You are invited to participate in a research study under the direction of Dr. Cynthia Deitch of the Department of Women’s Studies, George Washington University (GWU), and sponsored by the Institute for Women’s Policy Research (IWPR) in Washington, DC. Taking part in this research is entirely voluntary. This study is designed to collect information about the circumstances and experiences of college women in Mississippi to improve understanding about supports that can help them succeed in achieving their educational goals.

If you choose to take part in this study, you will next be presented with a series of questions about your background, including educational history and aspirations, employment, parental status, as well as various aspects of your college activities and experience. The survey should take no more than 20 to 25 minutes to complete. You may refuse to answer any of the questions, and you may stop your participation in this study at any time.

There are few possible risks or discomforts you could experience during this study; these include a low risk that someone else would see you completing the survey (the survey itself is anonymous and does not attach names, e-mail addresses or other identifiers to your responses) or psychological discomfort if you find any of the questions unsettling. A few questions in the survey ask about personal issues such as anxiety, depression, physical abuse, alcohol and drug use. As noted above, you are free to skip any questions you do not wish to answer. If you find that you feel distressed after completing the survey, please seek counseling or other assistance from the appropriate resources available through your school or community.

You will not benefit directly from your participation in the study. Your participation, however, may contribute to knowledge that will help improve college supports for students. The questionnaire does not collect names or other identifying information, so we are confident that we will succeed in keeping your information confidential; however, this cannot be guaranteed absolutely. We will not ask for your name or e-mail address, nor will we collect web identifiers such as the IP addresses (a number assigned to a computer that identifies it within a network) of questionnaire respondents.

The Office of Human Research of George Washington University, at telephone number (202) 994-2715, can provide further information about your rights as a research participant. Further information regarding this study may be obtained by contacting Tiffany Boiman, Senior Outreach and Policy Associate at IWPR who will serve as key staff liaison for this study, at telephone number (202) 684-7534 or by e-mail at boiman@iwpr.org. Alternatively, you may also contact the study’s Principal Investigator, Dr. Cynthia Deitch, by e-mail at deitch@gwu.edu, or by phone at (202) 994-7438.

Your willingness to participate in this research study is implied if you proceed. Please feel free to print this document in case you want to read it again.

---

Please answer a few questions about yourself. First of all, what is your gender?

- Male
- Female
- Other

In what year were you born? (enter 4-digit birth year; for example, 1976)

---

What category below includes your age?

--- Select ---

What is the last level of school you completed?

- Some high school or less (Grade 0-11)
- Graduated high school (Grade 12)
- Earned a GED or other high school equivalency diploma
- Completed vocational school/technical school
- Attended some college or vocational school but did not or have not yet graduated
Are you serving or have you served in the U.S. Armed Forces?
- Yes, I am currently serving in the U.S. Armed Forces
- Yes, I am a veteran of the U.S. Armed Forces
- No, I have not served in the U.S. Armed Forces
- Other (please specify)

Are you currently enrolled as a student?
- Yes
- No

Have you ever been a student in college or a vocational training program?
- Yes, but I have graduated
- Yes, but I'm currently taking time off and plan to return
- Yes, but I'm currently taking time off and DO NOT plan to return
- No, I have never been enrolled in college or a vocational training program

Thank you for your response. Because you are not currently enrolled as a student we ask that you answer the remaining survey questions to the best of your ability by answering them as they relate to your experience while still in school.

What type of program are you enrolled in? (check all that apply)
- Two year community college
- Vocational or training program
- Dual enrollment program (High school/Community College or Community College/4-year College)
- Online program or classes
- High school or equivalent
- Other (please specify)

What is the name of the school that you currently attend?
-- Select --

What is your current enrollment status?
- Full-time
- Part-time
- Other (please specify)
When did you enroll in your current program (approximately)?
Month Day Year

Do you know when you will complete or graduate from your current program?
- Yes
- No
- Maybe

How do you usually get to your classes? (check all that apply)
- Get a ride/carpool
- Online classes (no travel)
- Bus/public transportation
- Walk or bike
- Drive myself
- Other (please specify)

On average, how much time each day do you spend in total commuting to and from classes (round trip)?
- 0-20 minutes
- 21-40 minutes
- 40-60 minutes
- 1-2 hours
- 2-3 hours
- 3+ hours

What type of degree or credential are you currently pursuing?
- Certificate
- Associate's degree
- Undergraduate/Bachelor's degree
- Not currently pursuing a degree or certificate
- Other (please specify)

What kind of certificate are you pursuing?

What type of degree/certificate do you ultimately hope to attain in your lifetime? (check all that apply)
- Certificate
- Associate's Degree
- Undergraduate/Bachelor's degree
- Master's degree/MS/MA/MBA
- Doctoral degree/PhD
Medical degree/Doctor of Pharmacy/MD
Law Degree/JD
I do not hope to attain a degree or certificate
Other (please specify)

Do you have a current major, concentration or field of study?
- Yes
- No
- Don't know

How important were the following factors for your choice of major or concentration? (check all that apply)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very important</th>
<th>Quite important</th>
<th>Moderately important</th>
<th>Slightly important</th>
<th>Not at all important</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice from friend(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice from family member(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice from a school or career counselor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My current job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My level of interest in this field</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The amount of money I can earn compared to other fields</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing credits that would go toward this major</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information from other people I know in this field</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of job openings in this field</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is there a specific job or career you are training for or hope to pursue with your education?
- Yes
- No
- Maybe

When you selected your major or concentration, how familiar were you with the WAGES in that field or concentration?
- Very familiar
- Quite familiar
- Somewhat familiar
- Not very familiar
- Not at all familiar

Would you be interested in information about fields that pay more than the one you are training for that would require a similar amount of training?
- Yes
- No
- Maybe
- I don't know
Are you currently pursuing a major or emphasis in a Science, Technology, Engineering, and Math (STEM) field? (e.g. biology, computer science, engineering)
- Yes
- No

How familiar are you with educational and career opportunities in Science, Technology, Engineering, and Math fields?
- Very familiar
- Quite familiar
- Somewhat familiar
- Not very familiar
- Not at all familiar
- Don't know

How interested are you in educational and career opportunities in Science, Technology, Engineering, and Math fields?
- Strongly interested
- Somewhat interested
- Neither interested nor disinterested
- Not very interested
- Very disinterested
- Don't know

What is your overall current grade point average, or GPA, measuring your performance in school?
- A (3.7 to 4.0 GPA)
- A- to B+ (3.1 to 3.6 GPA)
- B (2.7 to 3.0 GPA)
- B- to C+ (2.1 to 2.6 GPA)
- C (2.0 GPA)
- C- or lower (1.9 GPA or lower)
- Pass/fail classes only
- Do not have a GPA in this program/different grading system (please describe below)
- New student/have not received grades yet
- Don't know
- Other (please specify)

Are you a transfer student or have you transferred any credits from another educational program or school?
- Yes
- No

Do you plan to transfer to another educational program or school in the future?
- Yes
- No
- Maybe
- Don't Know
What type of program do you plan to transfer into?
- Certificate
- Associate's Degree
- Undergraduate/Bachelor’s degree
- Master's degree/MS/MA/MBA
- Other (please specify)

What is your current marital status?
- Married
- Single, never married
- Separated/divorced
- Widowed
- Unmarried, living with a romantic partner
- Other (please specify)

Do you have or plan to have children? (check all that apply)
- I have a child/children younger than 18 years of age that I am responsible for and that live in my household
- I am currently pregnant/my spouse or partner is currently pregnant
- I am planning to have a child (or another child) while I am in college
- I do not have any children younger than 18 years of age that I am responsible for and that live in my house
- I have at least one child older than 18 years old

How many children younger than 18 years of age are you responsible for and live in your household?
- 0
- 1
- 2
- 3
- 4
- 5+

What is the age of your youngest child under 18 years of age (referring only to the children that you are responsible for and who live in your household)?

What is the age of your oldest child under 18 years of age (referring only to the children that you are responsible for and who live in your household)?

Which of the following best describes the relationship you have with your child/children’s other parent(s)? (check all that apply)
- Married to the other parent
☐ Living with the other parent
☐ Living apart and co-parenting
☐ Receiving financial support from other parent
☐ Receiving non-financial support from other parent (child care, emotional support, gifts, etc.)
☐ Live apart, little to no contact or support
☐ Other parent incarcerated
☐ Other parent is serving in the US Armed Forces
☐ There is no other parent
☐ Other (please specify)

Do any rules or policies prevent you from taking extended time off (two weeks or more) from your course load if and when you need to? (check all that apply)
☐ Yes, school rules or policy
☐ Yes, financial aid rules or policy
☐ Yes, scholarship or grant rules or policy
☐ No, there are no rules or policies that prevent me from taking time off
☐ I don't know
☐ Other

How many times, if any, have you taken time off from school or stopped enrollment, whether temporarily or permanently, from college?

--- Select ---

In total, approximately how many months have you taken off from school or stopped enrollment, whether temporarily or permanently, from college?

[ ]

What were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or permanently, from college? (check all that apply)
☐ Lack of time
☐ Didn't know my career goal
☐ became pregnant and/or had a baby
☐ Health Issues
☐ Sick child/children
☐ Needed to care for family
☐ Too overwhelmed or stressed
☐ Change in major or career path
☐ Didn't think it was worth it
☐ Found it too difficult/wasn't doing well in classes
☐ Financial considerations
☐ Insufficient child care
☐ Increase in work hours
☐ Other (please specify)
Which, if any, of the following financial considerations affected your decision to stop school for a time (check all that apply)?

- Couldn't get enough/any financial aid
- Couldn't afford to pay my bills
- Needed to work more hours
- Couldn't afford the tuition
- Unexpected expenses came up
- Other (please specify)

What, if any, types of support or resources could have helped you stay in college? (check all that apply)

- Higher wages at current job
- More academic support, such as tutoring or advising
- Access to health care
- More chances to interact with or spend time with other students
- More stable or affordable child care
- Ability to bring kids to school
- More financial aid
- More opportunity to take time off from school and stay enrolled
- More flexibility or leave time in current job
- A friendlier environment for families
- More mentoring or encouragement
- Other (please specify)

Please indicate which, if any, of the following forms of assistance you have used or received in the last year. (check all that apply)

- Subsidized housing, such as public housing or Section 8 housing
- Social Security, Supplemental Security Income (SSI) or Disability benefits
- Cash assistance, such as Temporary Assistance for Needy Families, or TANF benefits
- Utility discounts or credits such as LIHEAP, energy assistance, Heat and Eat, Lifeline, etc.
- Women, Infants, and Children, or WIC benefits
- Food assistance, such as SNAP or food stamps
- Earned income Tax Credit, or EITC
- Unemployment benefits
- Workers' Compensation benefits
- Veteran's benefits, such as VA GI Bill or VA Benefits
- None
- Other (please specify)

Why have you not received any forms of benefits or assistance? (check all that apply)

- Did not think I would be eligible
- Application process was too complicated
- Did not need any public benefits or assistance
- Did not know public benefits or assistance was available
- Not interested
- Not sure
Missed the deadline to apply
Application process took too much time
Did not know how to apply
Applied for but was denied
Other (please specify) 

How satisfied are you with your experience with your current school or educational program?

<table>
<thead>
<tr>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

If you could start over again, would you go to the same institution you are now attending?

- Definitely yes
- Probably yes
- Maybe
- Probably not
- Definitely not

For each of the following statements about your experiences as a student, please indicate how often the statement applies to you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very often</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I receive support from family and friends outside of school</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I take part in student activities like clubs, campus associations, committees, or other college activities</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I feel isolated from other students</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I hide or purposely don't mention that I have a child/children from faculty, other students, or staff</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I feel judged or harassed by other students because I am a parent</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I have opportunities to make friends and meet people at my college</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I feel judged or harassed by faculty or staff because I am a parent</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I feel supported by faculty and staff on campus</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I consider dropping out of school before finishing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I interact or associate with students who have children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I would feel comfortable bringing my child/children to class if necessary</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I study or do school-related projects with other students outside of class</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Have you experienced any of the following challenges while you have been in school? (check all that apply)

- Being pregnant and/or having a baby
- Work commitments get in the way of class or study time
- Computer problems or lack of access to technology
- Need to care for family members other than a child
Feeling unsafe off-campus/in the community
Not enough time to study
Difficulty paying for child care
Feeling unsafe on campus
Wasn't allowed to make up exams or assignments missed due to work or family demands
Time demands to get and keep public benefits or assistance (such as subsidies or cash assistance)
Difficulty finding child care
Sick child
Insufficient support from friends and family
Family commitments get in the way of class or study time
My own health problems
Transportation problems (for example, car breakdowns, need rides)
Other (please specify)  

What are the top three factors motivating you to pursue higher education? (select ONLY 3)
- Be a role model/set a good example for my child or children
- Find a better paying job or field
- Find personal fulfillment
- Support myself
- Expand my leadership and communication skills
- Be better able to contribute to my community
- Meet new people and make friends
- Find a different or more challenging job
- Receive a job promotion or pay raise
- Receive training or degree required by my job or employer
- Support my family
- Other (please specify)  

Has being in your program affected you in any of the following ways? (check all that apply)
- Helped me advance at work
- Given me new knowledge, tools, or skills that I've used at work
- Improved my self-confidence
- Helped me get a job or a better job
- Increased my optimism about my career prospects
- Made me aware of/interested in better paying career options
- Helped me establish new friendships/connections
- Connected me with new role models, mentors or supporters

How satisfied are you with the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Unsatisfied</th>
<th>Unsatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus safety and security services</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Remedial or developmental classes, such as reading, writing, math, or English as a second language</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Quality of service and information from the financial aid office</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Please indicate how much you agree or disagree with each statement about how your school participation affects your children (if more than one child, answer for the oldest child).

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>They are more angry with me or resent me</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>They wish they had more time with me</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>They are more interested in school</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>They are less interested in school</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>They are more proud of me</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>They have expressed more desire to attend college</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Have things improved or worsened in your child’s behavior since you have been in school? (if more than one child, answer for the oldest child)

<table>
<thead>
<tr>
<th></th>
<th>Much better</th>
<th>A little better</th>
<th>No change</th>
<th>A little worse</th>
<th>Much worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their school performance</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Their study habits</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Their behavior</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

How difficult or easy has it been to pay for each of the following expenses while attending school?

<table>
<thead>
<tr>
<th></th>
<th>Very easy</th>
<th>Somewhat easy</th>
<th>Neither easy nor difficult</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical expenses</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Child care or after school care</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Housing expenses</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Living expenses such as transportation, utilities, groceries, gas and other bills</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Books and school supplies</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>School tuition and fees</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Do you have access to financial aid counseling at school?

- Yes
- No
- Don’t know

Have you ever filed a Free Application for Federal Student Aid, or FAFSA, or other applications for financial assistance to qualify for financial aid for your school?

- Yes
- No

Why have you not filed a Free Application for Federal Student Aid, or FAFSA, or other applications for financial assistance to qualify for financial aid for your school? (check all that apply)

- Did not think I would be eligible
- Missed the deadline to apply
- Application process was too complicated
- Did not need any financial aid
Did not know financial aid was available
Application process took too much time
Did not know how to apply
Don't know
Other (please specify)  

Have you received any student loans?
○ Yes
○ No

What types of student loans have you received?
○ Federal Parent (PLUS) Loans
○ Private loans
○ Federal loans
○ Not Sure
○ Other  

How much total student loan debt do you have?  

Which, if any, of the following types of financial aid do you receive? (check all that apply)
○ Federal Pell Grant
○ Federal Supplemental Educational Opportunity Grants (FSEOG)
○ Federal Work Study Grant
○ State grants
○ Scholarship(s)
○ Not sure
○ No, I don't receive any financial aid
○ Other (please specify)  

How often do you use your school's financial aid counseling services?
○ Very often
○ Often
○ Occasionally
○ Rarely
○ Never

How would you rate the process of applying for financial aid?
○ Very easy
How much do you agree or disagree with each of the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable/didn't need or receive aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe the cost of my education will pay off in the long run</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am concerned about my ability to pay back my loans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am concerned about my level of debt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I receive/received enough financial aid to meet my school and living expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate whether you receive child care from any of the following sources. (check all that apply)

- Grandparents or other relatives
- Neighbors and friends
- After school programs
- Child care based in a private home
- Child care center on-campus
- Child care center off-campus
- Child takes cares of himself/herself
- Child is cared for by an older brother or sister
- Child is cared for by a fellow student parent
- Child is cared for by another student who isn't a parent
- Other (please specify)

For the following sources of child care that you use, please indicate whether you pay for the care.

<table>
<thead>
<tr>
<th>Source</th>
<th>I pay</th>
<th>I don't pay</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparents or other relatives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighbors and friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After school programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child care based in a private home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child care center on-campus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child care center off-campus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is cared for by an older brother or sister</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is cared for by a fellow student parent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is cared for by another student who isn't a parent</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approximately how many hours each week do you receive child care for your child or children?
To help you pay for child care, do you receive subsidies, vouchers, or any school-based, local, federal or state assistance (could include free or reduced price center care)?

- Yes
- No
- Don’t know

Please rate the following statement:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel like I cannot get the kind of quality child care that I would like for my child or children because that would cost too much</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following services and supports are sometimes offered by colleges and universities to provide assistance to students. For each, please indicate whether you are aware of and/or use that type of service.

<table>
<thead>
<tr>
<th>Women's center</th>
<th>Access to on-campus health care</th>
<th>Housing or housing assistance</th>
<th>Career counseling</th>
<th>Information about sexual health and pregnancy prevention</th>
<th>Mental health counseling</th>
<th>Student center for veterans</th>
<th>Access to computers and internet technology</th>
<th>Staff to help with financial aid questions</th>
<th>Access to contraception/birth control</th>
<th>Access to online classes</th>
<th>Peer counseling for students</th>
<th>Help paying for health insurance</th>
<th>Academic tutoring</th>
<th>Transportation assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware of and use</td>
<td>Aware of but do not use</td>
<td>Not aware of</td>
<td>Aware of and use</td>
<td>Aware of but do not use</td>
<td>Not aware of</td>
<td>Aware of and use</td>
<td>Aware of but do not use</td>
<td>Not aware of</td>
<td>Aware of and use</td>
<td>Aware of but do not use</td>
<td>Not aware of</td>
<td>Aware of and use</td>
<td>Aware of but do not use</td>
<td>Not aware of</td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

For the supports and services that you use or have used, please rate them according to how helpful they have been to you.

<table>
<thead>
<tr>
<th>Extremely helpful</th>
<th>Quite helpful</th>
<th>Moderately helpful</th>
<th>Slightly helpful</th>
<th>Not at all helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation assistance</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Women's center</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Access to contraception/birth control</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Staff to help with financial aid questions</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Student center for veterans</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Peer counseling for students</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Career counseling</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Access to online classes</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Housing or housing assistance</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Information about sexual health and pregnancy prevention</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
### Access to computers and internet technology

- ○
- ○
- ○
- ○
- ○
- ○

### Access to on-campus health care

- ○
- ○
- ○
- ○
- ○
- ○

### Academic tutoring

- ○
- ○
- ○
- ○
- ○
- ○

### Help paying for health insurance

- ○
- ○
- ○
- ○
- ○
- ○

### Mental health counseling

- ○
- ○
- ○
- ○
- ○
- ○

---

**For the supports and services that you are not aware of, please indicate which ones you would find most helpful. Select up to 3. Leave blank if item wouldn’t be helpful.**

- [ ] Transportation assistance
- [ ] Women's center
- [ ] Access to contraception/birth control
- [ ] Staff to help with financial aid questions
- [ ] Student center for veterans
- [ ] Peer counseling for students
- [ ] Career counseling
- [ ] Access to online classes
- [ ] Housing or housing assistance
- [ ] Information about sexual health and pregnancy prevention
- [ ] Access to computers and internet technology
- [ ] Access to on-campus health care
- [ ] Academic tutoring
- [ ] Help paying for health insurance
- [ ] Mental health counseling

---

**Can you think of any other supports and services that would be helpful to you?**

---

**The following are types of services and supports that are sometimes offered by colleges and universities to provide assistance to student parents. For each, please indicate whether you are aware of and/or use that type of service.**

<table>
<thead>
<tr>
<th>Service</th>
<th>Aware of and use</th>
<th>Aware of and do not use</th>
<th>Not aware of</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-campus child care facilities</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Activities or groups for students with children</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Disability accommodations for pregnant students</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Flexible absence policies for student parents</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Student center for students with children</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Accommodations from faculty/professors available for pregnant and parenting students</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Staff person available to address student parent needs or to provide related support</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Financial assistance or subsidies to pay for child care</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Peer counseling for student parents</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Dining hall or meal plans that accommodate children</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Child care at the campus gym(s)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Child and family friendly spaces, activities, and policies on campus</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Information about services and supports for student parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Access to on-campus health care for my child/children</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the student parent supports and services that you use or have used, please rate them according to how helpful they have been to you.

<table>
<thead>
<tr>
<th>Support/Service</th>
<th>Extremely helpful</th>
<th>Quite helpful</th>
<th>Moderately helpful</th>
<th>Slightly helpful</th>
<th>Not at all helpful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability accommodations for pregnant students</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Dining hall or meal plans that accommodate children</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Peer counseling for student parents</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Financial assistance or subsidies to pay for child care</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Activities or groups for students with children</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>On-campus child care facilities</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Accommodations from faculty/professors available for pregnant and parenting students</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Information about services and supports for student parents</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Child care at the campus gym(s)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Flexible absence policies for student parents</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Access to on-campus health care for my child/children</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Student center for students with children</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Child and family friendly spaces, activities, and policies on campus</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Staff person available to address student parent needs or to provide related support</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

For the student parent supports and services that you are not aware of, please indicate which ones you would find most helpful. You may select up to 3. Leave blank if item wouldn't be helpful.

- [ ] Disability accommodations for pregnant students
- [ ] Dining hall or meal plans that accommodate children
- [ ] Peer counseling for student parents
- [ ] Financial assistance or subsidies to pay for child care
- [ ] Activities or groups for students with children
- [ ] On-campus child care facilities
- [ ] Accommodations from faculty/professors available for pregnant and parenting students
- [ ] Information about services and supports for student parents
- [ ] Child care at the campus gym(s)
- [ ] Flexible absence policies for student parents
- [ ] Access to on-campus health care for my child/children
- [ ] Student center for students with children
- [ ] Child and family friendly spaces, activities, and policies on campus
- [ ] Staff person available to address student parent needs or to provide related support
Can you think of any other student parent services and supports that would be helpful to you?

Overall, who and/or what has helped you the most throughout your student experience?

What would you say is the current state of your health?
- Excellent
- Good
- Fair
- Poor
- Terrible

How would you currently rate the level of stress in your own life?
- A huge amount of stress
- Quite a bit of stress
- Moderate stress
- A little stress
- No stress at all

Please rate the amount of stress you experience in relation to each of the following activities.
- Extremely stressful
- Quite stressful
- Moderately stressful
- Slightly stressful
- Not stressful
- Not applicable

Dealing with relationship problems
- 
- 
- 
- 
- 
- 

Keeping up with school work and assignments
- 
- 
- 
- 
- 
- 

Making sure your child/children are cared for
- 
- 
- 
- 
- 
- 

Managing your health
- 
- 
- 
- 
- 
- 

Dealing with job demands
- 
- 
- 
- 
- 
- 

Managing your money and finances
- 
- 
- 
- 
- 
- 

Managing eligibility for public assistance
- 
- 
- 
- 
- 
- 

Balancing work, school, and home life
- 
- 
- 
- 
- 
- 

Providing safe and appropriate housing for my family
- 
- 
- 
- 
- 
- 

Spending enough quality time with your child or children
- 
- 
- 
- 
- 
- 

On average, how many hours do you sleep each night?

Please indicate how often you do the following:
<table>
<thead>
<tr>
<th>Exercise regularly</th>
<th>Always</th>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat nutritious meals</td>
<td>Always</td>
<td>Often</td>
<td>Occasionally</td>
<td>Rarely</td>
<td>Never</td>
</tr>
<tr>
<td>Go to the doctor when I should</td>
<td>Always</td>
<td>Often</td>
<td>Occasionally</td>
<td>Rarely</td>
<td>Never</td>
</tr>
<tr>
<td>Take my child/children to the doctor when I should</td>
<td>Always</td>
<td>Often</td>
<td>Occasionally</td>
<td>Rarely</td>
<td>Never</td>
</tr>
</tbody>
</table>

How often do you experience any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings of happiness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings of loneliness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety/feeling very tense, scared, worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insomnia/not being able to sleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue/being extremely tired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression/feeling very sad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate which, if any, you have experienced personally:

In the last 12 months/currently  | A year or more ago | Never

- My partner is at times physically violent or abusive toward me or my child/children
- My partner is at times physically violent or abusive toward me
- My partner is at times emotionally or psychologically abusive toward me or my child/children
- My partner is at times emotionally or psychologically abusive toward me
- I have a problem with alcohol
- I have a problem with drugs
- I have a problem with depression and/or anxiety
- I have been diagnosed with a chronic illness like diabetes, high blood pressure, high cholesterol, respiratory illness, and/or others
- I have been diagnosed with a learning disability
- I have been sexually assaulted or sexually abused
- I experience sexual harassment at work, school, or in my community

Which of the following best describes where/if you typically obtain birth control/contraception?

- At a clinic or health center located on campus.
- At a clinic, medical facility or physician's office that is not located on-campus
- Somewhere other than an on-campus or off-campus medical facility
- I do not use birth control/contraception
- Don't know
- Other (please specify) [ ]

How easy is it/would it be for you to obtain birth control/contraception?

- Very easy
Easy
Neither easy or difficult
Difficult
Very difficult
Don't know

Are you or your siblings the first generation in your family to attend college?
○ Yes
○ No
○ Don't know

Which of the following categories best describes your employment status?
○ Employed
○ Not employed and looking for work
○ Not employed and NOT looking for work
○ Retired and not working
○ Disabled and not able to work
○ Other (please specify)

How many jobs or positions do you currently hold?
-- Select --

Is your current job (or jobs) on campus, off campus, or a combination of both?
○ On campus
○ Off campus
○ Combination of on-campus/off-campus
○ Not currently employed

What is your current job or job function in your primary job?

What is the setting of your primary job (example: hospital, restaurant, office)?

Last year, that is, in 2012, what was your total household income from all sources, before taxes?
Are you personally now covered by any form of health insurance or health plan, including any private insurance plan or a government program such as Medicare or Medicaid?
○ Yes
○ No
○ Don't know

Which form of health insurance or health plan are you covered under?
○ Private health insurance on my own
○ Private health insurance from my parent's plan
○ Employer provided health insurance
○ Health insurance through a spouse or domestic partner
○ School-based health insurance
○ Government subsidized health insurance
○ Health insurance from a government program such as Medicare or Medicaid
○ Other (please specify) 

Why have you not applied for or received any form of public or private health insurance? (check all that apply)
○ Don't feel that I need health insurance
○ Applied but was denied coverage
○ Application process took too much time
○ It is too expensive
○ Did not need any public benefits or assistance
○ Did not know public benefits or assistance was available
○ Did not know how to apply
○ Missed the deadline to apply
○ Did not think I would be eligible
○ Application process was too complicated
○ Not sure
○ Other (please specify) 

What type of insurance covers your child/children?
○ Private health insurance
○ Health insurance from a government program such as CHIP
○ Employer-provided health insurance
○ Yes, under health insurance through a spouse or domestic partner
○ Government subsidized health insurance
Insurance provided by the college
- None
- Don't know
- Other

Do any of your children have a serious health condition or disability?
- Yes
- No
- If yes, please list any condition(s)

Which of the following best represents your race or ethnicity? (Check all that apply)
- White
- Asian
- American Indian or Alaska native
- Native Hawaiian or other Pacific Islander
- Black or African American
- Hispanic or Latina
- Other (please specify)

Were you born in the U.S. or in another country?
- United States
- Another country (please specify)

Is English your first or native language?
- Yes
- No

Please tell us in your own words what the college experience means to you and/or your family.

Please tell us anything else about your college or experience as a student and/or student parent that you would like to add.