

ACHA-PSAS

American College Health Association
Patient Satisfaction Assessment Service

Institution of Higher Education Demographic Survey

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

Section 1. Institutional Characteristics

1. INSTITUTION NAME

Please specify _____

2. SURVEY PERIOD

Fall or Spring _____ Year _____

3. STUDENT ENROLLMENT

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

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

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

Undergraduate

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

Graduate

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

4. AMERICAN COLLEGE HEALTH ASSOCIATION AFFILIATION

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

5. INSTITUTIONAL CONTROL

- Public
 Private

6. RELIGIOUS AFFILIATION

- Yes (Please specify: _____)
 No

Section 1, Continued. Institutional Characteristics

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

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

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

8. INSTITUTIONAL TYPE

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

9. CARNEGIE CLASSIFICATION

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

Associate's Colleges

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

Baccalaureate Colleges

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

Master's Colleges and Universities

- Larger Programs
- Medium Programs
- Smaller Programs

Research Institutions

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

Special Focus Institutions

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

Miscellaneous

- Tribal College
- Classification Pending
- Unclassified

Section 1, Continued. Institutional Characteristics

11. CAMPUS LOCALE

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

12. CAMPUS HEALTH INSURANCE MODEL

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

Section 2. Survey Characteristics

1. DATE ADMINISTERED

Start date _____ End date _____

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

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

3. INCENTIVES

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

Section 2B: Online/Web-based survey characteristics

6B. SAMPLING PROCEDURES

E-Mailed Sampling

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

Convenience Sampling

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

7B. SURVEY DISTRIBUTION

How many patients did you invite to participate? _____

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Section 3. Data Agreement and Contact Information

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

The ACHA-PSAS is being used across the nation to assess student satisfaction with Institutional Health Service. Each participating institution of higher education (IHE) receives a copy of its data file and reports for the purposes of analysis, research, and program planning. Additionally, each participating institution receives an aggregate report with data from all IHEs using random sampling methodologies that participated in the same survey period. The creation of this large national data file and aggregate report allows you to compare your students to a national sample. In light of this opportunity, we are asking your permission to analyze, report on, and use the data collected from your students to further both our understanding of student satisfaction with institutional health service identified by the ACHA-PSAS and the ability of IHEs to meet these needs.

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

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

Signature _____ Date _____

Name _____ Title _____

Institution _____

Phone _____ E-mail _____

Address _____

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



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

Direct all inquiries regarding completion of this survey to:

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