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ACUHO-I/EBI Apartment Assessment

Printable Survey Version. Data Entered On This Page CANNOT Be Saved.



Personal Characteristics What is your gender?

Male	Female	Transgender	Other
What is your sexual orientation?			
Heterosexual or straight	Bisexual	Gay or lesbian	Unsure or questioning
Prefer not to answer	Other (please specify other)		
What is your ethnicity?			
Hispanic or Latino	Not Hispanic or Latino		
What is your race? (choose all that a	pply)		
American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander
White			
Are you a citizen of the country wher	e this institution is located?		
Yes	No		
Which best describes your personali	ty?		
Extrovert (very out-going, "people person", like to be involved in several activities, like to be in a crowd)	Introvert (prefer doing things alone or with a few people, reflective, reserved)	Somewhere in-between	Don't know
How old are you?			
Under 19 years old	19 or 20 years old	21 or 22 years old	
			23 or 24 years old
25 to 30 years old	31 to 35 years old	36 to 40 years old	23 or 24 years old Over 40
25 to 30 years old What is your current academic class	31 to 35 years old	-	-
	31 to 35 years old	-	-

Did you transfer to this institution this academic year?									
Yes	No								
How many years, including the currer	nt one, have you lived in an apartment a	at this institution?							
Less than a year	1 to < 2 years	2 to < 3 years	3 to < 4 years						
4 or more years									
What is your cumulative GPA? (4.00 scale)									
below 2.50	2.50 to 2.99	3.00 to 3.49	3.50 to 4.00						
Other than a 4.00 scale									
In an average week, how many hours	do you spend studying/out-of-class sc	hool work (e.g. homework, practice tin	ne, lab time, studying)?						
None	1 to 5 hours	6 to 10 hours	11 to 20 hours						
21 to 30 hours	More than 30 hours								
In an average week, how many hours do you spend working (in a paid job and/or work-study)?									
None	1 to 10 hours	11 to 20 hours	21 to 30 hours						
31 to 40 hours	More than 40 hours								
Which best describes your apartment	type?								
Efficiency/Studio	1 bedroom	2 bedroom	3 bedroom						
4 bedroom	>4 bedrooms								
How many people live in your apartm	ent (including yourself)?								
One	Two	Three	More than three						
What is your marital status?									
Single or divorced	Married/Life Partners, living together	Married/Life Partners, living apart							
How many dependents live with you o	on campus (18 years old or younger)?								
None	One	Two	Three						
Four	More than four								
Which best describes your current af	filiation with the United States Military?	,							
No previous or current military service	Previous military service, but no current military service	Current military service							

How often do you participate in programs/activities sponsored by your apartment complex staff/management?							
Never or rarely	Sometimes	Often or very often					
Do you know what to do de	uring a time of crisis/emergency resp	onse on campus?					
Yes	No						
Did this institution's on-ca	mpus living facilities influence your	lecision to enroll at this institution?					

Yes	No

Apartment Selection Criteria

How important were the following items in deciding to live in on-campus apartments:	Extremely unimportant 1	2	3	Moderately important 4	5	6	Extremely important 7	Not Applicable
Proximity to campus	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Friends live in apartments	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Cost	\bigcirc			\bigcirc	\bigcirc		\bigcirc	
Safety/security features	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Availability of transportation to campus		\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Apartment layout	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Apartment availability		\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Quality of appliances	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Building architecture (high-rise, one story, etc.)	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Limited off campus housing availability	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Required (athletic team, financial aid program, etc.)		\bigcirc		\bigcirc	\bigcirc		\bigcirc	0

Feedback

What factors were important to you in choosing to live in on-campus apartments?

Apartment Contract/Lease

8/29/2014

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In regard to the apartment contract/lease, how satisfied are you with the:	Very dissatisfied 1	Moderately dissatisfied 2	Slightly dissatisfied 3	Neutral 4	Slightly satisfied 5	Moderately satisfied 6	Very satisfied 7	Not Applicable
Contract commitment date				\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Contract length		\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Amount of deposit		\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Amount of rent			\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Apartment eligibility policies				\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Assignment process	0	0	\bigcirc	0	\bigcirc	0	\bigcirc	

Apartment Environment

	Very dissatisfied	Moderately dissatisfied	Slightly dissatisfied	Neutral 4	Slightly satisfied	Moderately satisfied	Very satisfied	Not Applicable
How satisfied are you with:	1	2	3		5	6	7	Not Applicable
Pest control				\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Your ability to study in your apartment				\bigcirc		\bigcirc	\bigcirc	
Your ability to sleep in your apartment				\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Temperature in your apartment				\bigcirc	\bigcirc	\bigcirc		\bigcirc
Internet connectivity in your apartment		\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Computer facilities (i.e. labs, email stations, printers, etc.) in your building/complex				\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Noise level in your apartment building		\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Upkeep of grounds (i.e. lawns, playgrounds, sidewalks, etc.)				\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Laundry room facilities		\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Common areas (i.e. lounges, study rooms, etc.)				\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Cable TV services		\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Condition of apartment appliances				\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Condition of furniture		\bigcirc		\bigcirc		\bigcirc	\bigcirc	
Condition of floor covering					\bigcirc	\bigcirc	\bigcirc	\bigcirc
Condition of bathroom(s)					\bigcirc	\bigcirc	\bigcirc	
Condition of kitchen		\bigcirc		\bigcirc	\bigcirc	\bigcirc		\bigcirc
Availability of apartment staff		\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Helpfulness of apartment staff				\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Enforcement of policies		\bigcirc				\bigcirc	\bigcirc	
Promptness of response to maintenance requests				\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Timeliness of repairs				\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Availability of parking	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Safety and Security

Do you lock your apartment?

Always/almost always

Sometimes

Never/rarely

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Safety and Security

	Very dissatisfied	Moderately dissatisfied	Slightly dissatisfied	Neutral 4	Slightly satisfied	Moderately satisfied	Very satisfied	Not Applicable
How satisfied are you with:	1	2	3		5	6	7	
Security of possessions in your apartment						\bigcirc	\bigcirc	\bigcirc
How safe you feel in your apartment						\bigcirc		\bigcirc
How safe you feel in your apartment building						\bigcirc	\bigcirc	\bigcirc
How safe you feel walking on campus at night				\bigcirc		\bigcirc	\bigcirc	\bigcirc

Feedback

Please tell us how we can improve your apartment, services, or safety:

Apartment Activities

How satisfied are you with programs sponsored by your apartment complex regarding:	Very dissatisfied 1	Moderately dissatisfied 2	Slightly dissatisfied 3	Neutral 4	Slightly satisfied 5	Moderately satisfied 6	Very satisfied 7	Not Applicable
Social/educational/cultural programs		\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Athletic/recreational activities				\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Variety of programs				\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Quality of programs				\bigcirc	\bigcirc	\bigcirc	\bigcirc	

Feedback

If you participate in hall/apt activities, please tell us how we can improve those activities:

If you don't participate in hall/apt activities, could you tell us why?

Dining Services

Do you have a meal plan?

Yes

No

Dining Services

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How satisfied are you with the:	Very dissatisfied 1	Moderately dissatisfied 2	Slightly dissatisfied 3	Neutral 4	Slightly satisfied 5	Moderately satisfied 6	Very satisfied 7	Not Applicable
Quality of food		\bigcirc						\bigcirc
Cleanliness of dining area	\bigcirc	\bigcirc						\bigcirc
Dining environment								\odot
Service provided by dining service staff								
Dining service hours		\bigcirc						
Variety of the meal plan options								\bigcirc
Value of your meal plan		\bigcirc						\bigcirc

Feedback

How can we improve Dining Services to better meet your needs?

Intrapersonal Development

As a result of my on-campus living experience, I can better articulate my:	Strongly disagree 1	2	3	Neutral 4	5	6	Strongly agree 7	Not Applicable
Core values	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Academic goals		\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Career goals	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	0

Life Skills

As a result of my experience living on campus, I am better able to:	Strongly disagree 1	2	3	Neutral 4	5	6	Strongly agree 7	Not Applicable
Make decisions		\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Manage my money	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Solve my problems		\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Study effectively		\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Balance social and academic commitments	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Live independently		\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Live a healthy life (e.g., sleep, exercise, diet)		\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Seek help if needed		\bigcirc	\bigcirc	\bigcirc	\bigcirc		\bigcirc	\bigcirc

Risk Behaviors

	Strongly			Neutral			Strongly	
As a result of my on-campus living experience, I better understand the consequences of:	disagree 1	2	3	4	5	6	agree 7	Not Applicable
Alcohol use and abuse	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Drug use and abuse		\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
My sexual activity decision making	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	

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8/29/2014

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Regarding my relationships with others who are different from me (e.g., different race/ethnicity, religious/political identification, sexual orientation), my on-campus living experience has helped me:	Strongly disagree 1	2	3	Neutral 4	5	6	Strongly agree 7	Not Applicable
Interact with residents who are different from me	\bigcirc	\bigcirc		\bigcirc				\bigcirc
Understand the difficulties experienced by others who are different from me		\bigcirc			\bigcirc		\bigcirc	
Develop a sense of justice and fairness	\bigcirc			\bigcirc	\bigcirc		\bigcirc	
Become an advocate for others		\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc

Personal Interactions

Diversity and Social Justice

To what extent has living in on-campus housing enhanced your ability to:	Not at all 1	2	3	Moderately 4	5	6	Extremely 7	Not Applicable
Meet people	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Live cooperatively		\bigcirc			\bigcirc		\bigcirc	
Resolve conflicts	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Improve interpersonal relationships	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc

Overall Evaluation

Regarding your on-campus housing experience, to what degree:	Not at all 1	2	3	Moderately 4	5	6	Extremely 7	Not Applicable
Was it an accepting environment	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Are you satisfied with your on-campus apartment housing experience this year		\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Did you learn valuable information	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	\bigcirc
Has living in on-campus apartment housing enhanced your academic performance	\bigcirc	\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Did your on-campus apartment housing experience fulfill your expectations		\bigcirc		\bigcirc	\bigcirc		\bigcirc	
Will you recommend living in on-campus apartment housing to other students		\bigcirc		\bigcirc	\bigcirc		\bigcirc	

Overall Evaluation

	Very poor	Poor	Fair	Good	Very good	Excellent	Exceptional
	1	2	3	4	5	6	7
Comparing the cost to the quality of your on-campus apartment living experience, how do you rate its overall value?		\bigcirc					

Feedback

What do you like most about living on campus?

What do you like least about living on campus?

			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
<u>Next Year's Residence</u>			
Where do you plan to live next y	rear?		
On-campus residence hall	On-campus apartment	Fraternity/sorority housing	Off-campus with family
Off-campus not with family	Other (please specify other)		
How satisfied are you with the c	urrent visitation policy?		
Please Select	¥		
How satisfied are you with Resid	dence Life/Facilities response to apartm	ent facility concerns?	
Please Select	▼		
How satisfied are you with safet	y related equipment in your apartment?	(screens locks)	
		(Screens, locks)	
Please Select	▼		
How satisfied are you with the c	ourtesy and professionalism of the Pub	lic Safety staff in the residence comple	x.
Please Select			
How satisfied are you with Cam	pus Dining Services hours of operation	?	
Please Select	▼		
How satisfied are you with the p	resence and availability of the Resident	Campus Minister? (i.e. accessibility)	
Please Select	V		
How satisfied are you with the fr	requency of shuttle service?		
Please Select	V		
During the school year, how free	quently do you go back home?		
Please Select	¥		
How likely are you to participate	in campus activities outside of the Res	idence Community?	
Please Select	•		

