This resource provides examples of potential questions for studies where participants’ identification information is unknown. Individuals conducting assessments are encouraged to select the questions that best fit their study and edit the questions as needed.

# **IDENTITY QUESTION OPTIONS**

*Note: Most identity data can be pulled from PeopleSoft and merged with assessment data files, if the assessment data files include the students’ WCU email address or WCU ID number.*

## Age/Adult/Post-Traditional Student

What is your age? (textbox)

What is your age?

* Under 18
* Over 18

What is your age?

* Under 18
* 18-22
* 23 or older

Do you identify as a traditional college student (student who is 24 years or younger)

* Yes
* No
* Prefer not to answer

Do you identify as a post-traditional college student (student who is 25 years or older)

* Yes
* No
* Prefer not to answer

## Gender

I would describe my gender as: (textbox)

I would describe my gender identity as: (check all that apply)

* Agender
* Androgynous
* Bi-gender
* Gender non-conforming
* Genderfluid
* Man
* Non Binary
* Questioning
* Transgender man
* Transgender woman
* Two-spirit
* Woman
* I prefer not to respond
* A gender identity not listed above (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Reference: Center for Trans and Queer Advocacy Resource List*

## Caregiver

Are you a caregiver for any of the following individuals: (check all that apply)

* Child
* Sibling
* Parent
* Friend
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you responsible for providing care for a child under the age of 18? (e.g., parent, step-parent, guardian, caregiver)

* Yes
* No
* Prefer not to answer

Please select all the answers that represent your child care giving situation:

* I do not have child care responsibilities.
* I have at least 1 child who lives with me.
* I have at least 1 child who does not live with me, but for whom I provide care.
* Other (Please specify)

Do you provide assistance or care to a family member or friend? This could include, but is not limited to, providing care due to age or physical, mental, emotional, cognitive, behavioral or developmental challenges. Assistance can include medical care or help with everyday activities.

* Yes
* No
* Prefer not to answer

Are you currently: (check all the apply)

* Pregnant
* Biological parent
* Step-parent
* Adoptive parent
* Foster Parent
* Parenting a child for whom you are a guardian (officially or unofficially)

## Sexual Identity

*Reference: Center for Trans and Queer Advocacy Resource List*

I would describe my sexual orientation as: (textbox)

*\*Note this question is recommended over the one below.*

I would describe my sexual orientation as: (check all that apply)

* Androsexual/Androphilic
* Aromantic/Aro
* Asexual/Ace
* Bisexual
* Demisexual/Demi
* Gay
* Gynesexual/Gynephilic
* Heterosexual
* Lesbian
* Pansexual/Pan
* Polysexual
* Queer
* Questioning
* I prefer not to answer
* A sexual identity not listed above (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Relationship Status

Are you in a committed romantic relationship?

* Yes
* No

What is your relationship status?

* Not in a relationship
* In a relationship but not married/partnered
* Married/partnered

## Race/Ethnicity

How would you describe your racial/ethnic identity? (check all that apply) (matches MyWCU)

* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic or Latino
* Native Hawaiian
* Pacific Islander
* Unknown
* White
* A racial identity not listed above (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: These are the terms used by the US Department of Education. It may also be helpful to add an option for international students.*

How would you describe your racial/ethnic identity? (check all that apply)

* African/Caribbean
* Alaska Native
* American Indian
* Asian/Asian American
* Black/African American
* Latina/o/x
* Middle Eastern
* Native Hawaiian
* Pacific Islander
* Southeast Asian
* White/Caucasian
* Unknown
* I prefer not to respond
* A racial/ethnic identity not listed above (if you wish, please specify)

## Citizenship

*Note: WCU does not collect information on undocumented students. Contact the Executive Director of Student Affairs Assessment and Planning, Amanda Thomas, before planning studies on this topic.*

Are you an international student studying at WCU?

* Yes
* No

## Disability

Do you have a disability that impacts your learning, working or living activities?

* Yes
* No
* I don’t know
* Prefer not to answer

I have a disability (e.g., brain injury, chronic disease, hearing, learning, mental health, physical/mobility, speech/communication, visual, etc.)

* Yes
* No
* I don’t know
* Prefer not to answer

Which of the following conditions listed below impact your learning, working, or living activities? (Mark all that apply)

* Acquired/Traumatic Brain Injury
* Chronic Diagnosis or Medical Condition (e.g. Lupus, Cancer, Multiple Sclerosis, Fibromyalgia, etc.)
* Hearing impaired or Complete Loss of hearing.
* Learning Disability
  + Aspergers/Autism Spectrum
  + Attention Deficit Disorder
  + Dyslexia
  + Hyperactivity Disorder
* Mental Health/Psychological Condition
* Physical/Mobility condition that affects walking
* Physical/Mobility condition that does not affect walking
* Speech/Communication Disorder
* Visually impaired or Complete Loss of Vision
* A disability not listed here (please specify)
* I have none of the listed conditions
* I don’t know
* I prefer not to answer

**Do you have any of the following long-lasting conditions of difficulties?**

Blindness or serious visual impairment

* Yes
* No
* Prefer not to answer

Deafness or serious hearing impairment

* Yes
* No
* Prefer not to answer

A difficulty with basic or complex physical abilities

* Yes
* No
* Prefer not to answer

A disability that affects learning, remembering, or concentrating

* Yes
* No
* Prefer not to answer

An intellectual disability

* Yes
* No
* Prefer not to answer

A psychological or emotional disability

* Yes
* No
* Prefer not to answer

## Religion

Do you practice or identify with a religion or spiritualty?

* Yes
* No

What is your religion or spirituality?

* Buddhist
* Christian (Catholic protestant or any other Christian denominations)
* Confucianism
* Hindu
* Jewish
* Muslim
* Shinto
* Sikh
* Taoism
* Unaffiliated
* My religion/spirituality is not listed above (please describe): \_\_\_\_\_\_\_\_\_\_\_\_

## Veteran

*\*Note: An individual cannot be required to report their veteran status per federal policies and guidelines*

Are you a U.S. Veteran?

* Yes (please specify your branch):
* No
* Prefer Not to Answer

Which GI Bill education benefit you are receiving?

* Chapter 33 (Post 9/11 Veteran or Dependent)
* Chapter 31 (Vocational Rehabilitation)
* Chapter 1606 (MGIB/SR)
* Chapter 30 (MGIB/AD)
* Chapter 35 (Dependents/DEA)
* Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None

Are you a dependent of a veteran?

* Yes
* No

## First Generation

What is the highest level of education completed by any of your parents/guardians?

(For example, if one of your parents/guardians earned a high school diploma and another parent/guardian earned a bachelor’s degree, select “Completed a bachelor’s degree.”)

* No schooling
* Elementary school
* Middle school
* High school
* Attended college but did not earn a certificate or degree
* Completed a certificate
* Completed an associate’s degree
* Completed a bachelor’s degree
* Completed a graduate or advanced degree

## Socioeconomic Status

Have you received a Pell grant to help pay for college?

* Yes
* No
* I don’t know

Which category describes your yearly household income before taxes?

* $0 to $20,000
* $21,000 to $40,000
* $41,000 to $60,000
* $61,000 to $80,000
* $81,000 to $100,000
* $101,000 to $120,000
* $121,000 to $140,000
* $141,000 to $160,000
* $161,000 to $180,000
* $181,000 to $200,000
* More than $200,000
* I prefer not to answer
* I don’t know

## Employment

What is your current employment status? (check all that apply)

* Working full time for pay
* Working part time for pay
* Working without pay
* Seeking employment
* Not working due to a disability
* Not working and not seeking employment
* Retired
* Homemaker
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you work at WCU?

* Yes
* No

Where do you work?

* Entirely on-site/in person
* Entirely remote
* Hybrid – both on site and remote

## Living Arrangements

Do you live:

* On campus
* Off campus in the Borough of West Chester
* Outside the Borough of West Chester
* None of the Above

Do you live: (check all that apply)

* Alone
* With a significant partner
* With family member(s)
* With friend(s)
* With roommate(s)/suitemates
* Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many individuals live in your household?

* 1 (me)
* 2-3
* 4-5
* 6-7
* 8 or more

# **ACADEMIC QUESTION OPTIONS**

*Note: All of the academic information can be pulled from PeopleSoft and merged into assessment data files, if the assessment data files already have the students’ WCU email address or WCU ID number.*

## Student Status

I am a:

* Undergraduate student
* Graduate student
* Non-degree student

I am pursuing a(n):

* Undergraduate non-degree coursework
* Bachelor’s degree
* Post-Baccalaureate certificate or teaching certificate
* Graduate non-degree coursework
* Master’s degree
* Post-Master’s certificate
* Doctoral degree

I transferred to West Chester University from another college, university, or community college.

* Yes
* No

West Chester University is the first college/university I attended.

* Yes
* No

I am enrolled:

* Full-time
* Part-time
* Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Campus

I take my classes in the following places:

* Delaware County Community College
* Exton Campus
* Graduate Center
* On-line
* Philadelphia Campus
* West Chester Campus

## College/School

Which college/school(s) are you enrolled in? (check all that apply)

* College of Arts and Humanities
* College of Health Sciences
* College of Business and Public Management
* College of the Sciences and Mathematics
* College of Education and Social Work
* Honors College
* University College
* Wells School of Music

## Academic Standing

Are you a:

* First-year undergraduate student
* Second-year undergraduate student
* Third-year undergraduate student
* Fourth-year undergraduate student
* Undergraduate student for more than four years
* Graduate student
* Non-degree student
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

How many semesters have you been at WCU? (textbox)

## Major

I have chosen a program(s) to major in.

* Yes
* Yes, but I am thinking about changing.
* No, I am in Exploratory Studies.

My major is: (check all that apply)

* (insert list)

# **ENGAGEMENT QUESTION OPTIONS**

During the past year, have you participated in any of the following clubs/organizations: (check all that apply)

* Athletic team
* Club Sports
* Fraternity
* Intramurals
* Sorority
* …