Student Survey

Name: ____________________________________________

Course and Section: ____________________________________________

The following questions are designed to help me get to know each of you a little better. If you prefer not to answer a question, just skip it.

How many courses are you taking this semester?

- □ Just this one
- □ Two
- □ Three
- □ Four
- □ Five
- □ More than 5

How many hours per week are you working this semester?

- □ None
- □ 1-10 hours
- □ 11-20 hours
- □ 21-30 hours
- □ 31-40 hours
- □ More than 40 hours

How old are you?

- □ Under 18
- □ 18-20
- □ 21-25
- □ 26-30
- □ 31-40
- □ Over 40

What is your high school status?

- □ Still attending high school
- □ Graduated from high school
- □ Stopped attending high school; have GED
- □ Stopped attending high school, no GED

How long has it been since you were in a high school class?

- □ I'm still in high school
- □ Less than a year
- □ 1-2 years
- □ 2-3 years
- □ 3-5 years
- □ More than 5 years

How many children do you have?

- □ None
- □ One
- □ Two
- □ More than two
Where do you live?
- With parent or parents
- With a relative
- With a spouse or partner
- With one or more friends
- On my own
- No permanent location

How do you get to campus?
- Drive myself
- A parent/relative drives me
- Ride with a friend
- Bus
- Walk
- Other _______________________

Do you have any health issues you would like me to know about?
- No
- Yes _______________________________________

If you had to drop out of this course during the semester, which of the following would probably be the reason. (Check all that apply.)

Financial problems
- Not likely
- Somewhat likely
- Likely
- Very likely

Health problems
- Not likely
- Somewhat likely
- Likely
- Very likely

Problems or changes at my work
- Not likely
- Somewhat likely
- Likely
- Very likely

Transportation problems
- Not likely
- Somewhat likely
- Likely
- Very likely

Childcare issues
- Not likely
- Somewhat likely
- Likely
- Very likely
Caring for an older relative
- Not likely
- Somewhat likely
- Likely
- Very likely

Problems with my spouse, partner, or significant other
- Not likely
- Somewhat likely
- Likely
- Very likely

Problems with my parents or other adult I live with
- Not likely
- Somewhat likely
- Likely
- Very likely

Depression or other psychological problems
- Not likely
- Somewhat likely
- Likely
- Very likely

Alcohol or drug problems
- Not likely
- Somewhat likely
- Likely
- Very likely

Legal problems
- Not likely
- Somewhat likely
- Likely
- Very likely

Pregnancy or birth of a child
- Not likely
- Somewhat likely
- Likely
- Very likely

Legal problems
- Not likely
- Somewhat likely
- Likely
- Very likely