



Canadian University Survey Consortium  
Consortium canadien de recherche sur les  
étudiants universitaires

## 2026 Survey of Middle Years Students

updated October 23, 2025

changes compared to 2023 Middle Years survey are highlighted below

This survey is being completed by first-year students at approximately 30 Canadian universities. We want to learn more about our new students to help them make a successful transition to university.

If you cannot finish the survey in one sitting, you can close it and return to it using the link in the email we sent you. You will be returned to the page you were on when you closed. All of your responses are confidential.

| shading    | description                                                   |
|------------|---------------------------------------------------------------|
| No shading | Question only in the Middle Years survey                      |
|            | Question in all 3 surveys                                     |
|            | Question in the First Year Survey and the Middle Years Survey |
|            | Question in the Middle Years Survey and the Graduating Survey |

### Academic history

- hist1 In what year did you begin your postsecondary studies? Year: \_\_\_\_\_
- hist2 In what year did you first enrol at <institution name>? Year: \_\_\_\_\_
- hist3 Have you transferred to <institution name> from another postsecondary institution?  
☐ Yes ☐ No
- hist4 Please choose the letter grade that best reflects your overall average grade:  
☐ A (includes A+, A and A-)  
☐ B (includes B+, B and B-)  
☐ C (includes C+, C and C-)  
☐ D  
☐ F

Since starting your post-secondary education, have you ever interrupted your studies for one or more terms (not including inter-sessions, summer sessions or work terms)? Please select all that apply.

- hist5 ☐ No, I did not interrupt my studies
- hist6 ☐ Yes, due to illness
- hist7 ☐ Yes, for financial reasons
- hist8 ☐ Yes, to have/raise children
- hist9 ☐ Yes, required to withdraw by the university
- hist10 ☐ Yes, for employment
- hist11 ☐ Yes, for other family reasons
- hist12 ☐ Yes, to travel
- hist13 ☐ Yes, for other reasons (please specify) \_\_\_\_\_

## Activities

| Since last September how often have you ... |                                                                            | Never                    | Occasionally             | Often                    | Very often               |
|---------------------------------------------|----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| act1                                        | Attended campus social events                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| act2                                        | Attended public lectures and guest speakers on campus                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| act3                                        | Attended campus cultural events (theatre, concerts, art exhibits, etc.)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| act4                                        | Participated in student government (excluding voting in student elections) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| act5                                        | Participated in student clubs                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| act6                                        | Participated in on-campus student recreational and sports programs         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| act7                                        | Attended home games of university athletic teams                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| act8                                        | Participated in on-campus community service/ volunteer activities          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| act9                                        | Participated in off-campus community service/ volunteer activities         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[If act8 or act9 <> "Never" branch to act10, otherwise branch to act11]

act10 During a typical week in the current term, about how many hours do you spend in community service/ volunteer activities?  
Hours: \_\_\_\_\_

During a typical week in the current term, about how many hours do you spend on the following academic activities?

act11 In scheduled classes, labs, seminars and tutorials (hours per week) \_\_\_\_\_

act12 Academic work outside of class time (hours per week) \_\_\_\_\_

## Current employment

work1 Excluding work related to a co-op program are you employed during the current academic term?

- ☐ Yes, off campus
- ☐ Yes, on campus
- ☐ Yes, both off campus and on campus
- ☐ No, but I am looking for work
- ☐ No, and I am not looking for work

[If work1= "Yes ..." branch to work2, otherwise branch to Professors section]

work2 In a typical week, about how many hours are you employed in this work? \_\_\_\_\_

work3 What impact has this employment had on your academic performance?

- ☐ Very negative
- ☐ Somewhat negative
- ☐ No impact
- ☐ Somewhat positive
- ☐ Very positive

## Professors

Please indicate your level of agreement or disagreement with the following statements about your professors.

| Most of my professors ... |                                                        | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|---------------------------|--------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| prof1                     | are reasonably accessible outside of class             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof2                     | take a personal interest in my academic progress       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof4                     | encourage students to participate in class discussions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof5                     | are well organized in their teaching                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof6                     | seem knowledgeable in their fields                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof7                     | communicate well in their teaching                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof8                     | are intellectually stimulating in their teaching       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof9                     | provide useful feedback on my academic work            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof10                    | provide prompt feedback on my academic work            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof12                    | are consistent in their grading                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Most of my professors ... |                                              | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           | No basis for opinion     |
|---------------------------|----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| prof13                    | treat students the same regardless of gender | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof14                    | treat students the same regardless of race   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| prof15                    | look out for students' interests             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Regardless of how well you think your professors did, which three statements do you think are the most important? [prof18](#) \_\_\_\_\_ [prof19](#) \_\_\_\_\_ [prof20](#) \_\_\_\_\_

|        |                                                                                               | Yes, all courses         | Yes, most courses        | Yes, some courses        | No courses               | Not applicable           |
|--------|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| prof16 | Were you given the chance to evaluate the quality of teaching in your courses this past fall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Considering all of your professors and courses, please indicate your level of agreement or disagreement with the following statement.

[prof17](#) Generally, I am satisfied with the quality of teaching I have received.  
☐ Strongly disagree   ☐ Disagree   ☐ Agree   ☐ Strongly agree

## Staff

Please indicate your level of agreement or disagreement with the following statements.

|        |                                                                             | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           | No basis for opinion     |
|--------|-----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| staff1 | Most teaching assistants in my academic program are helpful                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| staff2 | Most university support staff (e.g., clerks, secretaries, etc.) are helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Inclusivity

A person's identity may be comprised of many parts, such as gender, race or ethnicity, sexual orientation, disability/impairment, or other aspects. When you think of your identity as a whole, to what extent do you feel comfortable being yourself in the following situations or environments?

|       |                                                                       | Not at all               | Somewhat                 | Quite a bit              | Very much                | No basis for opinion     |
|-------|-----------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| incl1 | Attending class                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| incl2 | Participating in class activities (e.g., discussions, group projects) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| incl3 | Interacting with instructors or professors                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| incl4 | Interacting with university staff                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| incl5 | Interacting with students on campus who you don't know well           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| incl6 | Interacting with friends on campus                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| incl7 | Participating in extracurricular activities (e.g., clubs, sports)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| incl8 | Attending campus social events                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| incl9 | Actively participating in campus social activities                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Growth and development

How much has your experience at <institution name> contributed to your growth and development in the following areas?

|       |                                                                                 | None                     | Very little              | Some                     | Much                     | Very much                |
|-------|---------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| dvl1  | Thinking logically and analytically                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl2  | Mathematical skills                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl3  | Dealing successfully with obstacles to achieve an objective                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl4  | Thinking creatively to find ways to achieve an objective                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl5  | Understanding abstract concepts                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl6  | Speaking to small groups                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl7  | Speaking to a class or audience                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl8  | Writing clearly and correctly                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl9  | Reading to absorb information accurately                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl10 | Listening to others to absorb information accurately                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl11 | Ability to find and use information                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl12 | Second or third language skills                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl13 | Skills for planning and completing projects                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl14 | Effective study and learning skills                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl15 | Working independently                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl16 | Cooperative interaction in groups                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl17 | Computer literacy skills                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl18 | Persistence with difficult tasks                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl19 | Entrepreneurial skills                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl20 | Skills and knowledge for employment                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl21 | Ability to lead a group to achieve an objective                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl22 | Knowledge of career options                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl23 | Self-confidence                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl24 | Ability to evaluate your own strengths and weaknesses                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl25 | Ability to interact with people from backgrounds different from your own        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl26 | Appreciation of the arts                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl27 | Spirituality                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl28 | Time management skills                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl29 | Moral and ethical judgment                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dvl30 | Understanding Indigenous worldviews, experiences, issues, and peoples of Canada | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Regardless of how well you think your university did, which three areas of your growth and development do you think are the most important?

dvl1st \_\_\_\_\_ dvl2nd \_\_\_\_\_ dvl3rd \_\_\_\_\_

## Commitment to completion

Please indicate your level of agreement or disagreement with the following statements.

|       |                                                                                   | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           | Don't know               |
|-------|-----------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| cmt1  | I have the financial resources to complete my program                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt2  | I had adequate information about my program from the university before I enrolled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt3  | I am in the right program for me                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt4  | Most of my courses are interesting                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt5  | My course load is manageable                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt6  | I normally go to all of my classes                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt7  | I am willing to put a lot of effort into being successful at university           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt8  | I can deal with stress                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt9  | I have good study habits                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt10 | I plan to come back to this university next year                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt11 | I plan to transfer to another university next year                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt12 | I plan to go to college/CEGEP next year                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt13 | I plan to complete my degree at this university                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cmt14 | A university degree is worth the cost                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Expectations and experience

exp18 Has <institution name> exceeded, met or fallen short of your expectations?

☐ Exceeded ☐ Met ☐ Fallen short

## Overall evaluation

Please indicate your level of satisfaction or dissatisfaction with <institution name> in the following areas.

|        |                                                                                            | Very dissatisfied        | Dissatisfied             | Satisfied                | Very satisfied           |
|--------|--------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| eval3  | Concern shown by the university for you as an individual                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| eval9  | Your decision to attend this university                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| eval14 | How likely is it that you would recommend <institution name> to a friend or family member? |                          |                          |                          |                          |

☐ 0 Not at all likely ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Extremely likely

[If eval14 =< 6 branch to eval14txt, otherwise branch to Goal development section]

eval14txt Please explain why you gave a rating of [EVAL14] out of 10 for recommending this university.

## Goal development

goal1 Have you declared a major or discipline?  
☐ Yes ☐ No

After you have completed your undergraduate studies do you intend to:

goal3 Apply to a professional program (e.g., dentistry, law, medicine, etc.)  
☐ Yes ☐ No ☐ Unsure

goal4 Apply to graduate school  
☐ Yes ☐ No ☐ Unsure

goal5 Which of the following best describes your career plans?  
☐ I have a specific career in mind  
☐ I have several possible careers in mind  
☐ I have some general ideas but I need to clarify them  
☐ I am unsure, but I want to develop a career plan  
☐ I am not thinking about a career at this stage of my studies  
☒ I am already working/ been offered a job in my desired career

goal6 How well do you know the career options your program or intended program could open for you?  
☐ Very well ☐ Fairly well ☐ Only a little ☐ Not at all

Please indicate what steps, if any, you have taken to prepare for employment/ your career after graduation.  
Please choose all that apply.

goal7 ☐ Talked with professors about employment/ career

goal8 ☐ Talked with parents/ family about employment/ career

goal9 ☐ Talked with friends about employment/ career

goal10 ☐ Created resume, CV, e-portfolio, or online profile (e.g., LinkedIn)

goal12 ☐ Attended an employment fair

goal13 ☐ Met with a career counsellor

goal14 ☐ Worked in my chosen field of employment

goal15 ☐ Volunteered in my chosen field of employment

goal16 ☐ I have a career mentor

goal17 ☐ None of the above

## Services

Please indicate which of the following services you have used since last September.

|       |                                                                                             | Satisfaction if service used |          |                          |                          |                          |                          |
|-------|---------------------------------------------------------------------------------------------|------------------------------|----------|--------------------------|--------------------------|--------------------------|--------------------------|
|       |                                                                                             | Used                         |          | Very<br>dissatisfied     | Dissatisfied             | Satisfied                | Very<br>Satisfied        |
| srv1  | Services for Indigenous students                                                            | <input type="checkbox"/>     | srv1sat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv2  | Services for international students                                                         | <input type="checkbox"/>     | srv2sat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv3  | Services for students with disabilities                                                     | <input type="checkbox"/>     | srv3sat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv4  | University libraries: physical books, magazines, stacks                                     | <input type="checkbox"/>     | srv4sat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv5  | University libraries: electronic resources                                                  | <input type="checkbox"/>     | srv5sat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv6  | Employment services                                                                         | <input type="checkbox"/>     | srv6sat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv7  | Career counselling                                                                          | <input type="checkbox"/>     | srv7sat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv8  | Personal counselling                                                                        | <input type="checkbox"/>     | srv8sat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv9  | Academic advising                                                                           | <input type="checkbox"/>     | srv9sat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv10 | Tutoring                                                                                    | <input type="checkbox"/>     | srv10sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv11 | Study skills and learning supports                                                          | <input type="checkbox"/>     | srv11sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv12 | Writing skills supports                                                                     | <input type="checkbox"/>     | srv12sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv13 | University residences                                                                       | <input type="checkbox"/>     | srv13sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv14 | Advising for students who need financial aid                                                | <input type="checkbox"/>     | srv14sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv15 | Financial aid                                                                               | <input type="checkbox"/>     | srv15sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv16 | Athletic facilities                                                                         | <input type="checkbox"/>     | srv16sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv17 | Other recreational facilities                                                               | <input type="checkbox"/>     | srv17sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv18 | University bookstores: physical stores                                                      | <input type="checkbox"/>     | srv18sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv19 | University bookstores: online inventory check, ordering, etc.                               | <input type="checkbox"/>     | srv19sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv20 | Campus medical services                                                                     | <input type="checkbox"/>     | srv20sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv21 | Co-op offices and supports                                                                  | <input type="checkbox"/>     | srv21sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv22 | Facilities for university-based social activities                                           | <input type="checkbox"/>     | srv22sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv23 | Facilities for student associations                                                         | <input type="checkbox"/>     | srv23sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv24 | Computing services help desk                                                                | <input type="checkbox"/>     | srv24sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv25 | Food services on campus (e.g., cafeteria, coffee shop, convenience store, food court, etc.) | <input type="checkbox"/>     | srv25sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv26 | Parking                                                                                     | <input type="checkbox"/>     | srv26sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| srv27 | Study spaces on campus                                                                      | <input type="checkbox"/>     | srv27sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Finances

The following questions about credit cards are used to better understand the ways in which students help pay for and finance their education. The information collected is confidential.

**fin1** How many credit cards do you have?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 or more

☐ I prefer not to answer

[If fin1 = "0" branch to debt, otherwise branch to fin2]

**fin2** Do you usually pay off the whole balance every month on all of your credit cards? ☐ Yes ☐ No

[If fin2 = "Yes" branch to Debt section, otherwise branch to fin3]

**fin3** What is the approximate total unpaid balance (in Canadian dollars) on all of your credit cards?  
\$ \_\_\_\_\_ ☐ Don't know

## Debt

**debt** Have you acquired repayable debt to finance your university education? By repayable debt, we mean money you owe and have to pay back. We are interested in repayable debt that is directly helping to finance your university education, such as tuition, fees, books, but also might include basic living expenses that are incurred while attending university.

☐ Yes ☐ No

[If debt = "Yes" branch to debt1, otherwise branch to Sources of income section]

Please enter the approximate amount of debt (in Canadian dollars) from each source used to finance your university education.

|                                                        |                                       |                          |
|--------------------------------------------------------|---------------------------------------|--------------------------|
| Repayable debt from government student loans:          | <b>debt1</b> <input type="checkbox"/> | <b>debt1amt</b> \$ _____ |
| Repayable debt from loans from financial institutions: | <b>debt2</b> <input type="checkbox"/> | <b>debt2amt</b> \$ _____ |
| Repayable debt from loans from parents/family:         | <b>debt3</b> <input type="checkbox"/> | <b>debt3amt</b> \$ _____ |
| Repayable debt from other sources:                     | <b>debt4</b> <input type="checkbox"/> | <b>debt4amt</b> \$ _____ |

## Sources of income

Please enter the approximate amount that you received or expect to receive (in Canadian dollars) from each source to pay for your university education this academic year.

|                                                         |                                       |                          |
|---------------------------------------------------------|---------------------------------------|--------------------------|
| Government loan or bursary                              | <b>inc1</b> <input type="checkbox"/>  | <b>inc1amt</b> \$ _____  |
| University scholarship, financial award, or bursary     | <b>inc2</b> <input type="checkbox"/>  | <b>inc2amt</b> \$ _____  |
| Parents, family, or spouse                              | <b>inc3</b> <input type="checkbox"/>  | <b>inc3amt</b> \$ _____  |
| Loans from financial institution(s)                     | <b>inc4</b> <input type="checkbox"/>  | <b>inc4amt</b> \$ _____  |
| Co-op program, internship, etc. related to your program | <b>inc5</b> <input type="checkbox"/>  | <b>inc5amt</b> \$ _____  |
| Earnings from current employment on campus              | <b>inc6</b> <input type="checkbox"/>  | <b>inc6amt</b> \$ _____  |
| Earnings from current employment off campus             | <b>inc7</b> <input type="checkbox"/>  | <b>inc7amt</b> \$ _____  |
| Earnings from summer work                               | <b>inc8</b> <input type="checkbox"/>  | <b>inc8amt</b> \$ _____  |
| Investment income (bonds, dividends, interest, etc.)    | <b>inc9</b> <input type="checkbox"/>  | <b>inc9amt</b> \$ _____  |
| Registered Education Savings Plan (RESP)                | <b>inc10</b> <input type="checkbox"/> | <b>inc10amt</b> \$ _____ |
| Other (please specify) _____                            | <b>inc11</b> <input type="checkbox"/> | <b>inc11amt</b> \$ _____ |

## Living arrangements

- live1 Where are you currently living?
- ☐ In on-campus housing (university residence, dorm, suite, etc.)
  - ☐ Off campus with parents, guardians, family, or relatives
  - ☐ In rented off-campus housing shared with others
  - ☐ In rented off-campus housing on your own
  - ☐ In a home you own
- livetxt ☐ Other (please specify) \_\_\_\_\_

[If live1 <> "In on-campus housing" branch to live2, otherwise branch to live3]

- live2 Would you prefer to live in on-campus housing if you had the choice?
- ☐ Yes ☐ No
- live3 What is your marital status?
- ☐ Single
  - ☐ Married, common law, or living with my partner
  - ☐ In a relationship other than married, common law, or living with my partner
  - ☐ I prefer not to answer
- live3txt ☐ Other (please specify) \_\_\_\_\_
- live4 Do you have children? ☐ Yes ☐ No

[If live4 = "Yes" branch to live5, otherwise branch to Transportation to campus section]

- live5 How many up to age 5? \_\_\_\_\_
- live6 How many age 5 to 11? \_\_\_\_\_
- live7 How many 12 or older? \_\_\_\_\_

## Transportation to campus

- At present, What methods of transportation do you use to get to campus? Please select all that apply.
- comm1 ☐ Vehicle (alone)
- comm2 ☐ Vehicle (with others or in a car pool)
- comm3 ☐ Public transportation
- comm4 ☐ Walk
- comm5 ☐ Bicycle
- commtxt ☐ Other (please specify): \_\_\_\_\_
- comm6 ☐ Don't attend the campus

## Food (optional survey module)

| Since September how often have you ... |                                                                                                        | Never                    | Occasionally             | Often                    | Very often               |
|----------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| food1                                  | Used food services on campus (e.g. cafeteria, coffee shop, convenience store, dining hall, food court) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| food2                                  | Prepared food at home                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| food3                                  | Used food services off campus (e.g. grocery store, restaurant, food delivery service, take-out)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| food4                                  | Used a food bank                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[If food1 <> "Never" branch to food1a, otherwise branch to food2]

Why did you use food services **on campus**? Please select all that apply.

- food1a ☐ Cost
- food1b ☐ Convenience
- food1c ☐ Nutritional concerns
- food1d ☐ Food quality
- food1e ☐ Opportunities for social interaction
- food1f ☐ Other (please specify) \_\_\_\_\_

[If food3 <> "Never" branch to food3a, otherwise branch to food4]

Why did you use food services **off campus**? Please select all that apply.

- food3a ☐ Cost
- food3b ☐ Convenience
- food3c ☐ Nutritional concerns
- food3d ☐ Food quality
- food3e ☐ Opportunities for social interaction
- food3f ☐ Other (please specify) \_\_\_\_\_

[If food4 <> "Never" branch to food4a, otherwise branch to food5]

Why did you use a food bank? Please select all that apply.

- food4a ☐ Cost
- food4b ☐ Convenience
- food4c ☐ Nutritional concerns
- food4d ☐ Food quality
- food4e ☐ Opportunities for social interaction
- food4f ☐ Other (please specify) \_\_\_\_\_

food5 How often are you able to find food **on campus** that meets your dietary restrictions or practices (e.g., vegan, vegetarian, gluten free, lactose free, kosher, halal)?

- ☐ Never   ☐ Sometimes   ☐ Often   ☐ Always   ☐ Not applicable

Please indicate your level of agreement or disagreement with the following statements about your current food situation.

|        |                                                                                   | Strongly<br>disagree     | Disagree                 | Agree                    | Strongly<br>agree        | Not<br>applicable        |
|--------|-----------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| food6a | I am currently concerned about being able to afford food                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| food6b | I can afford to buy nutritious food                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| food6c | I have reliable places to buy food                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| food6d | I can afford to buy enough food for my needs                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| food6e | I am concerned about running out of money by the end of this semester to buy food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Disabilities/ Impairments

Do you have any of the following disabilities/ impairments? Please select all that apply.

dis11 ☐ I do not have a disability/ impairment

How often are your daily activities limited by this disability/ impairment?

|       |                                                                                                            |        | Never                    | Sometimes                | Often                    | Always                   |
|-------|------------------------------------------------------------------------------------------------------------|--------|--------------------------|--------------------------|--------------------------|--------------------------|
| dis1  | <input type="checkbox"/> Mobility/ Dexterity                                                               | disf1  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dis2  | <input type="checkbox"/> Hearing                                                                           | disf2  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dis3  | <input type="checkbox"/> Speech                                                                            | disf3  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dis4  | <input type="checkbox"/> Vision (e.g., blindness, low vision)                                              | disf4  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dis5  | <input type="checkbox"/> Learning/ Memory (e.g., dyslexia, learning disability)                            | disf5  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dis7  | <input type="checkbox"/> Other physical disability                                                         | disf7  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dis8  | <input type="checkbox"/> Neurodivergence (e.g., autism spectrum, attention deficit hyperactivity disorder) | disf8  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dis9  | <input type="checkbox"/> Mental health condition                                                           | disf9  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dis12 | <input type="checkbox"/> Chronic conditions condition (e.g., Multiple Sclerosis, Crohn's, Autoimmune)      | disf12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dis10 | <input type="checkbox"/> Other (please specify) _____                                                      | disf10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dis13 | <input type="checkbox"/> I prefer not to answer                                                            |        |                          |                          |                          |                          |

## Parents' education

What is the highest level of education your parent(s)/guardian(s) have completed?

|                                                                                                | meduc<br>Parent/Guardian1 | peduc<br>Parent/Guardian2 |
|------------------------------------------------------------------------------------------------|---------------------------|---------------------------|
| Less than high school                                                                          | <input type="checkbox"/>  | <input type="checkbox"/>  |
| High school graduate (including GED)                                                           | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Some college, CEGEP or technical school (no certificate or diploma)                            | <input type="checkbox"/>  | <input type="checkbox"/>  |
| College, CEGEP or technical school graduate (e.g., certificate, diploma, journeyman, Red Seal) | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Some university (no degree or diploma)                                                         | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Undergraduate university degree (Bachelor)                                                     | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Professional degree (e.g., dentistry, law, medicine, etc.)                                     | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Graduate degree (e.g., Master's, Doctoral MBA, PhD)                                            | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Other Parent/Guardian 1 (please specify) meductxt                                              | _____                     |                           |
| Other Parent/Guardian 2 (please specify) peductxt                                              | _____                     |                           |
| Don't know/Not applicable                                                                      | <input type="checkbox"/>  | <input type="checkbox"/>  |

## Ethnicity

Which of the following groups best describe your ethnic or cultural background? Please select all that apply.

- eth1 ☐ Indigenous person of Canada (First Nations status, First Nations non-status, Inuit/ Inuk, Metis, etc.)
- eth15 ☐ Indigenous person from outside of Canada (Australian Aborigine, New Zealand Maori, etc.)
- eth16 ☐ Middle Eastern (Arab, Egyptian, Israeli, Palestinian, Syrian, Turkish, etc.)
- eth3 ☐ Black (African, African American, Afro-Brazilian, African British, African Canadian, Afro-Caribbean, Afro-Latine, other African descent, etc.)
- eth8 ☐ Latin American (**Caribbean**, Central **American**, South **American**, etc.)
- eth17 ☐ East Asian (Chinese, Japanese, Korean, **Taiwanese**, etc.)
- eth9 ☐ South Asian (Indian, Pakistani, Sri Lankan, etc.)
- eth10 ☐ Southeast Asian (Cambodian, **Fijian**, Filipino, Indonesian, Laotian, Vietnamese, etc.)
- eth11 ☐ West Asian (Afghan, Iranian, etc.)
- eth12 ☐ White/ Caucasian (~~Eastern European, Southern European, Western European, etc.~~)
- eth13 ☐ Other (please specify) \_\_\_\_\_
- eth14 ☐ I prefer not to answer

[If eth1 is checked branch to ab1, otherwise branch to Gender identity section]

Which of the following describes your Indigenous background? **Please select** all that apply.

- ab1 ☐ First Nations status
- ab2 ☐ First Nations non-status
- ab3 ☐ Métis
- ab4 ☐ Inuit/ Inuk
- ab5 ☐ Other
- ab6 ☐ I prefer not to answer

## Gender identity

Please select the gender identity/ identities with which you identify. Select all that apply.

- gendi1 ☐ Woman (includes cis woman, trans woman, and everyone else who identifies as a woman)
- gendi2 ☐ Man (includes cis man, trans man, and everyone else who identifies as a man)
- gendi3 ☐ Gender non-conforming
- gendi4 ☐ Non-binary
- gendi5 ☐ Agender
- gendi6 ☐ Questioning
- gendi7 ☐ Trans
- gendi8 ☐ Two Spirit
- gendi11** ☐ **Genderfluid**
- gendi9 ☐ Another gender identity (please specify): \_\_\_\_\_
- gendi10 ☐ I prefer not to answer

## Sexual orientation

Please select the sexual orientation(s) with which you identify. Select all that apply.

- sexo1 ☐ Asexual
- sexo2 ☐ Bisexual
- sexo12 ☐ Demisexual
- sexo3 ☐ Gay
- sexo4 ☐ Heterosexual/ straight
- sexo5 ☐ Lesbian
- sexo6 ☐ Pansexual, multisexual, omnisexual
- sexo7 ☐ Queer
- sexo8 ☐ Questioning
- sexo9 ☐ Two Spirit
- sexo10 ☐ Another sexual orientation (please specify): \_\_\_\_\_
- sexo11 ☐ I prefer not to answer

## Comments

Please take this opportunity to comment fully about your overall university experience. Your remarks will provide valuable information to the institution.

negativ Looking back on your experiences as a student, what aspects of your experience at <institution name> have been most negative? How could we have helped or done a better job?

Comments (specify) \_\_\_\_\_ ☐ Don't know

positiv Looking back on your experiences as a student, what aspects of your experience at <institution name> have been most positive?

Comments (specify) \_\_\_\_\_ ☐ Don't know