



National Study of  
Postsecondary Faculty

## **NSOPF:04 Institution Instrument**

### **Full-Scale Study Facsimile**

*Note: The 2004 NSOPF questionnaire was administered as a web-based instrument. This facsimile presents the exact wording of all possible items on the questionnaire. It also indicates which individuals were asked each item, making it possible to identify the skip patterns used in the questionnaire.*

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## ► Introduction: Number of Faculty and Instructional Staff

**Form:** I1

**Name:** I1a

**Label:** Number full-time faculty, fall 2003

**Name:** I1b

**Label:** Number part-time faculty, fall 2003

### Form Administered To:

All institutions

### StemWording:

As of November 1, 2003 (or during the Fall Term of the 2003-2004 academic year when your faculty lists are considered complete), how many full-time and part-time faculty and instructional staff were employed by [FILL INSTNAME]? Please report the total number of persons (i.e., headcount) rather than full-time equivalents (FTEs). **(Please enter a number in each box; if none, enter "0".)**

**NOTE: By faculty and instructional staff, we mean any faculty PLUS any other employees with instructional responsibilities, regardless of whether or not they have faculty status. Please choose "Help" for additional details.**

- \* a. Full-time faculty and instructional staff.
- \* b. Part-time faculty and instructional staff.

## ► SECTION A: Full-Time Faculty and Instructional Staff

**Form:** I2

**Name:** I2a

**Label:** Full-time numbers: faculty, fall 2002

**Name:** I2b

**Label:** Full-time numbers: changed from part to full time, 2002-03

**Name:** I2c

**Label:** Full-time numbers: hired, 2002-03

**Name:** I2d

**Label:** Full-time numbers: retired, 2002-03

**Name:** I2e

**Label:** Full-time numbers: left for other reasons, 2002-03

**Name:** I2f

**Label:** Full-time numbers: changed from full to part time, 2002-03

**Name:** I2g

**Label:** Full-time numbers: faculty, fall 2003

### Form Administered To:

Institutions with full-time faculty and instructional staff

### StemWording:

Please provide the following information about changes in the number of full-time faculty and instructional staff between the 2002 and 2003 Fall Terms at this institution. **(Please enter a number in each box; if none, enter "0".)**

- \* a. Total at start of 2002-2003 academic year (on or about November 1, 2002)
- \* b. Number who changed from part-time to full-time status during 2002-2003 academic year (between Nov. 1, 2002 and Nov. 1, 2003)
- \* c. Number of new hires during 2002-2003 academic year
- \* d. Number retired between Nov. 1, 2002 and Nov. 1, 2003



**StemWording:**

Of the [FILL I4] faculty members considered for tenure during the 2002-2003 academic year, how many were granted tenure?

\* (If none, enter "0".)

**Form:** I6

**Label:** Full-time tenure: maximum years on tenure track

**Form Administered To:**

Institutions with a tenure system for full-time faculty and instructional staff

**StemWording:**

For those on a tenure track but not tenured, what is the maximum number of years full-time faculty and instructional staff can be on a tenure track and not receive tenure at [FILL INSTNAME] ?

0 = No maximum

1 = 1

2 = 2

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15 = 15

16 = More than 15 years

**Form:** I7

**Name:** I7a

**Label:** Full-time tenure: changed tenure policy

**Name:** I7b

**Label:** Full-time tenure: more stringent tenure standards

**Name:** I7c

**Label:** Full-time tenure: downsized tenured faculty

**Name:** I7d

**Label:** Full-time tenure: replaced tenured with fixed term

**Name:** I7e

**Label:** Full-time tenure: offered early retirement

**Form Administered To:**

Institutions with a tenure system for full-time faculty and instructional staff

**StemWording:**

During the past five years, has your institution done any of the following?

- \* a. Changed policy for granting tenure to full-time faculty and instructional staff
- \* b. Made the standards more stringent for granting tenure to full-time faculty and instructional staff
- \* c. Reduced the number of tenured full-time faculty and instructional staff through downsizing
- \* d. Replaced some tenured or tenure-track full-time faculty and instructional staff with full-time faculty and instructional staff on fixed term contracts
- \* e. Offered early or phased retirement to any tenured full-time faculty or instructional staff

0 = No  
1 = Yes

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**Form:** I7SP

**Name:** I7e2

**Label:** Full-time tenure: number early retirees, last 5 years

**Form Administered To:**

Institutions offering early or phased retirement to any tenured full-time faculty and instructional staff

**StemWording:**

You said your institution offered early or phased retirement. How many full-time faculty and instructional staff took this during the past five years?

\* (If none, enter "0")

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**Form:** I8

**Label:** Full-time tenure: discontinued tenure system, last 5 years

**Form Administered To:**

Institutions with no tenure system for full-time faculty and instructional staff

**StemWording:**

Did [FILL INSTNAME] discontinue the tenure system within the last five years?

0 = No  
1 = Yes

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**Form:** I9

**Label:** Full-time faculty: positions sought to fill, fall 2003

**Form Administered To:**

Institutions with full-time faculty and instructional staff

**StemWording:**

How many full-time faculty and instructional staff positions was your institution seeking to fill for the 2003 Fall Term?

\* (If none, enter "0")

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**Form:** I10a

**Name:** I10aa

**Label:** Full-time benefit: medical insurance

**Name:** I10ab

**Label:** Full-time benefit: dental insurance

**Name:** I10ac

**Label:** Full-time benefit: disability insurance

**Name:** I10ad

**Label:** Full-time benefit: life insurance

**Name:** I10ae

**Label:** Full-time benefit: child care

**Name:** I10af

**Label:** Full-time benefit: retiree medical insurance

**Name:** I10ag

**Label:** Full-time benefit: cafeteria-style plan

**Form Administered To:**

Institutions with full-time faculty and instructional staff

**StemWording:**

Are the following employee benefits available to all, some, or none of the full-time faculty and instructional staff at [FILL INSTNAME]?

- \* a. Medical insurance or medical care
- \* b. Dental insurance or dental care
- \* c. Disability insurance program
- \* d. Life insurance
- \* e. Child care
- \* f. Medical insurance for retirees
- \* g. "Cafeteria-style" benefits plan (a plan under which staff can trade off some benefits for others, following guidelines established by the institution)

-1 = Don't know

1 = All

2 = Some

3 = None

**Form:** I10b

**Name:** I10ba

**Label:** Full-time benefit: medical insurance subsidized

**Name:** I10bb

**Label:** Full-time benefit: dental insurance subsidized

**Name:** I10bc

**Label:** Full-time benefit: disability insurance subsidized

**Name:** I10bd

**Label:** Full-time benefit: life insurance subsidized

**Name:** I10be

**Label:** Full-time benefit: child care subsidized

**Name:** I10bf

**Label:** Full-time benefit: retiree medical insurance subsidized

**Name:** I10bg

**Label:** Full-time benefit: cafeteria-style plan subsidized

**Form Administered To:**

Institutions that provide at least one employee benefit to full-time faculty and instructional staff

**StemWording:**

[IF ONE BENEFIT SELECTED ON FORM I10] Is this employee benefit subsidized by your institution? (Subsidized means paid for completely or in part by the institution.)

[ELSE IF MORE THAN ONE BENEFIT SELECTED ON FORM I10A] Are these employee benefits subsidized by your institution? (Subsidized means paid for completely or in part by the institution.) [ENDIF]

- \* Medical insurance or medical care
- \* Dental insurance or dental care
- \* Disability insurance program

- \* Life insurance
- \* Child care
- \* Medical insurance for retirees
- \* Cafeteria-style benefits plan (a plan under which staff can trade off some benefits for others, following guidelines established by the institution)

0 = Not subsidized

1 = Fully/partially subsidized

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**Form:** I11

**Name:** I11a

**Label:** Full-time benefit: wellness program

**Name:** I11b

**Label:** Full-time benefit: spouse tuition remission

**Name:** I11c

**Label:** Full-time benefit: children tuition remission

**Name:** I11d

**Label:** Full-time benefit: housing

**Name:** I11e

**Label:** Full-time benefit: transportation/parking

**Name:** I11f

**Label:** Full-time benefit: paid maternity leave

**Name:** I11g

**Label:** Full-time benefit: paid paternity leave

**Name:** I11h

**Label:** Full-time benefit: paid sabbatical leave

**Name:** I11i

**Label:** Full-time benefit: employee assistance program

**Form Administered To:**

Institutions with full-time faculty and instructional staff

**StemWording:**

Are the following employee benefits available to all, some, or none of the full-time faculty and instructional staff at [FILL INSTNAME]?

- \* a. Wellness program or health promotion
- \* b. Tuition remission/grants for spouse at this or other institutions
- \* c. Tuition remission/grants for children at this or other institutions
- \* d. Housing/mortgage; rent
- \* e. Transportation/parking
- \* f. Paid maternity leave
- \* g. Paid paternity leave
- \* h. Paid sabbatical leave
- \* i. Employee assistance program

-1 = Don't know

1 = All

2 = Some

3 = None

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## ► SECTION B: Part-Time Faculty and Instructional Staff

**Form:** I14

**Label:** Part-time benefit: retirement plan

### **Form Administered To:**

Institutions with part-time faculty and instructional staff

### **StemWording:**

In this next section, we will be asking you to consider [FILL INSTNAME]'s part-time faculty and instructional staff.

Are any retirement plans available to **part-time** faculty or instructional staff at your institution?

0 = **Not available to any** part-time faculty and instructional staff

1 = **Yes, available to some** part-time faculty and instructional staff

2 = **Yes, available to most** part-time faculty and instructional staff

3 = **Yes, available to all** part-time faculty and instructional staff

(Reminder: Part time refers to an individual's employment status at the institution rather than to the amount of instruction done by the individual.)

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**Form:** I15a

**Name:** I15aa

**Label:** Part-time benefit: medical insurance

**Name:** I15ab

**Label:** Part-time benefit: dental insurance

**Name:** I15ac

**Label:** Part-time benefit: disability insurance

**Name:** I15ad

**Label:** Part-time benefit: life insurance

**Name:** I15ae

**Label:** Part-time benefit: child care

**Name:** I15af

**Label:** Part-time benefit: retiree medical insurance

**Name:** I15ag

**Label:** Part-time benefit: cafeteria-style plan

### **Form Administered To:**

Institutions with part-time faculty and instructional staff

### **StemWording:**

Are the following employee benefits available to all, some, or none of the part-time faculty and instructional staff at [FILL INSTNAME]?

- \* a. Medical insurance or medical care
- \* b. Dental insurance or dental care
- \* c. Disability insurance program
- \* d. Life insurance
- \* e. Child care
- \* f. Medical insurance for retirees
- \* g. "Cafeteria-style" benefits plan (a plan under which staff can trade off some benefits for others, following guidelines established by the institution)

-1 = Don't know  
 1 = All  
 2 = Some  
 3 = None

**Form:** I15b

**Name:** I15ba

**Label:** Part-time benefit: medical insurance subsidized

**Name:** I15bb

**Label:** Part-time benefit: dental insurance subsidized

**Name:** I15bc

**Label:** Part-time benefit: disability insurance subsidized

**Name:** I15bd

**Label:** Part-time benefit: life insurance subsidized

**Name:** I15be

**Label:** Part-time benefit: child care subsidized

**Name:** I15bf

**Label:** Part-time benefit: retiree medical insurance subsidized

**Name:** I15bg

**Label:** Part-time benefit: cafeteria-style plan subsidized

**Form Administered To:**

Institutions that provide at least one employee benefit to part-time faculty and instructional staff

**StemWording:**

Still thinking only of part-time faculty,

[IF ONE BENEFIT SELECTED ON FORM I15A]

is this employee benefit subsidized by your institution?

[ELSE IF MORE THAN ONE BENEFIT SELECTED ON FORM I15A]

are these employee benefits subsidized by your institution?

[ENDIF]

(Subsidized means paid for completely or in part by the institution.)

\*Medical insurance or medical care

\* Dental insurance or dental care

\* Disability insurance program

\* Life insurance

\* Child care

\* Medical insurance for retirees

\* "Cafeteria-style" benefits plan

0 = Not subsidized

1 = Fully/partially subsidized

**Form:** I16

**Name:** I16a

**Label:** Part-time benefit: wellness program

**Name:** I16b

**Label:** Part-time benefit: spouse tuition remission

**Name:** I16c

**Label:** Part-time benefit: children tuition remission

**Name:** I16d                      **Label:** Part-time benefit: housing  
**Name:** I16e                      **Label:** Part-time benefit: transportation/parking  
**Name:** I16f                      **Label:** Part-time benefit: paid maternity leave  
**Name:** I16g                      **Label:** Part-time benefit: paid paternity leave  
**Name:** I16h                      **Label:** Part-time benefit: paid sabbatical leave  
**Name:** I16i                      **Label:** Part-time benefit: employee assistance program

**Form Administered To:**

Institutions with part-time faculty and instructional staff

**StemWording:**

Are the following employee benefits available to all, some, or none of the part-time faculty and instructional staff at [FILL INSTNAME]?

- \* a. Wellness program or health promotion
- \* b. Tuition remission/grants for spouse at this or other institutions
- \* c. Tuition remission/grants for children at this or other institutions
- \* d. Housing/mortgage; rent
- \* e. Transportation/parking
- \* f. Paid maternity leave
- \* g. Paid paternity leave
- \* h. Paid sabbatical leave
- \* i. Employee assistance program

-1 = Don't know

1 = All

2 = Some

3 = None

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**Form:** I17                      **Label:** Part-time faculty: union representation

**Form Administered To:**

Institutions with part-time faculty and instructional staff

**StemWording:**

Are any part-time faculty and instructional staff legally represented by a union (or other association) for purposes of collective bargaining with [FILL INSTNAME]?

0 = No

1 = Yes

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**Form:** I18

**Name:** I18a

**Label:** Part-time assessment: student evaluations

**Name:** I18b

**Label:** Part-time assessment: student test scores

|                   |  |
|-------------------|--|
| <b>Name:</b> I18c | <b>Label:</b> Part-time assessment: student career placement     |
| <b>Name:</b> I18d | <b>Label:</b> Part-time assessment: other student performance    |
| <b>Name:</b> I18e | <b>Label:</b> Part-time assessment: department chair evaluations |
| <b>Name:</b> I18f | <b>Label:</b> Part-time assessment: dean evaluations             |
| <b>Name:</b> I18g | <b>Label:</b> Part-time assessment: peer evaluations             |
| <b>Name:</b> I18h | <b>Label:</b> Part-time assessment: self-evaluations             |

**Form Administered To:**

Institutions with part-time faculty and instructional staff

**StemWording:**

Are any of the following used as part of institution or department/school policy in assessing the teaching performance of part-time instructional faculty/staff at this institution?

Used for Teaching Assessment:

- \* a. Student evaluations
- \* b. Student test scores
- \* c. Student career placement
- \* d. Other measures of student performance
- \* e. Department/division chair evaluations
- \* f. Dean evaluations
- \* g. Peer evaluations
- \* h. Self-evaluations

-1 = Don't know

0 = No

1 = Yes

## ► SECTION C: All Faculty and Instructional Staff

|                   |  |
|-------------------|--|
| <b>Form:</b> I19  |  |
| <b>Name:</b> I19a | <b>Label:</b> Undergraduate instruction: percent full-time faculty   |
| <b>Name:</b> I19b | <b>Label:</b> Undergraduate instruction: percent part-time faculty   |
| <b>Name:</b> I19c | <b>Label:</b> Undergraduate instruction: percent teaching assistants |
| <b>Name:</b> I19d | <b>Label:</b> Undergraduate instruction: percent other               |

**Form Administered To:**

All institutions

**StemWording:**

What percentage of **undergraduate** student credit hours were assigned to the following staff during the 2003 Fall term? Student credit hours are defined as the number of course credits or

contact hours multiplied by the number of students enrolled.

- \* Percent of undergraduate instruction assigned to:
- \* a. Full-time faculty or instructional staff
- \* b. Part-time faculty or instructional staff, including adjuncts
- \* c. Teaching assistants such as graduate students who teach classes
- \* d. Others