## **Survey: Survey for Advisory Committee**

Survey of Women in Mississippi's Community and Technical Colleges: Attitudes, Experiences, and Challenges

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 ans	wer a few questions about yourself. First of all, what is your gender?
<ul><li>Male</li></ul>	
o Female	
O Other	
In what yea	ar were you born? (enter 4-digit birth year; for example, 1976)

## What is the last level of school you completed?

- O Some high school or less (Grade 0-11)
- Graduated high school (Grade 12)
- O Earned a GED or other high school equivalency diploma
- Completed vocational school/technical school
- O Attended some college or vocational school but did not or have not yet graduated

O	Graduated from a comm	unity to technical college and earned an Associate's degree
0	Graduated from a college	e or university and earned a Bachelor's degree
0	Graduated from graduate	e school and earned an advanced degree (e.g., MA, MBA, JD, MD, PhD)
		ou served in the U.S. Armed Forces?
	•	ing in the U.S. Armed Forces
0	Yes, I am a veteran of th	
0	.,	the U.S. Armed Forces
0	Other (please specify)	
۸۳۰	e you currently enrolled	as a student?
	Yes	as a student:
_	No	
	ve you ever been a stud Yes, but I have graduate	dent in college or a vocational training program?
0	Yes, but I'm currently tal	king time off and plan to return
0	Yes, but I'm currently tal	king time off and DO NOT plan to return
0	No, I have never been en	nrolled in college or a vocational training program
		se. Because you are not currently enrolled as a student we ask that you answer the remaining st of your ability by answering them as they relate to your experience while still in school.
	•	
Wh		you enrolled in? (check all that apply)
	Two year community col	
	Vocational or training pro	
		(High school/Community College or Community College/4-year College)
	Online program or classe	
	High school or equivalen	t .
П	Other (please specify)	
<u></u>		
	nat is the name of the so	chool that you currently attend?
Wh	nat is the name of the so	:hool that you currently attend?
Wh		:hool that you currently attend?
Wr [	Select nat is your current enrol	
Wr  Wr	Select nat is your current enrol Full-time	
Who o	Select nat is your current enroll Full-time Part-time	
Wr  Wr	nat is your current enroll Full-time Part-time	
Who o	Select nat is your current enroll Full-time Part-time	

	nen did you enroll in you nthDay Year	r current program (ap	pproximately) <sup>*</sup>	?			
0	<b>you know when you wil</b> Yes No Maybe	l complete or graduat	te from your c	current progra	am?		
Hov	w do you usually get to y Get a ride/carpool	our classes? (check a	all that apply)				
	Online classes (no travel)	ı					
	Bus/public transportation						
	Walk or bike						
	Drive myself						
	Other (please specify)						
0 0 0	average, how much tim 0-20 minutes 21-40 minutes 40-60 minutes 1-2 hours 2-3 hours 3+ hours	e each day do you sp	end in total c	ommuting to	and from class	es (round trip)?	
	at type of degree or cred	dential are you currer	ntly pursuing?	•			
0	Associate's degree						
0	Undergraduate/Bachelor's	degree					
0	Not currently pursuing a c	degree or certificate					
0	Other (please specify)						
Wh	at kind of certificate are	you pursuing?					
	at type of degree/certific Certificate Associate's Degree Undergraduate/Bachelor's Master's degree/MS/MA/	s degree	y hope to atta	in in your life	etime? (check a	ll that apply)	
	Doctoral degree/PhD	MIDU					

	Medical degree/Doctor of Pharmac	y/MD					
	Law Degree/JD						
	I do not hope to attain a degree or	certificate					
☐ Other (please specify)							
<b>D</b> -			- f -4d0				
	you have a current major, conce Yes	ntration or field (	or study?				
	No						
0	Don't know						
Ηον	w important were the following fa	actors for your ch	noice of maio	r or concentrat	ion? (check a	II that annly)	
	. Important word and renowing it	Very important	Quite important	Moderately important	Slightly important	Not at all important	Not applicable
Ad	vice from friend(s)	0	0	0	0	0	0
Ad	vice from family member(s)	0	0	0	0	0	0
Ad	vice from a school or career counsel	lor O	0	0	0	0	0
Му	current job	0	0	0	0	0	0
Му	level of interest in this field	0	0	0	0	0	0
	e amount of money I can earn mpared to other fields	0	0	0	0	0	0
	isting credits that would go toward s major	0	0	0	0	0	0
	ormation from other people I know in s field	0	0	0	0	0	0
The	e number of job openings in this field	0	0	0	0	0	0
	here a specific job or career you Yes	are training for o	or hope to pu	rsue with your	education?		
	No						
	Maybe						
O	Maybe						
Wh	en you selected your major or co	ncentration how	v familiar wo	re vou with the	WAGES in th	nat field or cor	ocentration?
	Very familiar	nicentiation, nov	v iaiiiiiai we	re you with the	WAGEO III u	iat ileia oi coi	
0	Quite familiar						
0	Somewhat familiar						
0	Not very familiar						
0	Not at all familiar						
	uld you be interested in informat ilar amount of training?	tion about fields	that pay more	e than the one	you are traini	ng for that wo	ould require a
0	Yes						
0	No						
0	Maybe						
0	I don't know						

bio	e you currently pursuing a major or emphasis in a Science, Technology, Engineering, and Math (STEM) field? (e.g. blogy, computer science, engineering)  Yes
	No
	w familiar are you with educational and career opportunities in Science, Technology, Engineering, and Math fields?  Very familiar
0	Quite familiar
0	Somewhat familiar
0	Not very familiar
0	Not at all familiar
0	Don't know
Ho 0 0 0 0 0 0	Somewhat interested  Neither interested nor disinterested  Not very interested  Very disinterested
Wh	A- to B+ (3.1 to 3.6 GPA) B (2.7 to 3.0 GPA)
0	e you a transfer student or have you transferred any credits from another educational program or school? Yes No
	Maybe

	ut type of program do you plan to transfer into? Certificate
0	Associate's Degree
0	Undergraduate/Bachelor's degree
0	Master's degree/MS/MA/MBA
0	Other (please specify)
	nt is your current marital status? Married
0	Single, never married
0	Separated/divorced
0	Widowed
0	Unmarried, living with a romantic partner
0	Other (please specify)
<b>Do</b>	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
0	
0	
0	
0	
0	
and	at is the age of your youngest child under 18 years of age (referring only to the children that you are responsible for who live in your household)?  Select
wh	at is the age of your oldest child under 18 years of age (referring only to the children that you are responsible for and live in your household)?  Select
Wh	ch of the following hest describes the relationship you have with your child/children's other parent(s)? (check all that

☐ 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)						
	any rules or policies prevent you from taking extended time off (two weeks or more) from your course load if and en 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						
	Others						
Ш							
	w many times, if any, have you taken time off from school or stopped enrollment, whether temporarily or manently, from college?						
[	Select						
	Select						
In t	Select otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily permanently, from college?						
In t	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily						
In t	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily						
In t	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily						
In t	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily permanently, from college?						
In tor p	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily bermanently, from college?  at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or						
In t	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily bermanently, from college?  at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, from college? (check all that apply)						
In tor p	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily bermanently, from college?  at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, from college? (check all that apply)  Lack of time						
Wh per	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily permanently, from college?  at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, from college? (check all that apply)  Lack of time  Didn't know my career goal						
Wh per	at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, from college? (check all that apply)  Lack of time  Didn't know my career goal  Became pregnant and/or had a baby						
Wh per	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily permanently, from college?  at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, from college? (check all that apply)  Lack of time  Didn't know my career goal  Became pregnant and/or had a baby  Health Issues						
Wh per	at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, from college?  Lack of time  Didn't know my career goal  Became pregnant and/or had a baby  Health Issues  Sick child/children						
Wh per	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily bermanently, from college?  at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, 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						
Wh per	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily bermanently, from college?  at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, 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						
Wh per	at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, 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						
Wh per	at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, 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						
Wh per	at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, 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						
Wh per	at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, from college?  at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, 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						
Wh per	at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, 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						
Wh per	otal, approximately how many months have you taken off from school or stopped enrollment, whether temporarily permanently, from college?  at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, 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						
Wh per	at were your primary reasons for taking time off from school or stopping enrollment, whether temporarily or manently, 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						

	nich, if any, of the following financial considerations affected your decision to stop school for a time (check all that ply)?						
	Overlight with an expellation of a survival and						
	Couldn't afford to pay my bills						
	Needed to work more hours						
	Couldn't afford the tuition						
П	Unexpected expenses came up						
П	Other (please specify)						
Wh	nat, 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)						
_							
	Pase indicate which, if any, of the following forms of assistance you have used or received in the last year. (check all tapply)  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)						
	ny 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						

<ul><li>☐ Application proc</li><li>☐ Did not know ho</li></ul>						
Did not know ho	ess took too much tin	ne				
<del>_</del>	ow to apply					
☐ Applied for but v	vas denied					
☐ Other (please s	pecify)					
	ou with your experi ery satisfied	ence with your Satisfied	Current school or educ Neither satisfied nor dissatisfied		-	Very dissatisfied
	0	0	0		0	0
Definitely yes Probably yes Maybe Probably not Definitely not			e institution you are n		<b>9</b> ·	
or each of the fol oplies to you.	lowing statements a	bout your expe	riences as a student, p	lease indica	te how often	the statement
receive support from		O O	O	O	O	O
take part in studer lubs, campus asso ommittees, or othe		0	0	0	0	0
feel isolated from o	other students	0	0	0	0	0
	don't mention that I n from faculty, other	0	0	0	0	0
feel judged or hara	ssed by other am a parent	0	0	0	0	0
dacino because i						
have opportunities		0	0	0	0	0
have opportunities nd meet people at feel judged or hara	my college ssed by faculty or	0	0	0	0	0
have opportunities nd meet people at feel judged or hara taff because I am a feel supported by f	my college ssed by faculty or					
have opportunities nd meet people at feel judged or hara taff because I am a feel supported by f ampus	my college ssed by faculty or a parent	0	0	0	0	0
have opportunities nd meet people at feel judged or hara taff because I am a feel supported by f ampus consider dropping	my college ssed by faculty or a parent faculty and staff on out of school before	0	0	0	0	0
have opportunities and meet people at feel judged or hara taff because I am a feel supported by fampus consider dropping hishing	my college ssed by faculty or a parent faculty and staff on out of school before the with students able bringing my	0 0	0 0 0	0 0	0 0	0 0

□ 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 con	nmunity							
	Not enough time to study								
	Difficulty, proving for child care								
	- Facility was four assessment								
	Wasn't allowed to make up exams o	r assignments r	nissed due to v	vork or family der	mands				
	Time demands to get and keep publi	_		-		nce)			
	Difficulty finding child care		,			,			
	Sick child								
	Insufficient support from friends and f	amilv							
	Family commitments get in the way	-	v time						
	My own health problems		,						
	Transportation problems (for example	e, car breakdow	ns, need rides)						
П	Other (please specify)		, ,						
	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1								
	at are the top three factors motival Be a role model/set a good example Find a better paying job or field Find personal fulfillment Support myself Expand my leadership and communi Be better able to contribute to my co Meet new people and make friends Find a different or more challenging jo Receive a job promotion or pay raise Receive training or degree required b Support my family Other (please specify)	for my child or cation skills ommunity	children	lucation? (selec	et ONLY 3)				
Has	s being in your program affected your Helped me advance at work	ou in any of th	e following w	ays? (check all	that apply)				
	Given me new knowledge, tools, or s	kills that I've us	ed at work						
	Improved my self-confidence								
	Helped me get a job or a better job								
	Increased my optimism about my ca	reer prospects							
	Made me aware of/interested in bette	er paying career	options						
	Helped me establish new friendships	/connections							
	Connected me with new role models,	, mentors or sup	oporters						
Hov	w satisfied are you with the followi	ng: Very Unsatisfied	Unsatisfied	Neither satisfied nor	Satisfied	Very Satisfied	Not applicable		
Co	mous safety and security services	^	^	dissatisfied	0	^	0		
	mpus safety and security services	0	0	0	0	0	0		
SU	medial or developmental classes, ch as reading, writing, math, or glish as a second language	0	0	0	0	Ο	0		
	ality of service and information from a financial aid office	0	0	0	0	0	0		

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).							
	Strongly agree	Agree	Neither a		Disagree St	Strongly disagree	
They are more angry with me or resent me	0	0	C	)	0	0	
They wish they had more time with me	0	0	C	)	0	0	
They are more interested in school	0	0	C	)	0	0	
They are less interested in school	0	0	C	)	0	0	
They are more proud of me	0	0	C	)	0	0	
They have expressed more desire to attend college	0	0	C	)	0	0	
Have things improved or worsened in answer for the oldest child)	-						
Their school performance	Much better O	A little bett	ter No ch	_	little worse	Much worse O	
Their study habits	0	0			0	0	
Their behavior	0	0			0	0	
THEIR DETIANOR	O	O		,	O	O	
How difficult or easy has it been to p	ay for each of th Very easy	e following e Somewhat easy	xpenses while Neither easy nor difficult	e attending : Somewhat difficult		Not applicable	
Medical expenses	0	0	0	0	0	0	
Child care or after school care	0	0	0	0	0	0	
Housing expenses	0	0	0	0	0	0	
Living expenses such as transportation, utilities, groceries, gas and other bills	0	0	0	0	0	0	
Books and school supplies	0	0	0	0	0	0	
School tuition and fees	0	0	0	0	0	0	
Do you have access to financial aid o  Yes  No Don't know	counseling at scl	hool?					
Have you ever filed a Free Application qualify for financial aid for your school Yes  No		tudent Aid, or	· FAFSA, or ot	her applicat	ions for financia	al assistance to	
Why have you not filed a Free Applic assistance to qualify for financial aid  Did not think I would be eligible  Missed the deadline to apply  Application process was too complication process was too complication.	for your school			r other appl	ications for fina	ncial	

	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)
	vo vou received any student leans?
	ve you received any student loans? Yes
	No
	aat types of student Ioans have you received? Federal Parent (PLUS) Loans
	Not Sure
	Other
Whi	nich, 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)
	w often do you use your school's financial aid counseling services?
	Very often
0	
0	·
	•
0	Never

low much do you agree or disagree wi	th each of t	ne followina	statements:			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable/did need or recei aid
I believe the cost of my education will pay off in the long run	0	0	0	0	0	0
am concerned about my ability to pay back my loans	0	0	0	0	0	0
am concerned about my level of debt	0	0	0	0	0	0
I receive/received enough financial aid to meet my school and living expenses	0	0	0	0	0	0
Please indicate whether you receive ch	ild care fror	n any of the	following sourc	es. (check al	l 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 pa	arent					
☐ Child is cared for by another student w	ho isn't a par	ent				
☐ Other (please specify)						
or the following sources of child care	-	· -				•
Grandparents or other relatives	l pa	•		't pay O	(	Other O
·	_					
Neighbors and friends After school programs	C					0
. •	C					0
Child care based in a private home	C					0
Child care center on-campus	C					0
Child care center off-campus	С	)		)		0
Child is cared for by an older brother or sister	С	)	(	)		0
Child is cared for by a fellow student parent	C	)	C			0
Child is cared for by another student who isn't a parent	С	)	C			0

O Easy

O Neither easy not difficult

Please rate the following statement:	Strongly agree	Agree	Neither agree or	Disagree	Strongly disagree
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	0	0	disagree O	0	0
The following services and supports For each, please indicate whether ye	ou are aware of an	d/or use that t	type of service.		
Women's center	Aware of and O	use A	Aware of but do not us O	e No	t aware of
Access to on-campus health care	0		0		0
Housing or housing assistance	0		0		0
Career counseling	0		0		0
Information about sexual health and pregnancy prevention	0		0		0
Mental health counseling	0		0		0
Student center for veterans	0		0		0
Access to computers and internet technology	0		0		0
Staff to help with financial aid questions	0		0		0
Access to contraception/birth control	0		0		0
Access to online classes	0		0		0
Peer counseling for students	0		0		0
Help paying for health insurance	0		0		0
Academic tutoring	0		0		0
Transportation assistance	0		0		0
For the supports and services that yo	u uso or bayo usos	l place rate	them according to h	your halpful thay	, have been to
or the supports and services that you.		•	•		
	Extremely helpful	Quite helpful	Moderately helpful	Slightly helpful	Not at all helpful
Transportation assistance	0	0	0	0	0
Women's center	0	0	0	0	0
Access to contraception/birth control	0	0	0	0	0
Staff to help with financial aid questions	0	0	0	0	0
Student center for veterans	0	0	0	0	0
Peer counseling for students	0	0	0	0	0
Career counseling	0	0	0	0	0
Access to online classes	0	0	0	0	0
Housing or housing assistance	0	0	0	0	0
Information about sexual health and pregnancy prevention	0	0	0	0	0

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)?

O YesO No

O Don't know

Access to on-campus nearth care	O	O	O	O	O
Academic tutoring	0	0	0	0	0
Help paying for health insurance	0	0	0	0	0
Mental health counseling	0	0	0	0	0
For the supports and services that you a up to 3. Leave blank if item wouldn't be		e of, please indicat	e which ones you	would find mos	st helpful. Select
☐ Transportation assistance					
☐ Women's center					
☐ Access to contraception/birth control					
☐ Staff to help with financial aid question	IS				
☐ Student center for veterans					
□ Peer counseling for students					
☐ Career counseling					
☐ Access to online classes					
☐ Housing or housing assistance					
☐ Information about sexual health and pr	egnancy preve	ntion			
☐ Access to computers and internet tecl	hnology				
☐ Access to on-campus health care					
☐ Academic tutoring					
☐ Help paying for health insurance					
Can you think of any other supports and	d services tha	ıt would be helpful	to you?		
The following are types of services and	l supports tha	t are sometimes of	fered by colleges	and universities	s to provide
assistance to student parents. For each	, please indic	_			
On-campus child care facilities		Aware of and use O	Aware of and d	o not use	Not aware of O
·	ron	0	0		-
Activities or groups for students with childs		<u> </u>	-		0
Disability accommodations for pregnant st		0	0		0
Flexible absence policies for student parel	nts	0	0		0
Student center for students with children		0	0		0
Accommodations from faculty/professors a for pregnant and parenting students	available	0	0		0
Staff person available to address student preeds or to provide related support	parent	0	0		0

Access to computers and internet

Financial assistance or subsidies to pay for child

Dining hall or meal plans that accommodate children

Child and family friendly spaces, activities, and policies on campus  $% \left( 1\right) =\left( 1\right) \left( 1\right$ 

Peer counseling for student parents

Child care at the campus gym(s)

care

technology

Information about services and supports for student parents	0	0	0
Access to on-campus health care for my child/children	0	0	0

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.

nave seen to you.	Extremely helpful	Quite helpful	Moderately helpful	Slightly helpful	Not at all helpful	Not applicable
Disability accommodations for pregnant students	0	0	0	0	0	0
Dining hall or meal plans that accommodate children	0	0	0	0	0	0
Peer counseling for student parents	0	0	0	0	0	0
Financial assistance or subsidies to pay for child care	0	0	0	0	0	0
Activities or groups for students with children	0	0	0	0	0	0
On-campus child care facilities	0	0	0	0	0	0
Accommodations from faculty/professors available for pregnant and parenting students	0	0	0	0	0	0
Information about services and supports for student parents	0	0	0	0	0	0
Child care at the campus gym(s)	0	0	0	0	0	0
Flexible absence policies for student parents	0	0	0	0	0	0
Access to on-campus health care for my child/children	0	0	0	0	0	0
Student center for students with children	0	0	0	0	0	0
Child and family friendly spaces, activities, and policies on campus	0	0	0	0	0	0
Staff person available to address student parent needs or to provide related support	0	0	0	0	0	0

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 pare	ent services	and supports th	at would be h	nelpful to you?	?	
Overall, who and/or what has helped y	ou the most	throughout you	r student exp	erience?		
What would you say is the current state  O Excellent  O Good  O Fair  O Poor  O Terrible	e of your hea	alth?				
How would you currently rate the level  A huge amount of Questress	of stress in ite a bit of stre	-	te stress	A little stres	ss Nos	stress at all
0	0		0	0		0
Please rate the amount of stress you ex	xperience in Extremely stressful	relation to eac Quite stressful		ving activities Slightly stressful		Not applicable
Dealing with relationship problems	0	0	0	0	0	0
Keeping up with school work and assignments	0	0	0	0	0	0
Making sure your child/children are cared for	0	0	0	0	0	0
Managing your health	0	0	0	0	0	0
Dealing with job demands	0	0	0	0	0	0
Managing your money and finances	0	0	0	0	0	0
Managing eligibility for public assistance	0	0	0	0	0	0
Balancing work, school, and home life	0	0	0	0	0	0
Providing safe and appropriate housing for my family	0	0	0	0	0	0
Spending enough quality time with your child or children	0	0	0	0	0	0
On average, how many hours do you sleep each night?						

Please indicate how often you do the following:

					Nevei
Exercise regularly	0	0	0	0	0
Eat nutritious meals	0	0	0	0	0
Go to the doctor when I should	0	0	0	0	0
Take my child/children to the doctor when I should	0	0	0	0	0
How often do you experience any of th	ne following? Always	Often	Occasionally	Rarely	Never
Feelings of happiness	0	0	0	0	0
Feelings of loneliness	0	0	0	0	0
Anxiety/feeling very tense, scared, worried	0	0	0	0	0
Insomnia/not being able to sleep	0	0	0	0	0
Fatigue/being extremely tired	0	0	0	0	0
Depression/feeling very sad	0	0	0	0	0
My partner is at times physically violent of		·	0		
	n	In the last 12 nonths/currently	A year or mor	c ago	Never
oward me or my child/children		0	0		
My partner is at times physically violent o oward me	r abusive				0
		0	0		0
osychologically abusive toward me or my		0	0		
psychologically abusive toward me or my child/children My partner is at times emotionally or					0
osychologically abusive toward me or my child/children  My partner is at times emotionally or osychologically abusive toward me		0	0		0
osychologically abusive toward me or my child/children  My partner is at times emotionally or osychologically abusive toward me have a problem with alcohol		0	0		0 0
osychologically abusive toward me or my child/children  My partner is at times emotionally or osychologically abusive toward me  have a problem with alcohol  have a problem with drugs	nxiety	0 0	0 0		<ul><li>0</li><li>0</li><li>0</li><li>0</li><li>0</li></ul>
osychologically abusive toward me or my child/children  My partner is at times emotionally or osychologically abusive toward me  have a problem with alcohol  have a problem with drugs  have a problem with depression and/or a have been diagnosed with a chronic illne diabetes, high blood pressure, high choles	ss like	0 0 0	0 0 0		0 0 0 0
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 a law been diagnosed with a chronic illne diabetes, high blood pressure, high choles respiratory illness, and/or others	ss like sterol,	O O O O	0 0 0 0		0 0 0 0 0
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 a  I have been diagnosed with a chronic illne diabetes, high blood pressure, high choles respiratory illness, and/or others  I have been diagnosed with a learning disa  I have been sexually assaulted or sexually	ss like sterol, ability	<ul><li>O</li><li>O</li><li>O</li><li>O</li><li>O</li><li>O</li></ul>			0 0 0 0 0

Often

Occasionally

Rarely

Never

Always

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

0	At a	clinic	or	health	center	located	on	campus.
---	------	--------	----	--------	--------	---------	----	---------

- O At a clinic, medical facility or physician's office that is not located on-campus
- O Somewhere other than an on-campus or off-campus medical facility
- O I do not use birth control/contraception
- O Don't know

0	Other (please specify)	
---	------------------------	--

	Easy
0	Neither easy or difficult
	Difficult
0	Very difficult
0	Don't know
Δτο	you or your siblings the first generation in your family to attend college?
	Yes
0	No
0	Don't know
Whi	ich of the following categories best describes your employment status?
	Employed
0	Not employed and looking for work
	Not employed and NOT looking for work
0	Retired and not working
	Disabled and not able to work
0	Other (please specify)
	Select
	our current job (or jobs) on campus, off campus, or a combination of both?
0	our current job (or jobs) on campus, off campus, or a combination of both? On campus
0	Our current job (or jobs) on campus, off campus, or a combination of both? On campus Off campus
0 0	Our current job (or jobs) on campus, off campus, or a combination of both?  On campus  Off campus  Combination of on-campus/off-campus
0 0	Our current job (or jobs) on campus, off campus, or a combination of both? On campus Off campus
0 0 0	Our 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
0 0 0	Our current job (or jobs) on campus, off campus, or a combination of both?  On campus  Off campus  Combination of on-campus/off-campus
0 0 0	Our 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
0 0 0	Our 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
0 0 0 0	our 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  at is your current job or job function in your primary job?
0 0 0 0	Our 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
0 0 0 0	our 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  at is your current job or job function in your primary job?
0 0 0 0	our 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  at is your current job or job function in your primary job?

0	\$30,000 to \$50,000							
0	\$50,000 to \$100,000							
0	\$100,000 and up							
0	Prefer not to answer							
0	Don't know							
a g	overnment program suc	vered by any form of health insurance or health plan, including any private insurance plan or h as Medicare or Medicaid?						
_	Yes							
0	No							
0	Don't know							
Wh	B : ( )	ance or health plan are you covered under? on my own						
0	Private health insurance f	rom my parent's plan						
0	Employer provided health	insurance						
0								
0	School-based health insurance							
0	Government subsidized h	ealth insurance						
0	Health insurance from a g	overnment program such as Medicare or Medicaid						
0	Other (please specify)							
	ny have you not applied to Don't feel that I need heal	for or received any form of public or private health insurance? (check all that apply)						
_	Applied but was denied c							
0	Application process took	-						
0	It is too expensive	too mach time						
0	Did not need any public b	enefits or assistance						
0		fits or assistance was available						
0	Did not know how to apple							
0	Missed the deadline to ap							
0	Did not think I would be e							
	Application process was							
0	Not sure	.co complicated						
_	Other (please specify)							
0	Other (please specify)							
Wh	nat type of insurance cov	ers your child/children?						
0	Private health insurance							
0	Health insurance from a g	overnment program such as CHIP						

\$0 to \$10,000\$10,000 to \$20,000\$20,000 to \$30,000

O Employer-provided health insurance

O Government subsidized health insurance

O Yes, under health insurance through a spouse or domestic partner

0	Insurance provided by the college
0	None
0	Don't know
0	Other
	any of your children have a serious health condition or disability? Yes
	No No
	If yes, please list any condition(s)
O	if yes, please list any condition(s)
	ich of the following best represents your race or ethnicity? (Check all that apply) White
0	Asian
0	American Indian or Alaska native
0	Native Hawaiian or other Pacific Islander
0	Black or African American
0	Hispanic or Latina
0	Other (please specify)
_	United States Another country (please specify)
	inglish your first or native language? Yes
	No
Ple	ase tell us in your own words what the college experience means to you and/or your family.
Ple add	ase tell us anything else about your college or experience as a student and/or student parent that you would like to I.