



2022–2023 HEDS Diversity and Equity Campus Climate Survey

This is a PDF representation of the online version of the survey. It includes all questions and response options, as well as notes (in italics) about how questions will display to survey takers.

In this survey, we will ask you about your perceptions of [Institution Name]’s climate, your perceptions of how [Institution Name] supports diversity and equity, and your experiences with discrimination and harassment at [Institution Name].

We are administering this survey to students, faculty, staff, and administrators at [Institution Name] to develop a better understanding of the extent to which our campus climate supports diversity and equity. The survey usually takes less than 15 minutes to complete.

Your participation is **voluntary**. We are grateful for your cooperation and willingness to provide information that will help us better understand [Institution Name]’s climate. We are committed to ensuring that our campus has an inclusive, engaging, and supportive environment, and your participation in this survey will help us work toward this goal.

We will ask you many questions about your identity in this survey to develop a better sense of the diversity on our campus. However, your responses are **anonymous**. The survey is being administered by an independent organization, the [Higher Education Data Sharing Consortium \(HEDS\)](#). **They will exclude any personal information, such as your name, email address, student or employee identification number, and your IP address, from the data they send to our institution. We have also agreed to the organization’s requirements for maintaining the security and confidentiality of the data they send us.**

You may stop taking the survey at any time or choose not to answer particular questions. You may also go back and change your responses. If you wish to stop taking the survey, simply leave the survey without hitting the “Submit” button at the end. We will not record your responses until you hit the “Submit” button.

The information you provide will be used to inform and improve support, policies, and practices at [Institution Name] and **will not** be used to investigate specific individuals. Disclosing an incident here does not constitute reporting the incident to your campus and will not result in any action, disciplinary or otherwise. Please do not include your name or accuse anyone of discrimination or harassment by name in your survey responses. If you include your name or accuse anyone by name, these names will be removed before we receive the data.

The [Institution Name] leader(s) of this survey effort [is/are] [name(s)], and [he/she/they] can be reached at [email address(es) and/or phone number(s)].

By clicking on the “Continue” button below, you indicate that you are at least 18 years old, have read and considered the above information about the survey, and agree to participate in the survey.

[Respondents see a “Continue” button.]

Campus Climate

For this survey, we define *diversity* and *equity* as follows:

- **Diversity:** differences among people in their race and ethnicity, gender and gender identity, sexual orientation, socioeconomic status, culture, national origin, religious beliefs and identity, age, disability status, and political perspective.
- **Equity:** a commitment to working to challenge and respond to bias, harassment, and discrimination against people from diverse identities and backgrounds.

1. Please indicate your level of satisfaction with the following at [Institution Name].

	Very satisfied	Generally satisfied	Neither satisfied nor dissatisfied	Generally dissatisfied	Very dissatisfied
Overall campus climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The campus experience/environment regarding diversity at [Institution Name]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The extent to which you experience a sense of belonging or community at [Institution Name]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The extent to which you feel all community members experience a sense of belonging or community at [Institution Name]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate your level of agreement with each of the following statements about [Institution Name].

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The campus environment is free from tensions related to individual or group differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment of historically marginalized students, faculty, and staff is an institutional priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retention of historically marginalized students, faculty, and staff is an institutional priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior leadership demonstrates a commitment to diversity and equity on this campus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We will randomize the items listed in Question 3 in the electronic survey.

3. In the last year, about how often have you interacted with the following people while at [Institution Name]?

	Daily	Weekly	Monthly	A few times	Not at all/ not that I'm aware of
People who have a racial and/or ethnic identity other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from a socioeconomic background other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who have a sexual orientation other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People whose gender differs from yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People for whom English is not their native language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from a religious background other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are undocumented immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from a country other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who hold a political affiliation, philosophy, or view that differs from yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are significantly older or younger than you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We will randomize the items listed in Question 4 in the electronic survey.

4. How comfortable are you interacting with the following people?

	Very comfortable	Somewhat comfortable	Neither comfortable nor uncomfortable	Somewhat uncomfortable	Very uncomfortable
People who have a racial and/or ethnic identity other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from a socioeconomic background other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who have a sexual orientation other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People whose gender differs from yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People for whom English is not their native language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from a religious background other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are undocumented immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from a country other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who hold a political affiliation, philosophy, or view that differs from yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are significantly older or younger than you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. To what extent do you agree that diversity on campus improves experiences and interactions within the classroom, the workplace, and the overall community?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

6. Overall, how comfortable would you be sharing your views on diversity and equity at [Institution Name]?

- Very comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Very uncomfortable

We will randomize the items listed in Question 7 in the electronic survey.

7. How have the following activities influenced your support for diversity and equity?

	Greatly increased my support	Somewhat increased my support	Somewhat decreased my support	Greatly decreased my support	Have not engaged in this activity
Performed community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged in discussions or activities concerning political issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended presentations, performances, or art exhibits related to diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in discussions, training, or activities on racial/ethnic issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in discussions, training, or activities on gender issues and/or gender identity issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in discussions, training, or activities on sexual orientation issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in discussions, training, or activities on socioeconomic status issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in discussions, training, or activities on religious diversity issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in discussions, training, or activities on disability issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in discussions, training, or activities on immigration issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What one word or sentence would you use to describe the sense of community you feel at [Institution Name]?

9. What one change would you make in order to enhance the sense of community at [Institution Name]?

Experiences with Discrimination and Harassment

We will randomize the items listed in Question 10 in the electronic survey.

10. During your time at [Institution Name], about how often have you heard someone make an insensitive or disparaging remark about:

	Never	Rarely	Sometimes	Often	Very often
People who have a particular racial and/or ethnic identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of a particular sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of a particular gender or gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from a particular socioeconomic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from a particular religious background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with a particular disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with a particular political affiliation/view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of a particular age or generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People for whom English is not their native language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. If you heard someone make an insensitive or disparaging remark, about how often was the source of that remark a member of the following groups?

	Never	Rarely	Sometimes	Often	Very often
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For this survey, we define *discrimination* and *harassment* as follows:

- **Discrimination:** the unfavorable treatment of a person based on that person’s race, ethnicity, national origin, socioeconomic status, age, perceived or actual physical or mental disability, pregnancy, sex, sexual orientation, gender identity, marital status, creed, religion, or political beliefs.
- **Harassment:** a form of discrimination consisting of physical or verbal conduct that denigrates or shows hostility toward an individual because of their race, ethnicity, national origin, socioeconomic status, age, perceived or actual physical or mental disability, pregnancy, sex, sexual orientation, gender identity, marital status, creed, religion, or political beliefs. Harassment occurs when the conduct is sufficiently severe and/or pervasive that it alters the terms or conditions of employment or substantially limits the ability of a student to participate in or benefit from the college’s educational and/or social programs.

12. Please indicate your level of agreement with the following items.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
If I experienced or observed an act of discrimination or harassment while at [Institution Name], I know whom to contact to report the incident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The process for reporting acts of discrimination or harassment at [Institution Name] is clear to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The process for investigating acts of discrimination or harassment at [Institution Name] is clear to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Have you ever been discriminated against or harassed on the [Institution Name] campus, at an off-campus residence, or at an off-campus program/event affiliated with [Institution Name]?

- Yes
- No
- Unsure

Respondents who selected “No” for Question 13 will skip to the first question of the demographic section of the survey (Question 21). Respondents who selected “Unsure” for the previous question will see Question 13A. After they see Question 13A, they will skip to Question 21.

13A. In responding to the previous question, you indicated that you were unsure about whether you have experienced discrimination or harassment at [Institution Name]. Please tell us more about why you selected that response.

Respondents who selected “Yes” for the question about experiencing discrimination or harassment (Question 13) will see Questions 14 and 15.

The items listed in Question 14 are randomized in the electronic survey.

14. How often have you been discriminated against or harassed on the [Institution Name] campus, at an off-campus residence, or at an off-campus program/event affiliated with [Institution Name] for the following reasons?

	Never	Rarely	Sometimes	Often	Very often
Because of my racial and/or ethnic identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my gender or gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my socioeconomic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my religious background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I am an immigrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my political affiliation/views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my age or generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my physical appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of some other aspect of my identity: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. You indicated that you have experienced discrimination or harassment during your time at [Institution Name].

Did any of these incidents of discrimination or harassment at [Institution Name] occur in the last year?

- Yes
- No

Respondents who selected “Yes” for Question 15 will see Questions 16-19 which ask them to provide details about their recent experiences with discrimination or harassment. Respondents who selected “No” will skip to Question 20.

For the next several questions, please consider all instances in the past year in which you were discriminated against or harassed on the [Institution Name] campus, at an off-campus residence, or at an off-campus program/event affiliated with [Institution Name].

16. Please indicate which of the following forms of discrimination or harassment you have experienced in the past year. (Check all that apply)

- Stared at
- Deliberately ignored, isolated, left out, or excluded
- Singled out as the "resident authority"
- Racial/ethnic profiling
- Graffiti or other forms of vandalism on campus
- Derogatory written comments
- Derogatory remarks
- Derogatory posts on social media
- Derogatory phone calls
- Derogatory/unsolicited e-mails
- Received a poor grade because of a hostile classroom environment
- Received a low performance evaluation
- Denied service or access to resources
- Intimidated/bullied
- Threatened with physical violence
- Feared for your physical safety
- Feared for your family's safety
- Physical violence
- Sexual assault/harassment
- Other form of discrimination or harassment: _____

17. Did any of these incidents of discrimination or harassment occur in the following locations? (Check all that apply)

- In a classroom
- In a departmental office or conference room
- In an individual faculty or staff member's office
- In on-campus housing/residences
- At a house or residence off-campus
- At a program/event affiliated with or sponsored by [Institution Name]
- At a dining hall, recreational space, or athletic facility
- Via the internet or social media
- During a virtual meeting or class via Zoom, Microsoft Teams, Google Meet, etc.
- Other location: _____

18. Was the source of the discrimination/harassment a member of the following groups? (Check all that apply)

- Students
- Faculty
- Staff
- Administration
- Local community

19. Did you report any incident(s) to campus officials?

- Yes
- No

Respondents who selected “No” for the previous question will see Question 19A.

19A. You indicated that you did not report incident(s) of discrimination/harassment that you experienced at [Institution Name] to campus officials. We would appreciate it if you would explain why you chose not to report the incident(s).

All respondents who selected “Yes” for the question about experiencing discrimination or harassment (Question 13), regardless of whether it occurred in the last year, will see Question 20, which is the last question in this section of the survey.

20. If there is any other information that you would like to provide about your experiences with discrimination or harassment at [Institution Name], please use the box below.

Demographic Information

In the next section, we ask questions about your identity, background, and affiliation with [Institution Name]. You may choose not to respond to any of these questions. We use responses to these questions to develop a picture of how different people experience our campus. We will not use this information to identify individuals. In addition, the organization that is administering this survey will combine the responses to many of these questions before we receive them to obscure potentially identifiable information.

21. What is your gender?

- Man
- Woman
- Non-binary, please self describe: _____
- Prefer not to respond

22. Are you transgender?

- Yes
- No
- Unsure
- Prefer not to respond

23. What is your current age?

- Younger than 18
- 18–24
- 25–34
- 35–44
- 45–54
- 55–64
- 65 or older
- Prefer not to respond



24. Which term best describes your sexual orientation? (Select one)

- Asexual
- Bisexual
- Gay
- Lesbian
- Pansexual
- Queer
- Questioning
- Straight (Heterosexual)
- Prefer to self describe: _____
- Prefer not to respond

25. What is your religious affiliation? (Select one)

- | | |
|--|---|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Nondenominational Christian |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Orthodox Christian |
| <input type="checkbox"/> The Church of Jesus Christ of Latter-day Saints | <input type="checkbox"/> Other Christian |
| <input type="checkbox"/> Episcopalian | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Spiritual, but not religious |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Other religion: _____ |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to respond |

26. How would you characterize your political views?

- Far left
- Liberal
- Middle-of-the-road
- Conservative
- Far right
- Prefer not to respond

27. Are you now or have you ever served with the U.S. Armed Forces?

- Yes
- No
- Prefer not to respond

28. Do you currently have a physical or mental impairment that substantially limits one or more major life activities such as seeing, hearing, learning, interacting with others, walking, etc.?

- Yes
- Temporary disability
- No
- Prefer not to respond

29. What is your citizenship status?

- U.S. citizen
- U.S. permanent resident but not a U.S. citizen
- Not a U.S. citizen or permanent resident
- Prefer not to respond

30. Which of the following racial or ethnic categories applies to your identity? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American/American Indian |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> Caribbean/West Indian | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic or Latino/a | <input type="checkbox"/> Some other race or ethnicity: _____ |
| <input type="checkbox"/> Latin American | <input type="checkbox"/> Prefer not to respond |

31. What is the highest level of education completed by either of your parents (or those who raised you)?

- Did not finish high school
- High school diploma or G.E.D.
- Attended college but did not complete degree
- Associate's degree (A.A., A.S., etc.)
- Bachelor's degree (B. A., B. S., etc.)
- Master's degree (M.A., M.B.A., M.S., etc.)
- Doctoral or professional degree (Ph.D., J.D., M.D., etc.)
- Prefer not to respond

32. What is your primary role at [Institution Name]?

- Undergraduate Student
- Graduate Student
- Faculty
- Staff
- Administrator
- Other role: _____
- Prefer not to respond

Respondents who selected "Undergraduate Student" or "Graduate Student" in Question 32 will see Questions 33 and 34.

33. How do you attend classes at [Institution Name]?

- Primarily or entirely on campus
- Primarily or entirely online
- Split between on campus and online
- Prefer not to respond

34. Which of the following best describes where you are currently living?

- Dormitory or other campus housing (not a fraternity or sorority house)
- Fraternity or sorority house (including college-owned housing)
- Residence (house, apartment, etc.) *within* walking distance to the institution
- Residence (house, apartment, etc.) *farther than* walking distance to the institution
- None of the above
- Prefer not to respond

Respondents at 4-year institutions who selected “Undergraduate Student” in Question 32 will see Question 35.

35. What is your academic classification for the 2022–2023 academic year?

- Freshman/First Year
- Sophomore
- Junior
- Senior
- Other academic classification: _____
- Prefer not to respond

Respondents at 2-year institutions who selected “Undergraduate Student” in Question 32 will see Questions 36 and 37.

36. How many credits did you enroll in at the beginning of this semester?

- Less than 12
- 12 or more
- Prefer not to respond

37. How many total academic terms have you been enrolled at [Institution Name]?

- This is my first academic term
- This is my second academic term
- This is my third or fourth academic term
- This is my fifth or sixth academic term
- I have been enrolled more than six academic terms
- Prefer not to respond

Respondents who selected “Undergraduate Student” for Question 32 will see Question 38.

38. How often did you have a drink containing alcohol in the past year?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week
- Prefer not to respond

Respondents who selected “Monthly or less”, “2-4 times a month”, “2-3 times a week”, or “4 or more times a week” in Question 38 will see Questions 39 and 40.

39. A typical alcohol drink size is 12 ounces of beer, 8-9 ounces of malt liquor, 5 ounces of wine, or 1.5 ounces of hard liquor. How many drinks did you have on a typical day when you were drinking in the past year?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

40. How often did you have five or more drinks on one occasion in the past year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Respondents who selected “Faculty,” “Staff,” or “Administrator” in Question 32 will see Questions 41, 42, and 43.

41. How do you work at [Institution Name]?

- Primarily or entirely on campus
- Primarily or entirely remotely
- Split between on campus and remotely
- Prefer not to respond

42. How long have you worked at [Institution Name]?

- Less than 1 year
- 1–4 years
- 5–9 years
- 10 or more years
- Prefer not to respond

43. Are you a part-time or full-time employee at [Institution Name]?

- Part-time
- Full-time
- Prefer not to respond

Respondents who selected “Faculty” in Question 32 will see Questions 44 and 45.

44. Which of the following best describes your academic rank?

- Professor
- Associate Professor
- Assistant Professor
- Lecturer/Instructor/Adjunct
- Prefer not to respond

45. Which of the following best describes your primary area of teaching?

- Biological Sciences
- Business and Management
- Communications
- Education
- Engineering
- Fine and Performing Arts
- Health Sciences
- Humanities
- Physical Sciences, Mathematics, and Computer Science
- Social Sciences
- Other academic areas
- Prefer not to respond

Respondents who selected “Staff” or “Administrator” in Question 32 will see Question 46.

46. Which category best describes your primary role?

- Hourly (non-exempt)
- Salaried (exempt)
- Prefer not to respond

[Optional Module for Undergraduate Students]

Below we ask a few additional questions about specific aspects of your identity and your experiences. We appreciate you taking the time to answer them. Thank you.

In your day-to-day life as a student at [Institution Name], how often do the following things happen to you?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day
You are treated with less courtesy than other people are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated with less respect than other people are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service than other people in campus offices, dining facilities, or the bookstore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are not smart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are dishonest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they're better than you are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are called names or insulted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Respondents who selected “A few times a year” or more frequently to one or more of the statements in the previous question will see the following question.

What do you think is the main reason for these experiences? (Check all that apply)

- My racial and/or ethnic identity
- My sexual orientation
- My gender/gender identity
- My gender expression
- My identity as non-binary and/or transgender
- My socioeconomic background
- My religious background
- My disability
- I am an immigrant
- My political affiliation/views
- My age or generation
- My physical appearance
- Some other aspect of my identity: _____

Respondents who identify as a racial/ethnic minority in the Demographic Information section of the survey (i.e., respondents who select anything other than “White” only or “Prefer not to respond” in Question 30) will see the following question.

In your day-to-day life as a student at [Institution Name], how often do the following things happen to you in your online interactions?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day
People make you feel intellectually inferior on the Internet because of your race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You feel excluded by others on the Internet because of your race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You feel that your opinions or contributions are minimized or dismissed on the Internet because of your race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are made to feel like the way you communicate on the Internet is inferior because of your race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on the Internet assume that you will behave aggressively because of your race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are singled out by moderators or authority figures on the Internet because of your race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on the Internet act as if all of the people in your race/ethnicity are alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on the Internet deny that people of your race/ethnicity face extra obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on the Internet hold sexual stereotypes about you because of your racial/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Respondents who identify as a gender/sexual minority in the Demographic Information section of the survey (i.e., respondents who select “Non-binary” in Question 21, “Yes” in Question 22, and/or anything other than “Straight (Heterosexual)” in Question 24) will see the following question.

In your day-to-day life as a student at [Institution Name], how often do the following things happen to you?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day
You are treated unfairly by strangers because you are an LGBTQ+ individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated unfairly by people in service jobs on campus (e.g., dining facilities, bookstore, registrar, financial services) because you are an LGBTQ+ individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are verbally insulted because you are an LGBTQ+ individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are an LGBTQ+ individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are called heterosexist or transphobic names like dyke, lezzie, faggot, queer, tranny, or other names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are denied a job, an honor, an award, an opportunity to do research with a faculty member, an internship, or other such recognition of good work that you deserve because you are an LGBTQ+ individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated unfairly by professors, staff, or administrators because you are an LGBTQ+ individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated unfairly by your boss or supervisor because you are an LGBTQ+ individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are rejected by friends because you are an LGBTQ+ individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



****To submit your answers, please click on the “Submit” button below. We will not record your responses until you click this button. Your name will not be connected in any way with your survey responses.****

[The following language appears after respondents click the “Submit” button.]

Thank you for participating in the Diversity and Equity Campus Climate Survey.

The information you have given us is anonymous. Your name is not connected in any way with your responses to this survey, and any identifying information from the computer on which you took the survey was removed before we received the data.

We deeply appreciate your cooperation and willingness to provide information that will help us improve the policies and tools we use to create a diverse, equitable, and supportive environment at [Institution Name].

The [Institution Name] leader(s) of this survey effort [is/are] [name(s)], and [he/she/they] can be reached at [email address(es) and/or phone number(s)]. He/She/They can answer additional questions you may have about the survey.

If you would like to report an incident of discrimination or harassment that you have not previously reported, please go to [URL for website that describes the Institution’s reporting procedures] to learn how to make a report. [OPTIONAL:] For additional resources related to diversity and equity, please visit: [Institutions provide list of organizations and/or resources.]

THANK YOU AGAIN FOR YOUR PARTICIPATION IN THIS SURVEY.

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