [ ] Primary care (RN-only clinics)
- [ ] Psychiatry
- [ ] Psychoeducational outreach
- [ ] Psychological testing and/or assessment
- [ ] Psychopharmacology (within primary care)
- [ ] Radiology (excluding point of care ultrasonography)
- [ ] Sexual & Reproductive Health
- [ ] Sexual assault forensic exams
- [ ] Sexual Violence and Other Gender-Based Harm Counseling

- ☐ Sexual Violence and Other Gender-Based Harm Support Group
- ☐ Sexual Violence and Other Gender-Based Harm Victim Advocacy
- ☐ Other Sexual Violence and Other Gender-Based Harm Services
- ☐ Sports Medicine
- ☐ Substance use disorder assessment and counseling
- ☐ Travel Health
- ☐ Triage and referral (RN-only clinics)
- ☐ Urgent medical care
- ☐ Wellness & Health Behavior Coaching
- ☐ Other service not listed (please specify):

Question 3A will only appear if you select Gyn/Women's Health, Sports Med, Orthopedics, Dermatology, Allergy testing/evaluation or Travel Health in question 3 above.

3A. You indicated that the following types of care were available at (DEPARTMENT NAME) during the 2025-2026 Academic Year. For each of the rows below, please tell us about the background of the provider(s) delivering each type of care.

	Care is offered by a **specialty clinician WITH** board certification or other certificate of qualification in this area.	Care is offered by a clinician **WITHOUT** board certification or other certificate of qualification in this area.	Care is offered by **BOTH** specialty and non-specialty clinicians
Gynecology/Women's Health	○	○	○
Sports Medicine	○	○	○
Orthopedics	○	○	○
Dermatology	○	○	○
Allergy testing and evaluation	○	○	○
Travel Health	○	○	○

3B. What type of laboratory services did you provide at (DEPARTMENT NAME) during the 2025-2026 Academic Year? (Select all that apply)

- ☐ On-site CLIA waived testing
- ☐ On-site laboratory performing non-waived testing (moderate or high complexity)
- ☐ On-site specimen collection and send out to reference lab
- ☐ Provider performed microscopy
- ☐ ⊗ No laboratory services

Question 3C will appear only if you selected "Primary Care" in question 3 above.

3C. Did you have one or more non-prescribing behavioral health staff person(s) (e.g. counselor, social worker, psychologist) embedded within primary care services at (DEPARTMENT NAME) to support short-term behavioral health interventions for patients within the primary care setting during the 2025-2026 Academic Year?

This could include the behavioral health staff person, working alongside the primary care medical staff, performing any of the following duties within the primary care setting:

- Addressing behavioral health problems and biopsychosocially influenced health conditions
- Providing same-day access to students in distress either by direct scheduling or “warm-handoff” from a medical provider
- Offering short-term interventions, focused on problem solving and functional improvements, to students over the course of 2 to 3 sessions
- Consulting with members of the primary care team to support the biopsychosocial assessment and intervention of their patients

◯ Yes

◯ No, but we plan to implement this model in the near future

◯ No, and we don't plan to implement this model in the near future

3D. Select the description below that best describes the access your primary care and mental health providers have to each other’s electronic patient/client health records.

◯ Minimal access: The electronic systems are either separate or completely firewalled. Providers have access to each other's clinical records only with signed patient/client consent.

◯ Partial access: Providers have open, but limited access, in a shared system based on provider discretion, but not all information is shared, with system settings and firewalls limiting access by role/responsibility

◯ Full access: Providers have full access to each other's clinical records; there are no firewalls or other access limitations for those staff involved in treatment.

◯ N/A: We don't offer both primary care and mental health care on campus. → **Skip to question 4**

Question 3E will only appear if you selected minimal, partial or full access in question 3D above.

3E. The chart below provides a brief overview of the Six Levels of Primary Care/Behavioral Health Integration as described by the 2013 Publication from the SAMHSA-HRSA Center for Integrated Health Solutions. The six levels represent a continuum from coordination to co-location to integration. Each level is defined by a descriptor and then examples of how provider communication, patient needs, and clinical records are addressed with the organization. After reviewing each level on the chart below, select the level of health/counseling integration on your campus.

NOTE: If you find that you'd assign different levels for one or more of the 3 rows, please select the level that you think is the single best fit to describe your primary care/behavioral health integration.

	COORDINATION		CO-LOCATION		INTEGRATION	
Levels of Primary Care/Behavioral Health Integration	**Level 1 Minimal Collaboration**	**Level 2 Basic Collaboration at a Distance**	**Level 3 Basic Collaboration Onsite**	**Level 4 Close Collaboration Onsite with Some System Integration**	**Level 5 Close Collaboration Approaching an Integrated Practice**	**Level 6 Full Collaboration in a Transformed/ Merged Integrated Practice**
Provider Communication	Communication driven by provider needs.	Communication driven by patient needs.	Communicate regularly about shared patients, by phone or e-mail.	Communicate in person as needed.	Communicate frequently in person.	Communicate consistently at the system, team and individual levels.
Patient Needs	Patient physical and behavioral health needs are treated as separate issues.	Patient health needs are treated separately, but records are shared, as needed, to promote better provider knowledge.	Patient health needs are treated separately at the same location.	Patient needs are treated separately at the same location, might include warm hand-offs to other treatment providers.	Patient needs are treated as a team for shared patients (for those who screen positive screening measures) and separately for others.	All patient health needs are treated for all patients by a team, who function effectively together.
Clinical Records	Have separate EMR systems.	Have separate EMR systems.	Have separate EMR system, or firewalls blocking access if shared EMR.	Have some shared systems, like scheduling or medical records.	Have shared EMR system with some access limitations based on roles.	Have shared EMR with providers having full access to each other's clinical records; there are no firewalls or other access limitations for those staff involved in treatment.

- ◯ Level 1: Minimal collaboration
- ◯ Level 2: Basic collaboration at a distance
- ◯ Level 3: Basic collaboration onsite
- ◯ Level 4: Close collaboration onsite with some system integration
- ◯ Level 5: Close collaboration approaching an integrated practice
- ◯ Level 6: Full collaboration in a transformed/merged integrated practice

4. What was the total net assignable square footage at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
Net assignable square footage		

5. Did (DEPARTMENT NAME) provide clinical care (medical or mental health services including psychiatry) during the 2025-2026 Academic Year?

◯ Yes

◯ No → **Skip to question 34**

6A. Please indicate the total number of clinical visits at (DEPARTMENT NAME) during the 2025-2026 Academic Year. For these questions, we'll ask you to report in-person visits and telehealth visits separately (phone-only encounters count as telehealth visits and get counted in this question only if they are a billable encounter). It is unlikely that the total clinical visits will be the same or less than the number of unique student patients (which we will ask next). Please be sure to check your numbers.

Notes:

- Enter negative 9 ("-9") for any category if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, or abbreviations such as 'K' for thousands.
- Every row requires an entry.

	In-person visits		Telehealth visits	
	AY 2024-2025	AY 2025-2026 (enter new values here)	AY 2024-2025	AY 2025-2026 (enter new values here)
A. Student visits – medical services:				
B. Student visits – mental health/counseling services (includes psychiatric visits):				
D. Total non-student visits:				

6B. Please indicate the number of unique patients with at least one clinical visit (in-person or telehealth) at (DEPARTMENT NAME) during the entire 2025-2026 Academic Year.

As a point of reference, the most recent Department of Education IPEDS data file indicates that you had approximately XXXXX students enrolled at your institution. ***It's unlikely that your unique student patients will be greater than your total student enrollment.***

Please be sure that the following are true of your entries, as the survey tool does not automatically calculate the totals:

Row A < Row B + Row C (It's unlikely that A= B + C, unless there was no overlap between medical and mental health unique patients)

Notes:

- Enter negative 9 ("-9") for any category if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, or abbreviations such as 'K' for thousands.
- Every row requires an entry.

If you are unable to provide the overall number of unique student patients for medical AND/OR mental health visits (Row A) after accounting for any overlap, please enter negative 9 ("-9") in Row A. In that case we will only use your numbers for medical and mental health visits separately.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
A. Total number of **unique student** patients who had a medical **AND/OR** mental health care visit, after removing duplicate patients between Rows B and C. **Please enter -9 if you cannot provide this number.**		
B. Unique student patients – medical services:		
C. Unique student patients/clients – mental health/counseling services (includes psychiatric visits):		
D. Total unique non-student patients:		

7. What was the total number of unique students eligible to use the clinical services at (DEPARTMENT NAME) during the entire 2025-2026 Academic Year? (You may provide the mean number of students between all terms if you are unable to provide the total unique students for the entire academic year.)

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
Total number of eligible unique students		

PRIMARY CARE MEDICAL SERVICES

8. Do you provide primary care medical services at (DEPARTMENT NAME)?

◯ Yes

◯ No → **Skip to question 18**

9. What was the number of medical exam or treatment rooms available for use at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
Number of medical exam or treatment rooms		

9A. What was the number of medical exam or treatment rooms available for use during the 2025-2026 Academic Year at (DEPARTMENT NAME) that were designated as airborne infection isolation (negative pressure) rooms?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
Number of airborne infection isolation rooms		

10. Were primary care medical services at (DEPARTMENT NAME) provided by the institution or contracted to outside entities during the 2025-2026 Academic Year?

- ◯ All primary care medical services were provided completely by campus-employed providers.
- ◯ All primary care medical services, including oversight of services, were provided completely by a contracted outside entity.
- ◯ Primary care medical services were provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services remained with campus.
- ◯ Primary care medical services were provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services was shared.
- ◯ Medical services were not provided at this clinical facility/unit/organization.

11. Did (DEPARTMENT NAME) offer 24-hour telephone on-call services for medical concerns during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No

Question 12 will only appear if the answer to question 11 is "Yes".

12. Who staffed the medical after hours (when (DEPARTMENT NAME) is closed) on-call services (initial/first call) during the 2025-2026 Academic Year? (Select all that apply)

- ☐ Campus medical providers (MD, NP, PA)
- ☐ Campus nurses
- ☐ Contracted service, medical providers (MD, NP, PA)
- ☐ Contracted service, nurses
- ☐ Other off campus coverage by specific agreement

13. Did (DEPARTMENT NAME) offer any telemedicine consults or e-visits virtually during the 2025-2026 Academic Year?

- ◯ Yes, through campus staff
- ◯ Yes, through contracted third-party vendor (including another student health service)
- ◯ Yes, through both campus staff and contracted third-party vendor
- ◯ No

14. Was there a per-visit fee/co-pay assessed to students for primary care medical appointments when visiting (DEPARTMENT NAME) during the 2025-2026 Academic Year? (NOTE that we are NOT asking about a semester or term administrative health fee in this question.)

- ◯ No
- ◯ Yes, all students paid a standard flat appointment (per-visit) fee for most types of primary care visits
- ◯ Yes, students paid a fee that varied by appointment type
- ◯ Yes, student's insurance was billed and they were responsible for their co-insurance. We did not see students without insurance.
- ◯ Yes, we billed student's insurance and they were responsible for their co-insurance, but students without insurance coverage paid a standard appointment (per-visit) fee
- ◯ Yes, we billed student's insurance and their co-insurance/co-pay was covered by a student health administrative fee.

Question 14A will only appear if the answer to question 14 is that students paid a standard flat appointment fee.

14A. What was the per-visit fee/co-pay assessed to students for standard primary care medical appointments at (DEPARTMENT NAME) during the 2025-2026 Academic Year? (NOTE that we are NOT asking about a semester or term administrative health fee in this question.)

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, dollar signs ($), or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
primary care per-visit fee or co-pay		

15. Were students assessed a charge if they missed a primary care appointment at (DEPARTMENT NAME) during the 2025-2026 Academic Year? (Include no-show charges associated with primary/urgent care visits. Exclude no-show charges for specialty appointments.)

- ◯ Yes
- ◯ No

15A. What was the no-show charge assessed for a missed primary care appointment at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, dollar signs ($), or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
primary care no-show charge		

Please indicate the number of Full-Time Equivalents (FTE) at (DEPARTMENT NAME) as budgeted at the start of the 2025–2026 Academic Year.

Who to Include

Include staff dedicated to **student health care (medical and mental health services) and health promotion**, including temporary staff. Do not include staff providing other student services who were not considered employees of one of these areas.

- If staff provide services to both **students and employees**, report only the portion of their FTE dedicated to student care.
- If a position has **multiple roles**, divide the FTE based on time spent in each role (e.g., a clinician administrator who spends 20% of their time providing clinical care = **0.2 clinician FTE and 0.8 administrator FTE**).
- Report FTE under the **position that best reflects the staff member's role**, regardless of where the position appears in the IPS or the department to which the staff member reports.

Contracted Providers

Include contracted providers only if they operate as part of the student health/counseling program, are under its direction, and their **expenses/revenue and visit activity** are included in the program's budget and activity.

Exclude independently operated providers for whom the institution primarily provides space or limited support (e.g., an outside retail pharmacy or independent massage therapist). These services may be reported under **services available (Question #3)** but should not be included in FTE, activity, or budget figures.

Note: Every row requires an entry. Enter 0 if you do not have an FTE for a position. You may use the **TAB** key to move through the positions.

16: FTE Medical Providers at (DEPARTMENT NAME) as budgeted at the start of the 2025-2026 Academic Year. You will have a separate opportunity to report on FTE for staff engaged in Mental Health Care, Psychiatric Care, Health Promotion, Other Medical Care and Administration and Support roles in subsequent sections.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
Physician (Primary Care)		
Nurse Practitioner (Primary Care)		
Physician Assistant (Primary Care)		
Physician (Gynecology)		
Nurse Practitioner (Women's Health)		
Physician Assistant (Women's Health)		
Physician (Dermatology)		
Physician (Primary Care Sports Medicine)		
Physician (Orthopedics)		

Physician (Allergy)		
Physician (Ophthalmology)		
Other Physician (please specify - Psychiatry is asked later):		
Other Nurse Practitioner (please specify - Psychiatry is asked later):		
Other Physician Assistant (please specify - Psychiatry is asked later):		
Resident Physician (salary support provided)		
Fellow Physician (salary support provided)		
Total		

17. Which electronic health records product did you use for MEDICAL services at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

- ◯ Careflow
- ◯ Cerner
- ◯ GE Centricity
- ◯ E-ClinicalWorks
- ◯ EPIC
- ◯ Magnus Health
- ◯ Medicat
- ◯ NextGEN
- ◯ NueMD
- ◯ Point and Click Solutions
- ◯ Practice Fusion
- ◯ PyraMED
- ◯ Titanium
- ⊗ None- we use paper only
- ◯ Other EHR product (please specify): _____
- ◯ N/A

MENTAL HEALTH SERVICES

In this series of questions, we want to know specifically about mental health counseling only and are not considering psychiatric care. **We'll ask about psychiatric care in the next section.**

18. Do you provide mental health/counseling services at (DEPARTMENT NAME)?

- ◯ Yes
- ◯ No → **Skip to question 29**

19. What was the total number of counseling offices or rooms available for use at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
Number of spaces for individual counseling		
Number of spaces for group counseling		

20. Was there a limit on individual counseling sessions a student could have at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

- ◯ Yes, a fixed number
- ◯ Yes, but variation based on clinical situation.
- ◯ No
- ◯ N/A, individual counseling sessions were not offered at this facility/unit/organization.

Question 21 will only appear if the answer to question 20 is "Yes, a fixed number".

21. What was the number limit of individual counseling sessions per academic year at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
Limit of individual counseling sessions per AY		

Question 21A will only appear if the answer to question 20 is "Yes, but variation based on clinical situation".

21A. What was the limit on individual counseling sessions per student at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
Limit on individual counseling sessions per student		

22. Were counseling services at (DEPARTMENT NAME) provided by the institution or contracted to outside entities during the 2025-2026 Academic Year?

- ◯ All counseling services were provided completely by campus-employed providers.
- ◯ All counseling services, including oversight of services, were provided completely by a contracted outside organization.
- ◯ Counseling services were provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services remained with campus.
- ◯ Counseling services were provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services was shared.
- ◯ Counseling services were not provided at this clinical facility/unit/organization.

23. Did (DEPARTMENT NAME) offer 24-hour telephone on-call services for mental health concerns during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No

Question 24 will appear only if the answer to question 23 is "Yes".

24. Who staffed the mental health after hours (when SHS or Counseling Center is closed) on-call services during the 2025-2026 Academic Year? (Select all that apply)

- ☐ Campus counselors (psychologist, LCSW, LPC, other)
- ☐ Campus psychiatrist
- ☐ Contracted service, counselors (psychologist, LCSW, LPC, other)
- ☐ Contracted service, psychiatrists
- ☐ Other on campus mental health providers by specific agreement (psychology or psychiatry faculty on call, residents on call, psychiatric emergency department, other)
- ☐ Other on campus mental health after-hours intervention services
- ☐ Other off campus mental health coverage by specific agreement

25. Did (DEPARTMENT NAME) offer telecounseling services during the 2025-2026 Academic Year?

- ◯ Yes, through campus staff
- ◯ Yes, through contracted third-party vendor (including other student health services or counseling centers)
- ◯ Yes, through both campus staff and contracted third-party
- ◯ No

26. Was there a per-visit fee/co-pay assessed to students for standard mental health appointments (non-psychiatry) when visiting (DEPARTMENT NAME) during the 2025-2026 Academic Year? Do not include medication management appointments.

- ◯ No
- ◯ Sometimes, students are offered a number of free sessions before a co-pay is assessed
- ◯ Yes, all students paid a standard per-visit fee or co-pay
- ◯ Yes, students insurance was billed and they were responsible for their co-insurance. We did not see students without insurance.
- ◯ Yes, we billed student's insurance and they were responsible for their co-insurance, but students without insurance coverage paid a standard per-visit fee or co-pay.
- ◯ Yes, we billed student's insurance and their co-insurance/co-pay was covered by a student health administrative fee.

Question 26A will only appear if the answer to question 26 is that students paid a standard per-visit fee or co-pay.

26A. What was the per-visit fee/co-pay for standard mental health appointments (non-psychiatry) at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, dollar signs ($), or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
mental health per-visit fee or co-pay		

27. Were students assessed a charge if they missed a standard counseling/mental health appointment (non-psychiatry) at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

◯ Yes

◯ No

Question 27A will only appear if the answer to question 27 is "Yes".

27A. What was the no-show charge assessed for a missed counseling/mental health appointment (non-psychiatry) at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, dollar signs ($), or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
mental health no-show charge		

Please indicate the number of Full-Time Equivalents (FTE) at (DEPARTMENT NAME) as budgeted at the start of the 2025–2026 Academic Year.

Who to Include

Include staff dedicated to **student health care (medical and mental health services) and health promotion**, including temporary staff. Do not include staff providing other student services who were not considered employees of one of these areas.

- If staff provide services to both **students and employees**, report only the portion of their FTE dedicated to student care.
- If a position has **multiple roles**, divide the FTE based on time spent in each role (e.g., a clinician administrator who spends 20% of their time providing clinical care = **0.2 clinician FTE and 0.8 administrator FTE**).
- Report FTE under the **position that best reflects the staff member's role**, regardless of where the position appears in the IPS or the department to which the staff member reports.

Contracted Providers

Include contracted providers only if they operate as part of the student health/counseling program, are under its direction, and their **expenses/revenue and visit activity** are included in the program's budget and activity.

Exclude independently operated providers for whom the institution primarily provides space or limited support (e.g., an outside retail pharmacy or independent massage therapist). These services may be reported under **services available (Question #3)** but should not be included in FTE, activity, or budget figures.

Note: Every row requires an entry. Enter 0 if you do not have an FTE for a position. You may use the **TAB** key to move through the positions.

28. FTE Mental Health Professional Staff Provider at (DEPARTMENT NAME) as budgeted at the start of the 2025-2026 Academic Year. Do NOT include psychiatric providers here. You will have a separate opportunity to report on FTE for staff engaged in Psychiatric Care, Health Promotion, Other Medical Care, Administration and Support roles in subsequent sections.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
Doctoral prepared mental health provider (PhD, PsyD)		
Master's prepared mental health provider (MSW, LCSW, LPC, LMHC, MFT, etc.)		
Doctoral Psychology Intern		
Other mental health intern (e.g. social work)		
Post-Doctoral Fellow		
Case Manager (master's degree)		
Case Manager (bachelor's degree)		
Sexual Assault Services Coordinator/Victim Advocate		

Other masters or doctoral prepared mental health providers not listed above (please specify):		
Total		

28A. Which electronic health records product did you use for MENTAL HEALTH services at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

- ◯ Careflow
- ◯ Cerner
- ◯ GE Centricity
- ◯ E-ClinicalWorks
- ◯ EPIC
- ◯ Magnus Health
- ◯ Medicat
- ◯ NextGEN
- ◯ NueMD
- ◯ Point and Click Solutions
- ◯ Practice Fusion
- ◯ PyraMED
- ◯ Titanium
- ◯ ⊗ None- we use paper only

◯ Other EHR product (please specify): _____

◯ N/A

PSYCHIATRIC SERVICES

29. Do you provide psychiatric services at (DEPARTMENT NAME)?

◯ Yes

◯ No → **Skip to question 34**

30. Did (DEPARTMENT NAME) offer telepsychiatry services during the 2025-2026 Academic Year?

◯ Yes, through campus staff

◯ Yes, through contracted third-party vendor (including other student health services or counseling centers)

◯ Yes, through both campus staff and contracted third-party

◯ No

31. Was there a per-visit fee/co-pay assessed to students for psychiatric appointments when visiting (DEPARTMENT NAME) during the 2025-2026 Academic Year?

◯ No

◯ Sometimes, students are offered a number of free sessions before a co-pay is assessed

◯ Yes, all students paid a standard per-visit fee or co-pay

◯ Yes, students insurance was billed and they were responsible for their co-insurance. We did not see students without insurance.

◯ Yes, we billed student's insurance and they were responsible for their co-insurance, but students without insurance coverage paid a per-visit fee or co-pay.

◯ Yes, we billed student's insurance and their co-insurance/co-pay was covered by a student health administrative fee.

Question 31A will only appear if the answer to question 31 is that students paid a standard per-visit fee or co-pay.

31A. What was the per-visit fee/co-pay for a new patient/initial psychiatric appointment at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, dollar signs ($), or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
initial psychiatric appointment fee		

Question 31B will only appear if the answer to question 31 is that students paid a standard per-visit fee or co-pay.

31B. What was the per visit fee/co-pay for follow-up psychiatric appointments at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, dollar signs ($), or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
follow up psychiatric per-visit fee or co-pay		

32. Were students assessed a charge if they missed a psychiatric appointment at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

◯ Yes

◯ No

Question 32A will only appear if the answer to question 32 is "Yes".

32A. What was the no-show charge assessed for a missed psychiatric appointment at (DEPARTMENT NAME) during the 2025-2026 Academic Year?

Notes:

- Enter negative 9 ("-9") if the value is unknown or cannot be disclosed.
- Enter whole numbers only - do not use commas, decimals, dollar signs ($), or abbreviations such as 'K' for thousands.

	AY 2024-2025	**AY 2025-2026 (enter new value here)**
psychiatric no-show charge		

Please indicate the number of Full-Time Equivalents (FTE) at (DEPARTMENT NAME) as budgeted at the start of the 2025–2026 Academic Year.

Who to Include

Include staff dedicated to **student health care (medical and mental health services) and health promotion**, including temporary staff. Do not include staff providing other student services who were not considered employees of one of these areas.

- If staff provide services to both **students and employees**, report only the portion of their FTE dedicated to student care.
- If a position has **multiple roles**, divide the FTE based on time spent in each role (e.g., a clinician administrator who spends 20% of their time providing clinical care = **0.2 clinician FTE and 0.8 administrator FTE**).
- Report FTE under the **position that best reflects the staff member's role**, regardless of where the position appears in the IPS or the department to which the staff member reports.

Contracted Providers

Include contracted providers only if they operate as part of the student health/counseling program, are under its direction, and their **expenses/revenue and visit activity** are included in the program's budget and activity.

Exclude independently operated providers for whom the institution primarily provides space or limited support (e.g., an outside retail pharmacy or independent massage therapist). These services may be reported under **services available (Question #3)** but should not be included in FTE, activity, or budget figures.

Note: Every row requires an entry. Enter 0 if you do not have an FTE for a position. You may use the **TAB** key to move through the positions.

33. FTE Psychiatric Services Provider at (DEPARTMENT NAME) as budgeted at the start of the 2025-2026 Academic Year. You will have a separate opportunity to report on FTE for staff engaged in Health Promotion, Other Medical Care and Administration and Support roles in subsequent sections.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
Attending Physician (Psychiatry)		
Resident Physician (Psychiatry)		
Fellow Physician (Psychiatry)		
Nurse Practitioner (Psychiatry)		
Physician Assistant (Psychiatry)		
Total		

34. Did you contract for additional services (medical or mental health) to augment on campus services through third-party vendor(s) during the 2025-2026 Academic Year? (e.g. UWill, MySSP/TELLUS Health, TimelyCare, ProtoCall, and others)

- ◯ No
- ◯ Yes, medical services
- ◯ Yes, mental health services
- ◯ Yes, both medical and mental health services

Question 34A will only appear if the answer to question 34 includes "medical services".

34A. Please select the vendor you contracted with for medical services (please select all that apply).

- ☐ AccessNurse
- ☐ Carenet Health
- ☐ Fonemed
- ☐ ProtoCall Services
- ☐ TimelyCare
- ☐ Other (please specify): _____

Question 34A will only appear if the answer to question 34 includes "mental health services".

34B. Please select the vendor you contracted with for mental health services (please select all that apply).

- ☐ AccessNurse
- ☐ BetterMynd
- ☐ Fonemed
- ☐ Mantra Health
- ☐ SilverCloud
- ☐ TELUS Health (formerly My SSP)
- ☐ TimelyCare
- ☐ Togetherall
- ☐ ProtoCall Services
- ☐ Uwill
- ☐ Other (please specify): _____

HEALTH PROMOTION **35. Do you have staff engaged in Health Promotion at (DEPARTMENT NAME)?**

◯ Yes

◯ No → **Skip to question 37**

Please indicate the number of Full-Time Equivalents (FTE) at (DEPARTMENT NAME) as budgeted at the start of the 2025–2026 Academic Year.

Who to Include

Include staff dedicated to **student health care (medical and mental health services) and health promotion**, including temporary staff. Do not include staff providing other student services who were not considered employees of one of these areas.

- If staff provide services to both **students and employees**, report only the portion of their FTE dedicated to student care.
- If a position has **multiple roles**, divide the FTE based on time spent in each role (e.g., a clinician administrator who spends 20% of their time providing clinical care = **0.2 clinician FTE and 0.8 administrator FTE**).
- Report FTE under the **position that best reflects the staff member's role**, regardless of where the position appears in the IPS or the department to which the staff member reports.

Contracted Providers

Include contracted providers only if they operate as part of the student health/counseling program, are under its direction, and their **expenses/revenue and visit activity** are included in the program's budget and activity.

Exclude independently operated providers for whom the institution primarily provides space or limited support (e.g., an outside retail pharmacy or independent massage therapist). These services may be reported under **services available (Question #3)** but should not be included in FTE, activity, or budget figures.

Note: Every row requires an entry. Enter 0 if you do not have an FTE for a position. You may use the **TAB** key to move through the positions.

36. FTE Health Promotion Staff at (DEPARTMENT NAME) as budgeted at the start of the 2025-2026 Academic Year. You will have a separate opportunity to report on FTE for staff engaged in Other Medical Care and Administration and Support roles in subsequent sections.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
Sexual Violence/Assault Prevention Specialist		
Professionally trained Health Educator/Health Promotion/Prevention Specialist (bachelor's degree) - do not include sexual violence/assault prevention specialist in this line		
Professionally trained Health Educator/Health Promotion/Prevention Specialist (master's degree or doctorate) - do not include sexual violence/assault prevention specialist in this line		
Graduate Student (paid assistantship)		
Other staff in health promotion/prevention/health education not listed above (please include support staff)		
Total		

Please indicate the number of Full-Time Equivalents (FTE) at (DEPARTMENT NAME) as budgeted at the start of the 2025–2026 Academic Year.

Who to Include

Include staff dedicated to **student health care (medical and mental health services) and health promotion**, including temporary staff. Do not include staff providing other student services who were not considered employees of one of these areas.

- If staff provide services to both **students and employees**, report only the portion of their FTE dedicated to student care.
- If a position has **multiple roles**, divide the FTE based on time spent in each role (e.g., a clinician administrator who spends 20% of their time providing clinical care = **0.2 clinician FTE and 0.8 administrator FTE**).
- Report FTE under the **position that best reflects the staff member's role**, regardless of where the position appears in the IPS or the department to which the staff member reports.

Contracted Providers

Include contracted providers only if they operate as part of the student health/counseling program, are under its direction, and their **expenses/revenue and visit activity** are included in the program's budget and activity.

Exclude independently operated providers for whom the institution primarily provides space or limited support (e.g., an outside retail pharmacy or independent massage therapist). These services may be reported under **services available (Question #3)** but should not be included in FTE, activity, or budget figures.

Note: Every row requires an entry. Enter 0 if you do not have an FTE for a position. You may use the **TAB** key to move through the positions.

37. FTE Other medical staff not listed under medical providers or mental health providers at (DEPARTMENT NAME) as budgeted at the start of the 2025-2026 Academic Year. You will have a separate opportunity to report on FTE for staff engaged in Administration and Support roles in the next section.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
Optometrist		
Optician or Optical technician		
Dentist		
Dental Hygienist		
Dental Assistant		
Registered Nurse (RN)		
Licensed Practical Nurse (LPN)/Licensed Vocational Nurse(LVN)		
Certified Medical Assistant or Technician		
Medical Assistant or Technician (not certified)		

Certified Nursing Assistant		
Pharmacist		
Pharmacy Technician		
Lab: Medical Technologist (MTASCP)		
Lab: Medical Laboratory Technician		
Radiology Technologist		
Phlebotomy		
Physical Therapist (master's or doctoral)		
Athletic Trainer		
Physical Therapy Assistant		

Physical Therapy Aide		
Occupational Therapist		
Massage Therapist		
Acupuncturist		
Chiropractor		
Nutritionist		
Registered Dietitian		
Other clinical staff not listed above (please specify):		
Total		

38. FTE Administration and Administrative Support Staff at (DEPARTMENT NAME) as budgeted at the start of the 2025-2026 Academic Year.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
Facility/Unit/Organization Senior Administrator(s)		
Health Insurance Program Staff		
Health Information Management-RHIT or RHIA		
Health Information Management-other		
Information Technology		
Clinical Informatics		
Epidemiologist		
Data Analyst		
Quality Management/Quality Improvement		

Marketing/Communications		
Reception/Front Desk		
Other administration or administrative support staff not listed above and not reported in previous FTE questions (e.g. general administration, billing, clerical support)		
Graduate Student (paid assistantship)		
Total		

39A. Did (DEPARTMENT NAME) offer basic needs assistance services during the 2025-2026 Academic Year?

- ◯ Yes, direct visits with (DEPARTMENT NAME) staff
- ◯ Yes, referral to other department after appointment
- ◯ No

Question 39B will only appear if the answer to question 39A is "Yes, direct visits with (DEPARTMENT NAME) staff".

39B. In which part of (DEPARTMENT NAME) **are the basic needs assistance staff located in? (select all that apply)**

- ☐ Medical Services/Primary Care
- ☐ Counseling & Psychological Services
- ☐ Health Promotion
- ☐ Administration
- ☐ Patient Advocate or Care Coordination/Case Management
- ☐ Other

The 4 answer options for question 40 are: Internal facility/unit/organization staff, Other campus resource or office, Contracted externally or No support for this function.

40. Please indicate how administrative support services were provided for (DEPARTMENT NAME) during the 2025-2026 Academic Year.

	Primary support provided by:	Secondary support provided by:
Marketing and Communications	No primary support for this function	No secondary support for this functior
Finance	No primary support for this function	No secondary support for this functior
IT – application support (e.g. EHR support)	No primary support for this function	No secondary support for this functior
IT – desktop support	No primary support for this function	No secondary support for this functior
IT – other (database administration, network, security, etc.)	No primary support for this function	No secondary support for this functior
Human Resources	No primary support for this function	No secondary support for this functior
Building Services (including custodial and maintenance)	No primary support for this function	No secondary support for this functior
Assessment and Evaluation of Clinical Services (e.g. quality improvement, student satisfaction, accreditation monitoring, etc.)	No primary support for this function	No secondary support for this functior

41. What was your expense budget for each of the following student services for (DEPARTMENT NAME), for the 2025-2026 Academic Year? If your budget is not disaggregated into the categories below, enter the total budget in the "Aggregate budget" row and enter '-9' for all other categories.

Notes:

- Enter negative 9 ("-9") for any category if the amount is unknown or cannot be disclosed.
- Report budget for clinical preventive services in "medical services," and not in "prevention/health promotion costs."
- Enter whole numbers only - do not use commas, decimals, dollar signs ($), or abbreviations such as 'K' for thousands.
- Every row requires an entry.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
Medical Services (including ancillary services like Pharmacy, Radiology, Laboratory)		
Mental Health Services		
Prevention/Health Promotion Costs (non-clinical services)		
Administrative Costs (not allocated above)		
Other (please specify):		
Aggregate budget (if your budget cannot be disaggregated as listed, enter entire budget here)		

42. What was the amount of funding (revenue) received from each of the following sources for medical, mental health, and wellness services for students at (DEPARTMENT NAME) for the 2025-2026 Academic Year? If your funding is not disaggregated by the categories below, enter the total amount in "other" and indicate in the text box that disaggregated figures are not available.

Notes:

- Enter negative 9 ("-9") for any category if the amount is unknown or cannot be disclosed.
- Report budget for clinical preventive services in "medical services," and not in "prevention/health promotion costs."
- Enter whole numbers only - do not use commas, decimals, dollar signs ($), or abbreviations such as 'K' for thousands.
- Every row requires an entry.

	AY 2024-2025	**AY 2025-2026 (enter new values here)**
Health Fee (mandatory and supplemental)		
Insurance Capitation Funds		
Fee-for-Service and Self-pay		
Insurance Collections (including copayments)		
General Fund		
Grants		
Endowment Income		
Other (please specify):		

43. How did your TOTAL expense budget for the 2025-2026 Academic Year change from the 2024-2025 budget?

- ◯ No change – the budget stayed the same
- ◯ Budget was higher
- ◯ Budget was lower
- ◯ Don't know

Question 43A will only appear if the answer to question 43 is "Budget was higher".

43A. How much did your budget *increase* in AY 2025-2026 compared to AY 2024-2025?

- ◯ 1-5%
- ◯ 6-10%
- ◯ 11-15%
- ◯ 16% or more

Question 43B will only appear if the answer to question 43 is "Budget was lower".

43B. How much did your budget *decrease* in AY 2025-2026 compared to AY 2024-2025?

- ◯ 1-5%
- ◯ 6-10%
- ◯ 11-15%
- ◯ 16% or more

44. Did (DEPARTMENT NAME) have a Student Advisory Committee or Board during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No

45. Please identify the division/department to which (DEPARTMENT NAME) reported during the 2025-2026 Academic Year.

- ◯ Academic Affairs or similar
- ◯ Academic Medical Center or Medical School
- ◯ Business Affairs or similar (i.e., Risk Management, Human Resources/Employee Benefits/Purchasing)
- ◯ Office of the President or Chancellor
- ◯ Provost
- ◯ Student Affairs or similar
- ◯ Student Government or similar
- ◯ Other (please specify): _____

46. We need to understand if the information submitted in this institutional profile adequately represents the full range of medical care, mental health/counseling, or health promotion services offered by all facilities/units/organizations whose primary mission is to provide services to students at your institution. We recognize that there may be facilities/units/organizations on campus that have this information but are unwilling or unable to contribute to the institutional profile. Which of the following best describes the thoroughness of this submission?

- ◯ The information submitted in this profile represents all places on campus where services were provided primarily for students during the 2025-2026 Academic Year.
- ◯ Data from facilities/units/organizations that provided services primarily for students during the 2025-2026 Academic Year is missing from this profile. The profile should be flagged as incomplete.

Question 46A will only appear if the answer to question 46 is that the profile is incomplete.

46A. How many facilities/units/organizations are missing from this profile for the 2025-2026 Academic Year?

_____

Question 46B will only appear if the answer to question 46 is that the profile is incomplete.

46B. Please list the name and type of services provided for each facility/unit/organization on your

campus that are not represented in this profile for the 2025-2026 Academic Year.
Please provide only generic department names and not unique names that might identify an institution.

End of Section A

You have reached the end of Section A. The next section, **Section B**, includes questions on the built environment and the policies and programs that are institution wide.

Section B: The following questions ask about the built environment and institution-wide policies and services.

Please answer all questions based on the 2025-2026 Academic Year. Responses may differ from your institution's current policies and services.

47. Which of the following examples of organizational structures most closely represented the structure of your institution's medical care, mental health care/counseling, and health promotion during the 2025-2026 Academic Year?

- ◯ All units reported directly to one administrator
- ◯ All units reported to one administrator, but only one of the three were direct reports
- ◯ All units reported to one administrator, but only two of the three were direct reports
- ◯ Units were split in their reporting structure between two administrators
- ◯ Units reported to three or more administrators
- ◯ A single, administratively integrated unit reported to one administrator

47A. Are there additional comments you'd like to provide to further explain or clarify the response you provided to the last question?

Please provide only generic department names and not unique names that might identify an institution.

48. What is the primary professional identity of the Senior Leader (i.e., the highest-ranking person) to whom (DEPARTMENT NAME) reported during the 2025-2026 Academic Year?

- ◯ Physician (non-psychiatrist)
- ◯ Psychiatrist
- ◯ Psychologist

- ◯ Counselor/Social Worker/MFT/LPC
- ◯ Nurse Practitioner/Physician Assistant
- ◯ Nurse
- ◯ Pharmacist
- ◯ Health Promotion
- ◯ Health Administrator
- ◯ Higher Education Professional
- ◯ Public Health Professional
- ◯ Other

49. Did any of the following student support services report to senior counseling, medical, or health promotion leadership during the 2025-2026 Academic Year?

	Reported to Counseling	Reported to Medical	Reported to Health Promotion	Reported to Senior Administrator of combined services (counseling, medical, and health promotion)	Reported to another department	Not Applicable
Athletic Medicine (e.g. serving NAIA/NCAA/NJCAA athletes)	○	○	○	○	○	○
Athletic Trainers (e.g. serving NAIA/NCAA/NJCAA athletes)	○	○	○	○	○	○
Disability Services	○	○	○	○	○	○
Recreational Sports	○	○	○	○	○	○
Title IX	○	○	○	○	○	○
Student Conduct	○	○	○	○	○	○
Student Support and Advocacy	○	○	○	○	○	○
Behavioral Intervention Team	○	○	○	○	○	○
Threat Assessment/Threat Director	○	○	○	○	○	○
Collegiate Recovery Program	○	○	○	○	○	○
Interpersonal Violence Services/Resources	○	○	○	○	○	○
Basic Needs Assistance Services (food pantry, emergency aid, etc.)	○	○	○	○	○	○

Other (please specify):	○	○	○	○	○	○

50. Did your institution offer a university-sponsored student health insurance/benefit plan (SHIBP) to any of the following groups of students during the 2025-2026 Academic Year? (Select all that apply)

	Full-time	Part-time	On-campus	Online	Domestic	International	Select Populations Only	None or N/A
Undergraduate students	☐	☐	☐	☐	☐	☐	☐	☐
Graduate Students	☐	☐	☐	☐	☐	☐	☐	☐
Professional students	☐	☐	☐	☐	☐	☐	☐	☐
Other/non-degree students (earning academic credits)	☐	☐	☐	☐	☐	☐	☐	☐
Short-term campus affiliates (no credits)	☐	☐	☐	☐	☐	☐	☐	☐

***Please use this space to explain any "select population only" responses for groups of students offered health insurance:**

Question 51 will only appear if the answers to question 50 are NOT "None or N/A".

51. Did your institution offer a single university-sponsored student health insurance/benefit plan (SHIBP) to all eligible students during the 2025-2026 Academic Year?

◯ Yes – we had a single plan that covered all classes of students (e.g., domestic, international, graduate student teaching assistants/researchers)

◯ No - we had multiple plans based on benefit package

◯ No – we had one or more plans based on student classification

◯ No - we had multiple plans based on benefit package AND on student classification

52. Which students were subject to an insurance requirement as a condition of enrollment during the 2025-2026 Academic Year? (Select all that apply)

	Full-time	Part-time	On-campus	Online	Domestic	International	Select Populations Only	None or N/A
Undergraduate students	☐	☐	☐	☐	☐	☐	☐	☐
Graduate Students	☐	☐	☐	☐	☐	☐	☐	☐
Professional students	☐	☐	☐	☐	☐	☐	☐	☐
Other/non-degree students (earning academic credits)	☐	☐	☐	☐	☐	☐	☐	☐

***Please use this space to explain any "Select Populations Only" responses for required health insurance:**

53. Does your campus have access to data reflecting the percentage of underinsured students on your campus (i.e. through direct collection of insurance information?) If estimates are available only through population surveys such as the ACHA-NCHA, please answer "no."

◯ Yes

◯ No

Question 54 will only appear if the answer to question 53 is "Yes".

54. What percentage of students on campus were underinsured in the 2025-2026 Academic Year?

- ◯ 0 - 4%
- ◯ 5 - 9%
- ◯ 10 - 24%
- ◯ 25 - 49%
- ◯ More than 50%
- ◯ Data not available (the individual completing the survey is unable to access and/or share available data for this question)

55. Did your institution require or recommend students have any of the following immunizations during the 2025-2026 Academic Year:

	Required for all students	Required for some students	Recommended	Neither required nor recommended
Measles	○	○	○	○
Mumps	○	○	○	○
Rubella	○	○	○	○
Tetanus	○	○	○	○
Diphtheria	○	○	○	○
Pertussis	○	○	○	○
Meningococcal (ACYW)	○	○	○	○
Meningococcal (B)	○	○	○	○
Varicella	○	○	○	○
HPV	○	○	○	○
Hepatitis A	○	○	○	○
Hepatitis B	○	○	○	○
Polio	○	○	○	○
Influenza (flu)	○	○	○	○
COVID-19	○	○	○	○

Question 56 will only appear if the answer to question 55 was "Required for some students".

56. Which students were required to have these vaccinations during the 2025-2026 Academic Year? (Select all that apply)

	All on-campus (face to face) graduate/professional students	All on-campus (face to face) undergraduates	Residence Hall students	Risk-based (e.g. health sciences students)	All on-campus international Students	Age-based	Other
Measles	☐	☐	☐	☐	☐	☐	☐
Mumps	☐	☐	☐	☐	☐	☐	☐
Rubella	☐	☐	☐	☐	☐	☐	☐
Tetanus	☐	☐	☐	☐	☐	☐	☐
Diphtheria	☐	☐	☐	☐	☐	☐	☐
Pertussis	☐	☐	☐	☐	☐	☐	☐
Meningococcal (ACYW)	☐	☐	☐	☐	☐	☐	☐
Meningococcal (B)	☐	☐	☐	☐	☐	☐	☐
Varicella	☐	☐	☐	☐	☐	☐	☐
HPV	☐	☐	☐	☐	☐	☐	☐
Hepatitis A	☐	☐	☐	☐	☐	☐	☐
Hepatitis B	☐	☐	☐	☐	☐	☐	☐
Polio	☐	☐	☐	☐	☐	☐	☐

Influenza (flu)	☐	☐	☐	☐	☐	☐	☐
COVID-19	☐	☐	☐	☐	☐	☐	☐

Question 56A will only appear if the answer to question 56 is "Other".

56A. *Please use this space to explain any "other" responses for students required to have vaccinations

57. Did your institution require TB screening (a risk assessment followed by testing, if indicated) for incoming students during the 2025-2026 Academic Year? (Select all that apply)

- ☐ Yes, all students
- ☐ Yes, health sciences students
- ☐ Yes, international students
- ☐ Yes, international students from high-risk countries only
- ☐ ⊗ No

58. Please indicate any accreditation status held during the 2025-2026 Academic Year by any of the student health or counseling facilities providing services on your campus. (Select all that apply):

- [ ] ⊗ Not accredited
- [ ] Accredited by Accreditation Association for Ambulatory Health Care (AAAHC)
- [ ] Accredited by The Joint Commission (formerly JCAHO)
- [ ] Accredited by International Accreditation of Counseling Services (IACS)
- [ ] Accredited American Psychological Association (APA) training site
- [ ] Accredited by another agency (please specify):

59. Were your health services accredited as a Primary Care Medical Home or a Patient Centered Medical Home during the 2025-2026 Academic Year?

- ◯ Yes, by Accreditation Association for Ambulatory Health Care (AAAHC)
- ◯ Yes, by National Committee for Quality Assurance (NCQA)
- ◯ Yes, by The Joint Commission (formerly JCAHO)
- ◯ Yes, by another agency (please specify):
- ◯ No

60. Did your institution have an institution-wide committee or coalition dedicated to health and wellness during the 2025-2026 Academic Year?

- ◯ Yes, focused on the entire campus community
- ◯ Yes, focused on students only
- ◯ No

61. Did your institution set and monitor progress towards key performance indicators to improve the health and well-being of students during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No

62. Did your institution set and monitor progress towards key performance indicators to improve the health and well-being of faculty and staff during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No

63. Did your institution conduct regular population level assessment of students' health behavior and/or health status during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No

64. Did your institution conduct regular population level assessment of faculty and staff health behavior and/or health status during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No

65. Did your institution have, during the 2025-2026 Academic Year, one or more formal peer health education groups affiliated with an office or department in which health promotion and prevention was the primary role?

- ◯ Yes
- ◯ No

66. Did your institution hold any of the following designations, or participate in any of the following programs during the 2025-2026 Academic Year? (Select all that apply)

- ☐ American Cancer Society Tobacco-Free Generation Campus Initiative
- ☐ Campus Prevention Network Seal of Prevention
- ☐ Exercise is Medicine
- ☐ Food Recovery Network
- ☐ Human Rights Commission Health Equity Index (HEI) Equality Leader or Top Performer (score of 80 or higher). Check your score.
- ☐ JED Campus Program
- ☐ NASPA BACCHUS Initiative
- ☐ International Okanagan Charter for Health Promoting Campuses Signatory
- ☐ Partnership for a Healthier America Healthier Campus Initiative
- ☐ VA Vital Program
- ☐ Campus Nature Rx Network
- ☐ Other designation/initiative (please specify): _____
- ☒ None of the above

67. What was your institutional tobacco policy during the 2025-2026 Academic Year?

- ◯ Tobacco use was permitted on campus
- ◯ The campus was smoke-free but permitted the use of other forms of tobacco
- ◯ The institutional Tobacco Policy prohibited most forms of tobacco use but permitted the use of e-cigarettes
- ◯ The institution had a Tobacco Policy that prohibited use in most spaces, but had designated areas where tobacco use was permitted.
- ◯ The institution had a Tobacco Policy that allowed use in most outdoor spaces, but prohibited tobacco use indoors and within a certain distance from building entrances and windows.
- ◯ The institution had a Tobacco Free Campus Policy that included the prohibition of all tobacco use, including e-cigarettes

68. What was your institutional alcohol policy during the 2025-2026 Academic Year? (Select all that apply)

- ☐ The institution's main campus was primarily considered to be a dry campus in which the sale or consumption of alcohol was not permitted, regardless of legal age.
- ☐ The institution's main campus was primarily considered to be a dry campus but exceptions were made in certain areas, such as a faculty club, pub, or dining establishments, or for special events.
- ☐ Alcohol use was not permitted in campus residence halls regardless of age
- ☐ Alcohol use was permitted in residence halls for students over the age of 21
- ☐ The institution permitted alcohol sales in some or all sports venues
- ☐ The institution had a policy that prohibited alcohol advertisement
- ☐ ⊗ None of the above

69. Did your campus have a collegiate recovery community (CRC) or offer services for students in recovery from substance use disorders during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No

Question 69A will only appear if the answer to question 69 is "Yes".

69A. Was your collegiate recovery community (CRC) a member of the Association of Recovery in Higher Education during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No
- ◯ Don't know

70. Where was naloxone available on campus during the 2025-2026 Academic Year? (Select all that apply)

- ☐ ⊗ Naloxone was not available on campus
- ☐ At the Student Health Service
- ☐ In residence halls
- ☐ In fraternity/sorority houses
- ☐ Carried by campus police, security and public safety
- ☐ Carried by EMTs or other first responders
- ☐ At on-campus pharmacies by standing order
- ☐ At on-campus pharmacies by prescription
- ☐ In on-campus vending machines
- ☐ With AEDs or emergency boxes

☐ In other areas of campus (please specify):

☐ ⊗ Don’t know

71. Where were fentanyl test strips (FTS) available on campus during the 2025-2026 Academic Year? (Select all that apply)

☐ ⊗ FTS were not available on campus

☐ At the Student Health Service

☐ In residence halls

☐ In fraternity/sorority houses

☐ In on-campus vending machines

☐ Through student organizations

☐ At outreach events

☐ In other areas of campus (please specify):

☐ ⊗ Don't know

72. On which of the following topics did your institution REQUIRE students complete education or training (outside of a class) during the 2025-2026 Academic Year: (Select all that apply)

- ☐ Alcohol
- ☐ Bullying
- ☐ Bystander intervention/ community support expectations
- ☐ Discrimination
- ☐ Drugs
- ☐ Hazing
- ☐ Nutrition
- ☐ Online/Digital safety
- ☐ Physical Activity
- ☐ Relationship/domestic violence
- ☐ Sexual assault/misconduct
- ☐ Sexual harassment
- ☐ Sleep
- ☐ Stress and/or emotional well-being
- ☐ Suicide Prevention
- ☐ ⊗ None of the above

73. Did your institution require a personal health class as part of the undergraduate curriculum during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No

73B. Did your institution require a physical education class as part of the undergraduate curriculum during the 2025-2026 Academic Year?

- ◯ Yes
- ◯ No

74. Which of the following best describes your institutional policy regarding guns during the 2025-2026 Academic Year? Exclude weapons carried by police and other public safety officers.

- ◯ Individuals were prohibited from possessing guns on campus
- ◯ Individuals were permitted to possess guns with restrictions in personal residences on campus
- ◯ Individuals were permitted to possess guns with restrictions in personal vehicles on campus
- ◯ Individuals with a concealed carry permit were permitted to possess guns only in designated areas of campus
- ◯ Individual with a concealed carry permit were permitted to possess guns anywhere on campus
- ◯ Individuals were permitted to possess guns without restrictions
- ◯ Other (please specify): _____
- ◯ Don't know

75. Were recreational facilities (equipment or space for physical activity) available on campus during the 2025-2026 Academic Year?

◯ There were no recreational facilities available on campus for students

◯ Recreational facilities were not available on campus, but campus contracted with a local facility to provide access to students.

◯ Recreational facilities were available and the cost for students to use the facilities was covered in tuition or mandatory student services fees.

◯ Recreational facilities were available and the cost for students to use the facilities was covered in tuition or mandatory student services fees, however, there were additional charges for certain services or within the facility such as spin classes.

◯ Recreational facilities were available and students paid extra (beyond tuition and mandatory fees) to use them

◯ Don't Know

◯ None of the above

76. What type of condom accessibility did you offer on campus during the 2025-2026 Academic Year? (Select all that apply)

☐ Condoms were free

☐ Condoms were available for purchase and the cost was substantially subsidized

☐ Condoms were available for purchase at a cost comparable to what students would have paid at a drugstore

☐ ⊗ Condoms were not available on campus

☐ ⊗ Don't Know

77. Did your campus have a Medical Amnesty policy during the 2025-2026 Academic Year?

- ◯ Yes, for alcohol only
- ◯ Yes, for other drugs only
- ◯ Yes, for alcohol AND other drugs
- ◯ No

78. The next set of questions are quick yes/no/don't know questions about a number of campus policies and services during the 2025-2026 Academic Year. Please select the best response for each row.

	Yes	No	Don't know
Did your institution have healthy vending policies to enhance access to healthier food items?	○	○	○
Did your institution have a sugar-free beverage policy?	○	○	○
Were energy drink sales prohibited on campus?	○	○	○
Did your campus have point of service information about foods sold on campus (nutrition information or “healthy item” indicators)?	○	○	○
Did your campus have drinking water refill stations?	○	○	○
Did your campus have a farmer's market?	○	○	○
Did your campus have a community garden?	○	○	○
Did your campus have a food pantry or other support for food insecure students?	○	○	○
Did your campus have a bike-share program?	○	○	○
Did your campus have pedestrian malls (areas of campus where cars and/or other wheeled transportation methods are not permitted)?	○	○	○
Did your institution have a consensual relationship policy?	○	○	○

	Yes	No	Don't know
Did your institution require a syllabus statement relating to mental health services?	○	○	○
Did your campus have 24-hour libraries or other non-residential buildings? (Excludes Residence Halls)	○	○	○
Did your campus have designated all gender restrooms?	○	○	○
Did your institution have a breastfeeding support policy?	○	○	○
Did your campus have lactation rooms to pump breast milk or feed infants?	○	○	○
Were childcare services available on campus for students with children?	○	○	○
Did your campus offer free or reduced-cost menstrual hygiene products?	○	○	○
Did your campus offer access to emergency contraception via vending machines?	○	○	○
Did your campus offer non-repayable emergency funding to students?	○	○	○
Did your campus offer short-term transitional housing to students?	○	○	○

	Yes	No	Don't know
Did your campus offer formal assistance with public benefits applications for students, such as meeting with a social worker or other provider?	○	○	○
Did your campus have free/low-cost University transportation that goes off-campus?	○	○	○
Does your campus offer formal assistance with enrollment in health insurance through a health insurance marketplace?	○	○	○

End of Section B

You have reached the end of Section B. The next section, **Section C**, covers **Sexual Health Programs and Services.**

Important: Once you click **"Next Page"** to continue to Section C, you will **NOT** be able to return to Sections A or B or make changes to your previous responses. Please review your responses in Sections A and B before continuing.

Section C: The rotating IPS Part C this year includes items from the former *Sexual Health Services Survey (SHSS)*. In an effort to reduce survey fatigue among our member institutions, the SHSS has moved from an annual stand-alone survey to two periodic (every 2-3 years) surveys. The surveillance questions (STI, pregnancy, and Pap testing results) were rolled out earlier this year as a Clinical Benchmarking Module. What follows are the policy and service delivery questions from the SHSS.

1) Were there campus STI screening and testing events held outside of (DEPARTMENT NAME) in AY 2025-2026? (Select all that apply)

- ☐ Yes, services were provided by health center staff
- ☐ Yes, services were provided by a community organization/local health department
- ☐ Yes, services were provided by trained peer educators
- ☐ Yes, services were provided by Health Promotion
- ☐ Yes, services were provided by another campus entity (please specify)
  _____
- ☒ No

Question 2 will only appear if the answer to question 1 is NOT "No".

2) How often were such outreach events offered during in AY 2025-2026?

- ○ Once per academic year
- ○ Once per academic term (i.e., quarter or semester)
- ○ Once per month during the academic year
- ○ More than once per month during the academic year

Question 3 will only appear if the answer to question 1 is NOT "No".

3) What tests were routinely offered during outreach events in AY 2025-2026? (Select all that apply)

- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ HIV
- ☐ Syphilis

Question 4 will only appear if the answer to question 1 is NOT "No".

4) Were the tests free during outreach events in AY 2025-2026?

- ◯ Yes, all tests were free
- ◯ Yes, some tests were free
- ◯ No, none of the tests were free

Question 5 will only appear if the answer to question 4 is "Yes, some tests were free".

5) Which tests were free during outreach events in AY 2025-2026? (Select all that apply)

- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ HIV
- ☐ Syphilis

6) Was anonymous HIV testing available on campus for students in AY 2025-2026?

- ◯ Yes
- ◯ No, but we referred to community organizations/local health departments that provided anonymous HIV testing
- ◯ No, anonymous testing was not available in our state/area

Question 7 will only appear if the answer to question 6 is "Yes".

7) Who provided on-campus anonymous HIV testing for students in AY 2025-2026? (Select all that apply)

- ☐ (DEPARTMENT NAME)
- ☐ Health Promotion Department
- ☐ A community organization/local health department
- ☐ Trained peer educators
- ☐ Other campus organization (please specify)

8) What type(s) of financial support were available to students to offset STI screening and testing costs in AY 2025-2026? (Select all that apply)

- ☐ Institutional funding (sliding scale, emergency financial assistance, etc.)
- ☐ Grant-funded programs (e.g., public health/STI prevention funding)
- ☐ Student health services fee
- ☐ Partnership with local/state public health departments
- ☐ Other (please specify):
- ☐ ⊗ No financial support available to offset STI screening costs

ACCESS TO MENSTRUAL SUPPLIES

9) How did students access menstrual products on your campus in AY 2025-2026? (Please select the best response for each row)

	No access available	Accessed for free	Accessed for a cost	Accessed for free and for a cost	Unsure	Decline to answer
At (DEPARTMENT NAME)	○	○	○	○	○	○
In campus bathrooms	○	○	○	○	○	○
In a vending machine	○	○	○	○	○	○
Through peer-to-peer distribution (e.g. tabling, upon request)	○	○	○	○	○	○
Through a grab-and-go program outside of (DEPARTMENT NAME)	○	○	○	○	○	○
Through a mail order program	○	○	○	○	○	○
At a basic needs center or food pantry	○	○	○	○	○	○

Were there other places on campus in AY 2025-2026 where students could access menstrual products? Please describe.

ACCESS TO CONTRACEPTION

10) How did students access over-the-counter emergency contraception (commonly known as Plan B and generics) on your campus in AY 2025-2026? (Please select the best response for each row)

	No access available	Accessed for free	Accessed for a cost	Accessed for free and for a cost	Unsure	Decline to answer
At (DEPARTMENT NAME), without a visit	○	○	○	○	○	○
At (DEPARTMENT NAME), with a visit	○	○	○	○	○	○
In a vending machine	○	○	○	○	○	○
Through peer-to-peer distribution (e.g. tabling, upon request)	○	○	○	○	○	○
Through a grab-and-go program outside of (DEPARTMENT NAME)	○	○	○	○	○	○
Through a mail order program	○	○	○	○	○	○
At a basic needs center or food pantry	○	○	○	○	○	○

Were there other places on campus in AY 2025-2026 where students could access over-the-counter emergency contraception? Please describe.

11) How did students access over-the-counter contraceptive pill (Opill) on your campus in AY 2025-2026? (Please select the best response for each row)

	No access available	Accessed for free	Accessed for a cost	Accessed for free and for a cost	Unsure	Decline to answer
At (DEPARTMENT NAME), without a visit	○	○	○	○	○	○
At (DEPARTMENT NAME), with a visit	○	○	○	○	○	○
In a vending machine	○	○	○	○	○	○
Through peer-to-peer distribution (e.g. tabling, upon request)	○	○	○	○	○	○
Through a grab-and-go program outside of (DEPARTMENT NAME)	○	○	○	○	○	○
Through a mail order program	○	○	○	○	○	○
At a basic needs center or food pantry	○	○	○	○	○	○

Were there other places on campus in AY 2025-2026 where students could access over-the-counter contraceptive pill (Opill)? Please describe.

SEXUAL HEALTH PEER EDUCATION PROGRAMS

12) Did (DEPARTMENT NAME) have a peer sexual health education program in AY 2025-2026?

- ◯ Yes
- ◯ No
- ◯ We have sexual health peer educators on campus, but they are not organized through (DEPARTMENT NAME)
- ◯ Don't know / not sure
- ◯ Decline to answer

Question 13 will only appear if the answer to question 12 is "Yes" or "We have sexual health peer educators on campus, but they are not organized through (DEPARTMENT NAME)".

13) Did the peer sexual health educators receive any form of compensation for their participation in AY 2025-2026?

- ◯ Yes, a stipend or hourly rate
- ◯ Yes, academic credit
- ◯ Yes, a mix of stipend and academic credit
- ◯ No, they are strictly volunteers
- ◯ Don't know / not sure
- ◯ Decline to answer

Question 14 will only appear if the answer to question 12 is "Yes" or "We have sexual health peer educators on campus, but they are not organized through (DEPARTMENT NAME)".

14) What were the sexual health peer educators trained to do in AY 2025-2026? (Select all that apply)

- ☐ Campus-wide education campaigns
- ☐ 1:1 individual education appointments
- ☐ Rapid HIV testing
- ☐ Distribute safer sex supplies
- ☐ Distribute emergency contraception
- ☐ ⊗ Don't know / not sure
- ☐ ⊗ Decline to answer

Question 15 will only appear if the answer to question 12 is "Yes" or "We have sexual health peer educators on campus, but they are not organized through (DEPARTMENT NAME)".

15) What educational topics did the sexual health peer educators cover in AY 2025-2026? (Select all that apply)

- ☐ Contraception
- ☐ Medication abortion
- ☐ Sexually transmitted infections
- ☐ Safer sex
- ☐ Partner communication
- ☐ Sexual debuts
- ☐ Preparation for first pelvic exam
- ☐ Sexual pleasure

☐ Healthy relationships

☐ Sexual Violence & Sexual Harassment

☐ General sexual and reproductive health services available for students

☐ ⊗ Don't know / not sure

☐ ⊗ Decline to answer

The following questions will only appear if the answer to question 5 in Part A (Do you provide clinical care" is "Yes".)

The following questions ask about sexual health care and support services provided at (DEPARTMENT NAME)

CERVICAL CANCER SCREENING

16) For each age group, indicate whether or not this cervical cancer screening test was offered for students with a cervix at (DEPARTMENT NAME) in AY 2025-2026. (Note that there are 3 questions for each row. Please provide a response for all 3 age groups in each row.)

	Ages 21-24		Ages 25-29		Ages 30+	
	Yes	No	Yes	No	Yes	No
Conventional slide	○	○	○	○	○	○
Liquid-based cytology, alone	○	○	○	○	○	○
Liquid-based cytology with reflex HPV testing for ASC-US or LSIL	○	○	○	○	○	○
Liquid-based cytology with HPV "co-testing"	○	○	○	○	○	○
HPV testing alone, self-swab	○	○	○	○	○	○
HPV testing alone, provider collected	○	○	○	○	○	○

17) Please indicate which of the following cervical disease management modalities were provided in-house for students at (DEPARTMENT NAME) in AY 2025-2026. (Please select the best response for each row)

	Provided at our Student Health Center	Not provided at our Student Health Center
Colposcopy	○	○
Cryotherapy	○	○
Laser ablation/LEEP	○	○

17A) Did (DEPARTMENT NAME) provide other cervical disease management modalities not listed above, in AY 2025-2026? If yes, please describe:

18) Which cervical cancer screening guideline(s) did (DEPARTMENT NAME) primarily follow in AY 2025-2026? (Select all that apply)

- ☐ American Cancer Society (ACS)
- ☐ U.S. Preventive Services Task Force (USPSTF)
- ☐ American Society for Colposcopy and Cervical Pathology (ASCCP) risk-based management guidelines
- ☐ American College of Obstetricians and Gynecologists (ACOG)
- ☐ Centers for Disease Control (CDC)
- ☐ Institution-specific protocol
- ☐ Other

19) Did (DEPARTMENT NAME) have inclusive cervical cancer screening protocols for transgender and nonbinary patients in AY 2025-2026?

- ◯ Yes (formal protocol)
- ◯ Informal practices
- ◯ No
- ◯ Decline to answer

STI SCREENING PRACTICES

20) For chlamydia and gonorrhea, did (DEPARTMENT NAME) routinely provide pharyngeal tests for students who performed oral sex (penis-in-mouth) in AY 2025-2026?

- ◯ Yes, for everyone
- ◯ Yes, but only for men who have sex with men (MSM)
- ◯ No

21) For chlamydia and gonorrhea, did (DEPARTMENT NAME) routinely provide rectal tests for students who received anal sex (penis-in-anus) in AY 2025-2026?

- ◯ Yes, for everyone
- ◯ Yes, but only for men who have sex with men (MSM)
- ◯ No

22) Was prescription emergency contraception (ella) provided on campus for students in AY 2025-2026?

- ◯ Yes, prescribed and dispensed through (DEPARTMENT NAME)
- ◯ Yes, prescribed but not dispensed through (DEPARTMENT NAME)
- ◯ No, (DEPARTMENT NAME) prescribes medications but not ella
- ◯ No, (DEPARTMENT NAME) does not prescribe medications
- ◯ No, referred to telehealth or off-campus provider
- ◯ Decline to answer

23) Prescription/Patient-administered methods (Note that there are 2 questions for each row. Please provide a response for both questions in each row)

	Was the medication/device **prescribed** by (DEPARTMENT NAME) for students in AY 2025-2026?		Was the medication/device **dispensed** by (DEPARTMENT NAME) for students in AY 2025-2026?	
	Yes	No	Yes	No
Contraception Patch	○	○	○	○
Contraception Ring	○	○	○	○
Oral Contraceptives (combined and mini pill)	○	○	○	○

24) Prescription/Provider-administered methods (Note that there are 2 questions for each row. Please provide a response for both questions in each row)

	Was the medication/device provided at (DEPARTMENT NAME) for students in AY 2025-2026?		Were interested students referred off-campus for this medication/device/procedure in AY 2025-2026?	
	Yes	No	Yes	No
Shot (i.e., Depo Provera)	○	○	○	○
Implant (i.e., Nexplanon, Implanon)	○	○	○	○
Intrauterine devices (hormonal or copper)	○	○	○	○
Vasectomy	○	○	○	○
Tubal Ligation	○	○	○	○
Bilateral Salpingectomy	○	○	○	○

Question 25 will only appear if the answer to question 24 for "Was the medication/device provided at (DEPARTMENT NAME) for students in AY 2025-2026" for "Intrauterine devices (hormonal or copper)" is "Yes".

25) Which IUDs were available for students at (DEPARTMENT NAME) in AY 2025-2026?

- ◯ Only Copper IUDs (Paragard)
- ◯ Only Hormonal IUDs (Mirena, Liletta, others)
- ◯ Both Copper and Hormonal IUDs

Question 26 will only appear if the answer to question 24 for "Was the medication/device provided at (DEPARTMENT NAME) for students in AY 2025-2026" for "Intrauterine devices (hormonal or copper)" is "Yes".

26) Were students offered same-day STI screening and treatment with IUD placement at (DEPARTMENT NAME) in AY 2025-2026?

- ◯ Yes
- ◯ No
- ◯ Other _____

Question 27 will only appear if the answer to question 24 for "Was the medication/device provided at (DEPARTMENT NAME) for students in AY 2025-2026" for "Intrauterine devices (hormonal or copper)" is "Yes".

27) Were students offered pain management options during IUD insertion at (DEPARTMENT NAME) in AY 2025-2026? (Select all that apply)

- ☐ Topical anesthetic
- ☐ Paracervical block
- ☐ Cervical block
- ☐ Relaxation and distraction techniques
- ☐ NSAIDS/OTC given 1 hour beforehand

☐ Anti-anxiety medication

☐ Other pain management _____

☐ ⊗ Nothing specifically

Question 28 will only appear if the answer to question 24 for "Was the medication/device provided at (DEPARTMENT NAME) for students in AY 2025-2026" for "Intrauterine devices (hormonal or copper)" is "Yes".

28) Did (DEPARTMENT NAME) provide IUDs for emergency contraception (IUD insertion within 5 days after unprotected sex) for students in AY 2025-2026? (Please select the best response for each row)

	Yes	No, patients are referred to outside providers	No, patients are **not** referred to outside providers
Copper IUD (Paragard)	○	○	○
Hormonal IUD (Mirena or Liletta)	○	○	○

RESOURCES AND SERVICES FOR STUDENTS WITH POSITIVE PREGNANCY TESTS

29) For students with a positive pregnancy test, what services were available at (DEPARTMENT NAME) in AY 2025-2026? (Please select the best response for each row)

	Yes	No	No, not permitted due to state legal limitations	No, permitted in the state, but not permitted due to school policy	Decline to answer
Counseling for adoption services	○	○	○	○	○
Counseling for abortion services	○	○	○	○	○
Counseling for prenatal care	○	○	○	○	○
Referral for adoption services	○	○	○	○	○
Referral for abortion services	○	○	○	○	○
Referral for prenatal care	○	○	○	○	○
Medication abortion services provided at (DEPARTMENT NAME)	○	○	○	○	○
Surgical abortion services provided at (DEPARTMENT NAME)	○	○	○	○	○
Prenatal care provided at (DEPARTMENT NAME)	○	○	○	○	○

30) Did (DEPARTMENT NAME) offer medication abortion (MAB) via telehealth (e.g., video or phone visits) in AY 2025-2026 for students?

- ◯ Yes, (DEPARTMENT NAME) clinicians provide MAB via telehealth
- ◯ No, (DEPARTMENT NAME) does not provide MAB via telehealth, but students are referred to external telehealth MAB providers
- ◯ No, (DEPARTMENT NAME) does not provide or refer to telehealth MAB
- ◯ No, not permitted due to state legal limitations
- ◯ No, permitted in the state, but not permitted due to school policy
- ◯ Don't know / not sure
- ◯ Decline to answer

Question 31 will only appear if the answer to question 30 is "Yes, (DEPARTMENT NAME) clinicians provide MAB via telehealth".

31) In AY 2025-2026, which telehealth formats were used for medication abortion (MAB) at (DEPARTMENT NAME)? (Select all that apply)

- ☐ Video visits (synchronous)
- ☐ Phone-only visits (synchronous)
- ☐ Asynchronous/e-visit (online form or portal with later clinician review)
- ☐ Secure messaging through a patient portal
- ☐ Other (please specify) _____
- ☐ ⊗ Decline to answer

Question 32 will only appear if the answer to question 30 is "Yes, (DEPARTMENT NAME) clinicians provide MAB via telehealth" or "No, (DEPARTMENT NAME) does not provide MAB via telehealth, but students are referred to external telehealth MAB providers".

32) For students who received medication abortion (MAB) via telehealth (through (DEPARTMENT NAME) or external partners) in AY 2025-2026, how were medications typically obtained? (Select all that apply)

- ☐ Mailed directly to the student's home or preferred address
- ☐ Picked up at (DEPARTMENT NAME) pharmacy or on-campus dispensing site
- ☐ Picked up at an off-campus retail or community pharmacy
- ☐ Through a mail-order pharmacy specifically arranged for telehealth MAB
- ☐ Other (please specify) _____
- ☐ ⊗ Don't know / not sure
- ☐ ⊗ Decline to answer

GENDER-AFFIRMING CARE

The next 5 questions ask about the provision of gender-affirming care at (DEPARTMENT NAME). While gender-affirming care is more appropriately categorized under primary care rather than sexual health services, this specialized survey cycle provides an opportunity to formally assess service scope and access across ACHA member institutions.

33) Did (DEPARTMENT NAME) offer any gender-affirming care services for students on campus in AY 2025-2026?

- ◯ Yes
- ◯ No → **Skip to question 38**
- ◯ Decline to answer → **Skip to question 38**

Question 34 will only appear if the answer to question 33 is "Yes".

34) Which of the following gender-affirming services were available on-campus for students in AY 2025-2026? (Select all that apply)

- ☐ Gender-affirming hormone therapy (GAHT) initiation
- ☐ GAHT continuation/maintenance
- ☐ Puberty blockers
- ☐ Surgical support letters
- ☐ Post-operative care
- ☐ Voice therapy
- ☐ Mental health counseling specific to gender identity
- ☐ Fertility counseling/preservation
- ☐ Aesthetics (ex: hair removal, etc.) (please specify) _____
- ☐ Non-medical resources (ex: chest binders, packers, apparel, etc.) (please specify) _____
- ☐ Other (specify): _____
- ☐ ⊗ Decline to answer

Question 35 will only appear if the answer to question 33 is "Yes".

35) Which framework(s) informed (DEPARTMENT NAME) for gender-affirming care for students in AY 2025-2026? (Select all that apply)

- ☐ World Professional Association for Transgender Health Standards of Care
- ☐ Endocrine Society guidelines for care
- ☐ Institutional protocol
- ☐ Other (specify): _____
- ☐ ⊗ No specific framework was used
- ☐ ⊗ Decline to answer

36) Which gender-affirming care services were only available via referral outside of (DEPARTMENT NAME) in AY 2025-2026? (Select all that apply)

- ☐ Gender-affirming surgery
- ☐ Endocrinology
- ☐ ⊗ No services were available via referral
- ☐ Gender-affirming hormone therapy (GAHT) initiation
- ☐ GAHT continuation/maintenance
- ☐ Puberty blockers
- ☐ Surgical support letters
- ☐ Post-operative care
- ☐ Voice therapy

☐ Mental health counseling specific to gender identity

☐ Fertility counseling/preservation

☐ Aesthetics (ex: hair removal, etc.) (please specify) _____

☐ Non-medical resources (ex: chest binders, packers, apparel, etc.) (please specify) _____

☐ Other (specify): _____

☐ ⊗ Decline to answer

Question 37 will only appear if the answer to question 34, "Gender-affirming hormone therapy (GAHT) initiation" is selected.

37) Was an informed consent model used for gender-affirming hormone therapy (GAHT) initiation at (DEPARTMENT NAME) in AY 2025-2026?

◯ Yes, a shared decision model between the prescribing clinician and the patient was used for initiating GAHT at (DEPARTMENT NAME)

◯ No, initiating GAHT at (DEPARTMENT NAME) required a mental health assessment

◯ Decline to answer

YEAR OVER YEAR CHANGES IN SEXUAL AND REPRODUCTIVE HEALTH SERVICE DELIVERY

38) Compared to *AY 2023-2024*, did (DEPARTMENT NAME) offer more, the same, or fewer sexual health services/reproductive health services in AY 2025-2026? (Please note we are asking about AY 2023-2024 in this question. AY 2024-2025 will be asked in the next question)

◯ More (please specify) _____

◯ Same

◯ Fewer (please specify) _____

◯ Decline to answer

39) Compared to *AY 2024-2025*, did (DEPARTMENT NAME) offer more, the same, or fewer sexual health services/reproductive health services in AY 2025-2026?

◯ More (please specify) _____

◯ Same

◯ Fewer (please specify) _____

◯ Decline to answer

40) Compared to AY 2025-2026 does (DEPARTMENT NAME) have plans or intentions for increasing, maintaining, or decreasing sexual health or reproductive health services in *AY 2026-2027*?

◯ Increasing

◯ Maintaining

◯ Decreasing

◯ Decline to answer

Believe it or not, your Institutional Profile Survey for 2025-2026 is almost complete! When you hit the submit button below, your responses will be submitted, and a summary of your responses will be displayed.

Please download a copy of your submission for your records by clicking on the Download PDF link in the upper right corner of the next page. Please be sure to save a copy of your 2025-2026 responses as a reference for completing your 2026-2027 IPS.

If you notice an error in your submission prior to the deadline, please reach out to Kawai Tanabe. We will send you a survey retake link that will allow you to correct your submission. Once the deadline has passed, changes cannot be made to your submission.

We thank you for the time and energy it took to complete your submission!