



National Survey of Student Engagement

The College Student Report

This is a facsimile of the NSSE survey. The layout is similar to the paper version, but questions with a grey background on the last page appear only on the Web version of the survey. Please see nsse.iub.edu/links/surveys for questionnaire samples.

1 In your experience at your institution during the current school year, about how often have you done each of the following?

	Very often	Often	Some- times	Never
a. Asked questions in class or contributed to class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Made a class presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Prepared two or more drafts of a paper or assignment before turning it in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worked on a paper or project that required integrating ideas or information from various sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Included diverse perspectives (different races, religions, genders, political beliefs, etc.) in class discussions or writing assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Come to class without completing readings or assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Worked with other students on projects during class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Worked with classmates outside of class to prepare class assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Put together ideas or concepts from different courses when completing assignments or during class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Tutored or taught other students (paid or voluntary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Participated in a community-based project (e.g., service learning) as part of a regular course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Used an electronic medium (listserv, chat group, Internet, instant messaging, etc.) to discuss or complete an assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Used e-mail to communicate with an instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Discussed grades or assignments with an instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Talked about career plans with a faculty member or advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Discussed ideas from your readings or classes with faculty members outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Received prompt written or oral feedback from faculty on your academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very often	Often	Some- times	Never
r. Worked harder than you thought you could to meet an instructor's standards or expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Worked with faculty members on activities other than coursework (committees, orientation, student life activities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Discussed ideas from your readings or classes with others outside of class (students, family members, co-workers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Had serious conversations with students of a different race or ethnicity than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Had serious conversations with students who are very different from you in terms of their religious beliefs, political opinions, or personal values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 During the current school year, how much has your coursework emphasized the following mental activities?

	Very much	Quite a bit	Some	Very little
a. Memorizing facts, ideas, or methods from your courses and readings so you can repeat them in pretty much the same form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Analyzing the basic elements of an idea, experience, or theory, such as examining a particular case or situation in depth and considering its components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Synthesizing and organizing ideas, information, or experiences into new, more complex interpretations and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Making judgments about the value of information, arguments, or methods, such as examining how others gathered and interpreted data and assessing the soundness of their conclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Applying theories or concepts to practical problems or in new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 During the current school year, about how much reading and writing have you done?

- a. Number of assigned textbooks, books, or book-length packs of course readings
 None 1-4 5-10 11-20 More than 20
- b. Number of books read on your own (not assigned) for personal enjoyment or academic enrichment
 None 1-4 5-10 11-20 More than 20
- c. Number of written papers or reports of **20 pages or more**
 None 1-4 5-10 11-20 More than 20
- d. Number of written papers or reports **between 5 and 19 pages**
 None 1-4 5-10 11-20 More than 20
- e. Number of written papers or reports of **fewer than 5 pages**
 None 1-4 5-10 11-20 More than 20

4 In a typical week, how many homework problem sets do you complete?

- a. Number of problem sets that take you **more** than an hour to complete
 None 1-2 3-4 5-6 More than 6
- b. Number of problem sets that take you **less** than an hour to complete
 None 1-2 3-4 5-6 More than 6

5 Mark the box that best represents the extent to which your examinations during the current school year have challenged you to do your best work.

Very little Very much

1 2 3 4 5 6 7

6 During the current school year, about how often have you done each of the following?

- | | Very often | Often | Some-
times | Never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | ▼ | ▼ | ▼ | ▼ |
| a. Attended an art exhibit, play, dance, music, theater, or other performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Exercised or participated in physical fitness activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Participated in activities to enhance your spirituality (worship, meditation, prayer, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Examined the strengths and weaknesses of your own views on a topic or issue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Tried to better understand someone else's views by imagining how an issue looks from his or her perspective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Learned something that changed the way you understand an issue or concept | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7 Which of the following have you done or do you plan to do before you graduate from your institution?

- | | Done | Plan to do | Do not plan to do | Have not decided |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | ▼ | ▼ | ▼ | ▼ |
| a. Practicum, internship, field experience, co-op experience, or clinical assignment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Community service or volunteer work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Participate in a learning community or some other formal program where groups of students take two or more classes together | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Work on a research project with a faculty member outside of course or program requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Foreign language coursework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Study abroad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Independent study or self-designed major | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Culminating senior experience (capstone course, senior project or thesis, comprehensive exam, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8 Mark the box that best represents the quality of your relationships with people at your institution.

- a. Relationships with **other students**
- | | |
|--|--|
| Unfriendly,
Unsupportive,
Sense of alienation | Friendly,
Supportive,
Sense of belonging |
| ▼ | ▼ |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | |
- b. Relationships with **faculty members**
- | | |
|--|---------------------------------------|
| Unavailable,
Unhelpful,
Unsympathetic | Available,
Helpful,
Sympathetic |
| ▼ | ▼ |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | |
- c. Relationships with **administrative personnel and offices**
- | | |
|--|--------------------------------------|
| Unhelpful,
Inconsiderate,
Rigid | Helpful,
Considerate,
Flexible |
| ▼ | ▼ |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | |

9 About how many hours do you spend in a typical 7-day week doing each of the following?

- a. Preparing for class (studying, reading, writing, doing homework or lab work, analyzing data, rehearsing, and other academic activities)
- | | | | | | | | |
|----------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26-30 | <input type="checkbox"/> More than 30 |
|----------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------------|
- b. Working for pay **on campus**
- | | | | | | | | |
|----------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26-30 | <input type="checkbox"/> More than 30 |
|----------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------------|

9 (cont'd) About how many hours do you spend in a typical 7-day week doing each of the following?

c. Working for pay **off campus**

<input type="checkbox"/>							
0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30

d. Participating in co-curricular activities (organizations, campus publications, student government, fraternity or sorority, intercollegiate or intramural sports, etc.)

<input type="checkbox"/>							
0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30

e. Relaxing and socializing (watching TV, partying, etc.)

<input type="checkbox"/>							
0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30

f. Providing care for dependents living with you (parents, children, spouse, etc.)

<input type="checkbox"/>							
0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30

g. Commuting to class (driving, walking, etc.)

<input type="checkbox"/>							
0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30

10 To what extent does your institution emphasize each of the following?

	Very much	Quite a bit	Some	Very little
	▼	▼	▼	▼
a. Spending significant amounts of time studying and on academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing the support you need to help you succeed academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Encouraging contact among students from different economic, social, and racial or ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Helping you cope with your non-academic responsibilities (work, family, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Providing the support you need to thrive socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Attending campus events and activities (special speakers, cultural performances, athletic events, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Using computers in academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 To what extent has your experience at this institution contributed to your knowledge, skills, and personal development in the following areas?

	Very much	Quite a bit	Some	Very little
	▼	▼	▼	▼
a. Acquiring a broad general education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Acquiring job or work-related knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Speaking clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Thinking critically and analytically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 (cont'd) To what extent has your experience at this institution contributed to your knowledge, skills, and personal development in the following areas?

	Very much	Quite a bit	Some	Very little
	▼	▼	▼	▼
f. Analyzing quantitative problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Using computing and information technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Working effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Voting in local, state, or national elections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Learning effectively on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Understanding yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Understanding people of other racial and ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Solving complex real-world problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Developing a personal code of values and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Contributing to the welfare of your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Developing a deepened sense of spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 Overall, how would you evaluate the quality of academic advising you have received at your institution?

Excellent
 Good
 Fair
 Poor

13 How would you evaluate your entire educational experience at this institution?

Excellent
 Good
 Fair
 Poor

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

Definitely yes
 Probably yes
 Probably no
 Definitely no

15 Write in your year of birth:

1	9		
---	---	--	--

16 Your sex:

Male Female

17 Are you an international student or foreign national?

Yes No

18 What is your racial or ethnic identification? (Mark only one.)

- American Indian or other Native American
- Asian, Asian American, or Pacific Islander
- Black or African American
- White (non-Hispanic)
- Mexican or Mexican American
- Puerto Rican
- Other Hispanic or Latino
- Multiracial
- Other
- I prefer not to respond

19 What is your current classification in college?

- Freshman/first-year
- Sophomore
- Junior
- Senior
- Unclassified

20 Did you begin college at your current institution or elsewhere?

- Started here
- Started elsewhere

21 Since graduating from high school, which of the following types of schools have you attended other than the one you are attending now? (Mark all that apply.)

- Vocational or technical school
- Community or junior college
- 4-year college other than this one
- None
- Other

w1 Are you a current or former member of the U.S. Armed Forces, Reserves, or National Guard?

- Yes
- No (Go to question 22.)

↓
As part of your military experience, did you receive combat pay, hostile fire pay, or imminent danger pay?

- Yes
- No

22 Thinking about this current academic term, how would you characterize your enrollment?

- Full-time
- Less than full-time

w2 Thinking about this current academic term, are you taking all courses entirely online?

- Yes
- No

23 Are you a member of a social fraternity or sorority?

- Yes
- No

24 Are you a student-athlete on a team sponsored by your institution's athletics department?

- Yes
- No (Go to question 25.)

↓
On what team(s) are you an athlete (e.g., football, swimming)? Please answer below:

Your institution will not receive your identified response to the following question. Only an overall summary of responses will be provided.

w3 Do you have any of the following impairments or disabilities? (Mark all that apply.)

- No, I do not have any disabilities or impairments
- Yes, I have a sensory impairment (vision or hearing)
- Yes, I have a mobility impairment
- Yes, I have a learning disability
- Yes, I have a developmental disorder (ADHD, Autism spectrum disorder, etc.)
- Yes, I have a mental health disorder
- Yes, I have a medical disability not listed above
- Yes, I have another type of disability
- I choose not to answer

If yes:

Please specify your disabilities or impairments:

25 What have most of your grades been up to now at this institution?

- A
- A-
- B+
- B
- B-
- C+
- C
- C- or lower

26 Which of the following best describes where you are living now while attending college?

- Dormitory or other campus housing (not fraternity/sorority house)
- Residence (house, apartment, etc.) within walking distance of the institution
- Residence (house, apartment, etc.) within driving distance of the institution
- Fraternity or sorority house
- None of the above

27 What is the highest level of education that your parent(s) completed? (Mark one box per column.)

- | Father | Mother | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did not finish high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Graduated from high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Attended college but did not complete degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed an associate's degree (A.A., A.S., etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed a bachelor's degree (B.A., B.S., etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed a master's degree (M.A., M.S., etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed a doctoral degree (Ph.D., J.D., M.D., etc.) |

28 Please print your major(s) or your expected major(s).

a. Primary major (Print only one.):

b. If applicable, second major (not minor, concentration, etc.):