Alumni Survey

The Arnold School of Public Health is following up with its recent graduates to learn how they have fared since graduation. Your success is important to us. We also use this information to help current students learn about potential employment opportunities. Please take a moment to complete this brief survey.

Thank you,
G. Thomas Chandler, M.Sc., Ph.D.
Dean, Arnold School of Public Health

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**ARNOLD SCHOOL DEGREE**

Which of the following degrees did you earn most recently from the Arnold School of Public Health?

1. BA in Public Health
2. BS in Public Health
3. BS in Exercise Science

Potential students often ask about educational debt incurred by public health professionals. Your responses to this question will inform these efforts. Individual responses will be used to calculate averages; only average data will be shared.

What is the approximate amount of federal and private loan debt you incurred pursuing your recent degree from the Arnold School? (numerical data in US dollars; 0 if no debt) ____________________

Which of the following options best describes your current primary status? *(Please base your response on currently held positions or official offers only.)*

- □ Employed: Employed in a full-time or part-time position (not a fellowship, internship, post-doctoral, residency, or volunteer position)
- □ Training program participant: Participating in a fellowship, internship, post-doctoral, or residency program
- □ Continuing education: Enrolled in or have been accepted in and planning to enroll in a program of further study or training (e.g., graduate program, medical school, etc.)
- □ Volunteer: Participating in a volunteer or service program (e.g., Peace Corps, mission work)
- □ Not employed, but seeking employment or continuing education: Not employed but engaged in the job search process or seeking and not enrolled in a program of continuing education/training.
- □ Not employed and not seeking employment: Not employed and not pursuing either employment or continuing education at this time.

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**[if employed] EMPLOYMENT INFORMATION**

Please enter the following information about your employment:

Are you employed in a full-time or part-time position?

- □ Full-time: Generally defined as 30 hours or more per week
- □ Part-time: Generally defined as less than 30 hours per week

Name of company or agency where you are employed (optional): _____________________________

Employer location - city and state (country if outside the US): ____________________________

Job title: _________________________

Job function (might not be the same as this job title): (maximum 100 characters)____________________

Start date (mm/dd/yyyy): __/__/____

Were you employed in this same position prior to/concurrent to earning your recent public health degree? Yes/No
Which of the following best describes your primary employment sector?

- **Academic institution**: Includes elementary, secondary, or post-secondary academic institution. [ask academic institution detail]
- **Government Agency**: Includes U.S. Federal, State, Local, or Tribal government agency; U.S. Military; or non-U.S. government. [ask government detail]
- **Healthcare organization**: Includes hospital or healthcare provider, managed care organization, etc.
- **For-profit business, industrial, or commercial firm**: Includes health insurance or health IT company; consulting firm; marketing, public relations, or communications firm; pharmaceutical, biotech, or medical device firm; or other industrial, commercial, or for-profit firm.
- **Non-profit organization**: Includes association, foundation, voluntary, NGO, non-profit health insurance, or other non-profit organization
- **Self-employed**
- **Other** sector, please specify below [show other type]

[If sector = academic] Which of the following best describes your academic employment setting?

- Elementary or secondary academic institution (e.g., public or private school, school district, etc.)
- Post-secondary academic institution (e.g., community college, university, etc.)
- Other academic setting (please specify below)

[if other] Other academic setting: ________________

[if sector = government]: Which of the following best describes your government employment setting?

- U.S. federal government health agency (DHHS, CDC, NIH, HRSA, etc.)
- Other U.S. federal government agency (not a health agency)
- State health department
- Other state government (not health department)
- Local (county or city) health department
- Other local government (not health department)
- Tribal government
- U.S. Military
- Government, non-U.S.
- Other government setting (please specify below)

[if other] Other government setting: ________________

[if sector = other] Other sector ________________

Do you consider your work **health-related**? Yes/No

Do you consider your work **public health-related**? Yes/No

Prospective students often ask about the range of salaries available to graduates in the many public health disciplines. Please indicate your annual base salary and any guaranteed first year bonus (e.g. sign-on and/or year-end). Your answers will be kept strictly confidential. They will be used to calculate averages; only average data will be shared.

Annual Base Salary: (numerical value in US dollars)__________________

First Year Bonus: (numerical value in US dollars; 0 if no bonus)____________________

[if continuing education in PH or other] EDUCATIONAL INFORMATION

Please enter the following information about the educational program in which you are now enrolled:
What is your area of study?
□ Public health degree/training program
□ Medical degree/training program
□ Other degree/training program

What degree are you seeking (e.g., MS, MA, MBA, PhD, etc.):__________________

In what program/major?____________________

Institution name:____________________

Where is the institution located - city and state (country if outside the US)?

Are you enrolled full or part-time? Full-time/Part-time

[if unemployed seeking or not seeking] UNEMPLOYMENT INFORMATION

Which of these best describes your primary reason for being unemployed or not seeking employment?
1. Family or personal reasons
2. Enrolled/Enrolling in a degree or certificate program
3. Unable to find employment related to career goals or area of study
4. Unable to find employment at a sufficient level of pay
5. Unable to find employment where I live or want to live
6. Unable to find any employment
7. Other (please specify below) [show other reason]

[if other] Other reason (maximum 100 characters) ____________

SATISFACTION SURVEY

Overall, did your Arnold School degree program meet your educational goals?
Yes, definitely  Yes, somewhat  Not at all

Would you recommend this degree program to a friend?
Yes, definitely
Yes, with some reservations
No, probably not
No, under no circumstances

Overall, how satisfied are you with the education at the Arnold School?
Very dissatisfied, Dissatisfied, Satisfied, Very Satisfied

How satisfied are you with the way the Arnold School prepared your for your chosen career or further education?
Very dissatisfied, Dissatisfied, Satisfied, Very Satisfied

How satisfied are you with the contribution of the Arnold School to your professional and academic growth in each of the following areas (Very dissatisfied, Dissatisfied, Satisfied, Very Satisfied)
Writing effectively in your field
Working cooperatively in a group
Communicating effectively in your field
Critically analyzing research literature and/or technical writing from your field
Preparing for further education in your field
Learning independently
Understanding different philosophies and cultures
Understanding the interaction of society and environment
Applying research to problems in your field
Recognizing your responsibilities, rights, and privileges as a professional
Applying quantitative principles and methods to problems in your field
Defining and solving problems in your field

In general, how satisfied are you with the Arnold School with regard to the following: (Very dissatisfied, Dissatisfied, Satisfied, Very Satisfied)
   Academic advising and other student services
   Career advising

GENERAL INFORMATION

In what year were you born? (4-digit year) DDDD

What is your gender? Female/Male

What is your citizenship status?
   1. U.S. citizen or permanent resident
   2. Non-U.S. citizen or non-permanent resident [hide Hispanic & race questions]

[if citizen/permanent resident] Are you Hispanic or Latino?
   1. Yes
   2. No

[if citizen/permanent resident] Select one or more of the following races with which you identify.
   1. American Indian or Alaska Native
   2. Asian
   3. Black or African American
   4. Native Hawaiian or Other Pacific Islander
   5. White

COMMENTS

If you could do ONE THING to improve your degree program/department, what would it be? (maximum 1000 characters)

What was the ONE BEST THING about your degree program/department? (maximum 1000 characters)

Any other comments? (maximum 1000 characters)

When you submit this survey, you will be routed to our alumni page to update your contact information. The information you provide on that screen will not be linked to these survey responses. Thank you for completing this survey.