

SPORT: MT/C

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____
- } all were a factor

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again? (Choose one)
- a. Yes b. No c. Maybe/Depends
- If you answered "b" or "c", why?: _____
-

3. To what extent did you use the services of the athletic academic support services available?
- a. Always b. Frequently c. Occasionally d. Rarely e. Never

4. Do you feel there was any area in academic support lacking or not available?
- a. Yes b. No
- If yes, explain: Very good
-

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes ___ No ___

6. Were you ever required to completely miss a meal due to participation in your sport?
- Yes ___ No ___ How often _____

7. Where you ever required to miss a class due to practice conflicts?
- Yes ___ No How often _____

8. Do you believe that your coach(es) were supportive of your...

- a. Academic growth? Often Sometimes ___ Never ___
- b. Social growth? Often Sometimes ___ Never ___
- c. Physical growth? Often Sometimes ___ Never ___
- d. Emotional growth? Often Sometimes ___ Never ___

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No ___ Somewhat ___
- If you answered No or Somewhat, explain: _____
-

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you?
- Yes No ___

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes No N/A
- c. Financial aid? Yes No N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes No N/A
- e. NCAA Student-Athlete Opportunity Fund? (Used for Olympic Sports Summer School) Yes No N/A
- f. Employment? Yes No N/A
- g. Academic standards? Yes No N/A
- h. Drugs? Yes No N/A
- i. Complimentary admissions? Yes No N/A
- j. Nonpermissible (extra) benefits? Yes No N/A
- k. Boosters? Yes No N/A
- l. Serving as student-athlete host? Yes No N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No

If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL INTEGRATION	SOLID INTEGRATION	ADEQUATE INTEGRATION	VERY LITTLE INTEGRATION	NO INTEGRATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No _____
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?
 Yes No _____
 Please explain.

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- | | |
|---------------------------------------|---|
| a. Athletic facilities | 5 |
| b. Academic support services | 5 |
| c. Athletic trainers, physicians | 5 |
| d. Strength and Conditioning Program | 5 |
| e. Injury-rehabilitation facilities | 5 |
| f. Drug and Alcohol abuse education | 5 |
| g. Practice and competition schedules | 5 |
| h. Team travel | 5 |
| i. Publicity | 5 |
| j. Comments: _____ | |

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|------------|-------------|
| a. | Time demands/stress | <u>YES</u> | NO |
| b. | Injury | <u>YES</u> | NO |
| c. | Peer pressure | <u>YES</u> | NO <i>A</i> |
| d. | Adjustment to college life | <u>YES</u> | NO |
| e. | Career options/decision | <u>YES</u> | NO |
| f. | Drug or alcohol problems | <u>YES</u> | NO |
| g. | Eating disorders | <u>YES</u> | NO |
| h. | Nutritional Information | <u>YES</u> | NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No ___ Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

SPORT: M+E

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other Business college is
2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never
4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes ___ No
6. Were you ever required to completely miss a meal due to participation in your sport? Yes ___ No ___ How often _____
7. Where you ever required to miss a class due to practice conflicts? Yes ___ No How often _____
8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often ___ Sometimes Never ___
 - b. Social growth? Often ___ Sometimes Never ___
 - c. Physical growth? Often ___ Sometimes Never ___
 - d. Emotional growth? Often ___ Sometimes Never ___
9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No ___ Somewhat ___
- If you answered No or Somewhat, explain: _____

Limited knowledge of strength coach in tennis body weight

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you?
- Yes No ___

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes No N/A
- c. Financial aid? Yes No N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes No N/A
- e. NCAA Student-Athlete Opportunity Fund? (Used for Olympic Sports Summer School) Yes No N/A
- f. Employment? Yes No N/A
- g. Academic standards? Yes No N/A
- h. Drugs? Yes No N/A
- i. Complimentary admissions? Yes No N/A
- j. Nonpermissible (extra) benefits? Yes No N/A
- k. Boosters? Yes No N/A
- l. Serving as student-athlete host? Yes No N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL SOLID ADEQUATE VERY LITTLE NO
 INTEGRATION INTEGRATION INTEGRATION INTEGRATION INTEGRATION
 _____ _____ _____ _____ _____

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No _____
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?
 Yes _____ No
 Please explain.

nicer locker rooms for football

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- a. Athletic facilities 4
- b. Academic support services 4
- c. Athletic trainers, physicians 4
- d. Strength and Conditioning Program 3
- e. Injury-rehabilitation facilities 4
- f. Drug and Alcohol abuse education 0
- g. Practice and competition schedules 4
- h. Team travel 4
- i. Publicity 3
- j. Comments: _____

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|--------------------------------------|-------------------------------------|
| a. | Time demands/stress | YES | <input checked="" type="radio"/> NO |
| b. | Injury | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| c. | Peer pressure | YES | <input checked="" type="radio"/> NO |
| d. | Adjustment to college life | YES | <input checked="" type="radio"/> NO |
| e. | Career options/decision | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| f. | Drug or alcohol problems | YES | <input checked="" type="radio"/> NO |
| g. | Eating disorders | YES | <input checked="" type="radio"/> NO |
| h. | Nutritional Information | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?

International students - American academic system *International students don't work - had to do a resume*

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No ___
 Describe. _____
on-campus indoor tennis facility

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No ___ Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

provide a stringer for tennis

SPORT: WTE

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again? (Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____
-

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never

4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____
-

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No

6. Were you ever required to completely miss a meal due to participation in your sport? Yes No How often _____

7. Where you ever required to miss a class due to practice conflicts? Yes No How often _____

8. Do you believe that your coach(es) were supportive of your...

- a. Academic growth? Often Sometimes Never
- b. Social growth? Often Sometimes Never
- c. Physical growth? Often Sometimes Never
- d. Emotional growth? Often Sometimes Never

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No Somewhat
- If you answered No or Somewhat, explain: _____

would pressure sport before academics?

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you? Yes No

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- | | | | |
|--|---|--|---|
| a. Ethical conduct? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Amateurism? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Financial aid? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. NCAA Special Assistance Fund? (PELL eligible) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| f. Employment? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g. Academic standards? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. Drugs? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i. Complimentary admissions? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| j. Nonpermissible (extra) benefits? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| k. Boosters? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| l. Serving as student-athlete host? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

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Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL SOLID ADEQUATE VERY LITTLE NO
 INTEGRATION INTEGRATION INTEGRATION INTEGRATION INTEGRATION
 _____ _____ _____ _____ _____

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?
 Yes _____ No
 Please explain.

Football - more people @ games; not a lot of advertising for tennis

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- a. Athletic facilities 3
- b. Academic support services 4
- c. Athletic trainers, physicians 4
- d. Strength and Conditioning Program 4
- e. Injury-rehabilitation facilities 4
- f. Drug and Alcohol abuse education 4
- g. Practice and competition schedules 4
- h. Team travel 3
- i. Publicity 2
- j. Comments: posters for tennis like other teams
Facebook + Instagram are good

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|--------------------------------------|-------------------------------------|
| a. | Time demands/stress | YES | <input checked="" type="radio"/> NO |
| b. | Injury | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| c. | Peer pressure | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| d. | Adjustment to college life | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| e. | Career options/decision | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| f. | Drug or alcohol problems | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| g. | Eating disorders | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| h. | Nutritional Information | <input checked="" type="radio"/> YES | <input type="radio"/> NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
Is there an area SAAC should be concentrating on more?
_____ no _____

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
Yes ___ No ___ Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

1. What was your main reason for deciding to attend YSU?
a. Athletic Scholarship
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f. Other _____
2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
a. Yes b. No c. Maybe/Depends
If you answered "b" or "c", why?: _____
-

3. To what extent did you use the services of the athletic academic support services available?
a. Always b. Frequently c. Occasionally d. Rarely e. Never
4. Do you feel there was any area in academic support lacking or not available?
a. Yes b. No
If yes, explain: _____
-

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____
6. Were you ever required to completely miss a meal due to participation in your sport?
Yes _____ No How often _____
7. Were you ever required to miss a class due to practice conflicts?
Yes _____ No How often _____
8. Do you believe that your coach(es) were supportive of your...
a. Academic growth? Often Sometimes _____ Never _____
b. Social growth? Often Sometimes _____ Never _____
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9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No _____ Somewhat _____
If you answered No or Somewhat, explain: _____
-
10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you?
Yes No _____

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes 6 No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- | | | |
|--|---|------------------------------|
| a. Ethical conduct? | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |
| b. Amateurism? | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |
| c. Financial aid? | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |
| d. NCAA Special Assistance Fund? (PELL eligible) | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |
| e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |
| f. Employment? | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |
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| h. Drugs? | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |
| i. Complimentary admissions? | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |
| j. Nonpermissible (extra) benefits? | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |
| k. Boosters? | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |
| l. Serving as student-athlete host? | Yes <input checked="" type="checkbox"/> | No <u> </u> N/A <u> </u> |

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

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15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

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Example: _____

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17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL INTEGRATION	SOLID INTEGRATION	ADEQUATE INTEGRATION	VERY LITTLE INTEGRATION	NO INTEGRATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?
 Yes No _____
 Please explain.

23. Please rate the following areas as they relate to your sport according to the scale below:

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- 2 = Below Average
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- 0 = Don't Know

- a. Athletic facilities
- b. Academic support services
- c. Athletic trainers, physicians
- d. Strength and Conditioning Program
- e. Injury-rehabilitation facilities
- f. Drug and Alcohol abuse education
- g. Practice and competition schedules
- h. Team travel
- i. Publicity
- j. Comments: _____

4
 4
 4
 4
 4
 4
 4
 4
 4
 4

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|------------|----|
| a. | Time demands/stress | <u>YES</u> | NO |
| b. | Injury | <u>YES</u> | NO |
| c. | Peer pressure | <u>YES</u> | NO |
| d. | Adjustment to college life | <u>YES</u> | NO |
| e. | Career options/decision | <u>YES</u> | NO |
| f. | Drug or alcohol problems | <u>YES</u> | NO |
| g. | Eating disorders | <u>YES</u> | NO |
| h. | Nutritional Information | <u>YES</u> | NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?
_____ none

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
Is there an area SAAC should be concentrating on more?
_____ no

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
Yes ___ No ___ Describe. consistent testing

33. What changes, if any, would you propose be made in intercollegiate athletics?

SPORT: WSU

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again? (Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: drama on the team in previous years

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never

4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____

6. Were you ever required to completely miss a meal due to participation in your sport? Yes _____ No How often _____

7. Where you ever required to miss a class due to practice conflicts? Yes _____ No How often _____

8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes _____ Never _____
 - b. Social growth? Often _____ Sometimes Never _____
 - c. Physical growth? Often Sometimes _____ Never _____
 - d. Emotional growth? Often Sometimes _____ Never _____

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No _____ Somewhat _____
- If you answered No or Somewhat, explain: _____

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you? Yes No _____

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- | | | | |
|--|---|--|---|
| a. Ethical conduct? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Amateurism? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Financial aid? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| d. NCAA Special Assistance Fund? (PELL eligible) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f. Employment? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g. Academic standards? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. Drugs? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| i. Complimentary admissions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| j. Nonpermissible (extra) benefits? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| k. Boosters? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| l. Serving as student-athlete host? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No _____
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL INTEGRATION SOLID INTEGRATION ADEQUATE INTEGRATION VERY LITTLE INTEGRATION NO INTEGRATION

_____ _____ _____ _____ _____

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes _____ No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No _____
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes _____ No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?
 Yes _____ No _____
 Please explain.

Football gets more attention relative to injury care

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- a. Athletic facilities
- b. Academic support services
- c. Athletic trainers, physicians
- d. Strength and Conditioning Program
- e. Injury-rehabilitation facilities
- f. Drug and Alcohol abuse education
- g. Practice and competition schedules
- h. Team travel
- i. Publicity
- j. Comments: _____

4
5
3
3
3
4
4
3
3

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

a.	Time demands/stress	<u>YES</u>	NO
b.	Injury	<u>YES</u>	NO
c.	Peer pressure	<u>YES</u>	NO
d.	Adjustment to college life	<u>YES</u>	NO
e.	Career options/decision	<u>YES</u>	NO
f.	Drug or alcohol problems	<u>YES</u>	NO
g.	Eating disorders	<u>YES</u>	NO
h.	Nutritional Information	<u>YES</u>	NO

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?
 _____ *Nutrition could be enhanced (eating disorders)*

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?
 _____ *good*

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No ___ Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

SPORT: WFB

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never
4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____

6. Were you ever required to completely miss a meal due to participation in your sport?
- Yes _____ No How often DA

7. Where you ever required to miss a class due to practice conflicts?
- Yes _____ No How often _____

8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes _____ Never _____
 - b. Social growth? Often _____ Sometimes _____ Never
 - c. Physical growth? Often Sometimes _____ Never
 - d. Emotional growth? Often _____ Sometimes _____ Never

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes _____ No Somewhat _____
- If you answered No or Somewhat, explain: _____

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you?
- Yes No _____

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- | | | | |
|--|---|--|---|
| a. Ethical conduct? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Amateurism? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Financial aid? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| d. NCAA Special Assistance Fund? (PELL eligible) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f. Employment? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g. Academic standards? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. Drugs? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i. Complimentary admissions? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| j. Nonpermissible (extra) benefits? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| k. Boosters? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| l. Serving as student-athlete host? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No ✓
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL INTEGRATION	SOLID INTEGRATION	ADEQUATE INTEGRATION	VERY LITTLE INTEGRATION	NO INTEGRATION
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes ✓ No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No _____
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes _____ No ✓
 Please explain. not same treatment for meals -

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?
 Yes _____ No _____
 Please explain. Football gets much more publicity than female sports

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- | | |
|---------------------------------------|----------|
| a. Athletic facilities | <u>4</u> |
| b. Academic support services | <u>5</u> |
| c. Athletic trainers, physicians | <u>5</u> |
| d. Strength and Conditioning Program | <u>4</u> |
| e. Injury-rehabilitation facilities | <u>4</u> |
| f. Drug and Alcohol abuse education | <u>4</u> |
| g. Practice and competition schedules | <u>4</u> |
| h. Team travel | <u>5</u> |
| i. Publicity | <u>5</u> |
| j. Comments: _____ | |

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

a.	Time demands/stress	YES	NO
b.	Injury	YES	NO
c.	Peer pressure	YES	NO
d.	Adjustment to college life	YES	NO
e.	Career options/decision	YES	NO
f.	Drug or alcohol problems	YES	NO
g.	Eating disorders	YES	NO
h.	Nutritional Information	YES	NO

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?
 _____ *drug policy could continue to get stronger*

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?
 _____ ✓

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No ___ Describe. *penalties & suspension from games;*

33. What changes, if any, would you propose be made in intercollegiate athletics?

SPORT: MBA

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____
-

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never

4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____
-

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No

6. Were you ever required to completely miss a meal due to participation in your sport? Yes ___ No ___ How often NA

7. Where you ever required to miss a class due to practice conflicts? Yes ___ No How often _____

8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes ___ Never ___
 - b. Social growth? Often Sometimes ___ Never ___
 - c. Physical growth? Often Sometimes ___ Never ___
 - d. Emotional growth? Often Sometimes ___ Never ___

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No ___ Somewhat ___
- If you answered No or Somewhat, explain: _____
-

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you? Yes No ___

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes No N/A
- c. Financial aid? Yes No N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes No N/A
- e. NCAA Student-Athlete Opportunity Fund? (Used for Olympic Sports Summer School) Yes No N/A
- f. Employment? Yes No N/A
- g. Academic standards? Yes No N/A
- h. Drugs? Yes No N/A
- i. Complimentary admissions? Yes No N/A
- j. Nonpermissible (extra) benefits? Yes No N/A
- k. Boosters? Yes No N/A
- l. Serving as student-athlete host? Yes No N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL SOLID ADEQUATE VERY LITTLE NO
 INTEGRATION INTEGRATION INTEGRATION INTEGRATION INTEGRATION
 _____ _____ _____ _____

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No _____
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?
 Yes _____ No _____
 Please explain. Football - dominated WATTS scheduling

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- a. Athletic facilities 4
- b. Academic support services 5
- c. Athletic trainers, physicians 5
- d. Strength and Conditioning Program 5
- e. Injury-rehabilitation facilities 5
- f. Drug and Alcohol abuse education 5
- g. Practice and competition schedules 3
- h. Team travel 4
- i. Publicity 4
- j. Comments: _____

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|--------------------------------------|--------------------------|
| a. | Time demands/stress | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| b. | Injury | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| c. | Peer pressure | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| d. | Adjustment to college life | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| e. | Career options/decision | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| f. | Drug or alcohol problems | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| g. | Eating disorders | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| h. | Nutritional Information | <input checked="" type="radio"/> YES | <input type="radio"/> NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No ___
 Describe. on-campus facility

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No ___ Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

SPORT: WSB

1. What was your main reason for deciding to attend YSU?
 a. Athletic Scholarship
b. Location
c. Academic programs
d. Division I sport
e. Coach
f. Other _____
2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
 a. Yes b. No c. Maybe/Depends
If you answered "b" or "c", why?: _____
-

3. To what extent did you use the services of the athletic academic support services available?
 a. Always b. Frequently c. Occasionally d. Rarely e. Never
4. Do you feel there was any area in academic support lacking or not available?
a. Yes b. No
If yes, explain: _____
-

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____
6. Were you ever required to completely miss a meal due to participation in your sport?
Yes _____ No How often _____
7. Where you ever required to miss a class due to practice conflicts?
Yes _____ No How often _____
8. Do you believe that your coach(es) were supportive of your...
a. Academic growth? Often Sometimes _____ Never _____
b. Social growth? Often Sometimes _____ Never _____
c. Physical growth? Often Sometimes _____ Never _____
d. Emotional growth? Often Sometimes _____ Never _____
9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No _____ Somewhat _____
If you answered No or Somewhat, explain: _____
-
10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you?
Yes No _____

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- | | | | |
|--|---|-----------------------------|---|
| a. Ethical conduct? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Amateurism? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Financial aid? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| d. NCAA Special Assistance Fund? (PELL eligible) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f. Employment? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g. Academic standards? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. Drugs? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| i. Complimentary admissions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| j. Nonpermissible (extra) benefits? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| k. Boosters? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| l. Serving as student-athlete host? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No

If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL INTEGRATION	SOLID INTEGRATION	ADEQUATE INTEGRATION	VERY LITTLE INTEGRATION	NO INTEGRATION
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No
If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No _____
Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department? Yes No _____
Please explain.

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- a. Athletic facilities
- b. Academic support services
- c. Athletic trainers, physicians
- d. Strength and Conditioning Program
- e. Injury-rehabilitation facilities
- f. Drug and Alcohol abuse education
- g. Practice and competition schedules
- h. Team travel
- i. Publicity
- j. Comments: _____

5
5
5
5
5
5
5
5
4

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|----------------|----|
| a. | Time demands/stress | YES | NO |
| b. | Injury | YES | NO |
| c. | Peer pressure | YES | NO |
| d. | Adjustment to college life | YES | NO |
| e. | Career options/decision | YES | NO |
| f. | Drug or alcohol problems | YES | NO |
| g. | Eating disorders | YES | NO |
| h. | Nutritional Information | YES | NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?
 _____ *eating disorders + mental health*

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?
 _____ *good job*

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No Describe. _____ *continue testing*

33. What changes, if any, would you propose be made in intercollegiate athletics?

SPORT: MFB

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____
-

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never
4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____
-

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____

6. Were you ever required to completely miss a meal due to participation in your sport? Yes _____ No How often _____

7. Where you ever required to miss a class due to practice conflicts? Yes _____ No How often _____

8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes _____ Never _____
 - b. Social growth? Often _____ Sometimes Never _____
 - c. Physical growth? Often Sometimes _____ Never _____
 - d. Emotional growth? Often Sometimes _____ Never _____

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No _____ Somewhat _____
- If you answered No or Somewhat, explain: _____
-

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you? Yes No _____

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes ___ No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes ___ No N/A
- c. Financial aid? Yes No ___ N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes ___ No ___ N/A
- e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) Yes No ___ N/A
- f. Employment? Yes No ___ N/A
- g. Academic standards? Yes No ___ N/A
- h. Drugs? Yes No ___ N/A
- i. Complimentary admissions? Yes No ___ N/A
- j. Nonpermissible (extra) benefits? Yes No ___ N/A
- k. Boosters? Yes No ___ N/A
- l. Serving as student-athlete host? Yes No ___ N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes ___ No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes ___ No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often ___ Sometimes ___ Never
Example: _____

b. Verbal abuse? Often ___ Sometimes Never
Example: _____

c. Mental abuse? Often ___ Sometimes ___ Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No ✓
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL INTEGRATION	SOLID INTEGRATION	ADEQUATE INTEGRATION	VERY LITTLE INTEGRATION	NO INTEGRATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes ✓ No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No ✓
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes ✓ No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?
 Yes ✓ No _____
 Please explain.

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- | | |
|---------------------------------------|---|
| a. Athletic facilities | 4 |
| b. Academic support services | 4 |
| c. Athletic trainers, physicians | 4 |
| d. Strength and Conditioning Program | 4 |
| e. Injury-rehabilitation facilities | 4 |
| f. Drug and Alcohol abuse education | 4 |
| g. Practice and competition schedules | 5 |
| h. Team travel | 5 |
| i. Publicity | 3 |
| j. Comments: _____ | |

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|-----|----|
| a. | Time demands/stress | YES | NO |
| b. | Injury | YES | NO |
| c. | Peer pressure | YES | NO |
| d. | Adjustment to college life | YES | NO |
| e. | Career options/decision | YES | NO |
| f. | Drug or alcohol problems | YES | NO |
| g. | Eating disorders | YES | NO |
| h. | Nutritional Information | YES | NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?
 _____ anxiety / depression

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?
 _____ more SA involved

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No ___ Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

SPORT: WTK

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again? (Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: location

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never

4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____



If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____

6. Were you ever required to completely miss a meal due to participation in your sport? Yes _____ No How often _____

7. Where you ever required to miss a class due to practice conflicts? Yes _____ No How often _____

8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes _____ Never _____
 - b. Social growth? Often _____ Sometimes Never _____
 - c. Physical growth? Often Sometimes _____ Never _____
 - d. Emotional growth? Often Sometimes _____ Never _____

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No _____ Somewhat _____
- If you answered No or Somewhat, explain: _____

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you? Yes No _____

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- | | | | |
|--|---|-----------------------------|---|
| a. Ethical conduct? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Amateurism? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Financial aid? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. NCAA Special Assistance Fund? (PELL eligible) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f. Employment? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g. Academic standards? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. Drugs? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i. Complimentary admissions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| j. Nonpermissible (extra) benefits? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| k. Boosters? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| l. Serving as student-athlete host? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No

If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL	SOLID	ADEQUATE	VERY LITTLE	NO
INTEGRATION	INTEGRATION	INTEGRATION	INTEGRATION	INTEGRATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No

If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No _____

Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?

Yes No _____

Please explain.

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- a. Athletic facilities
- b. Academic support services
- c. Athletic trainers, physicians
- d. Strength and Conditioning Program
- e. Injury-rehabilitation facilities
- f. Drug and Alcohol abuse education
- g. Practice and competition schedules
- h. Team travel
- i. Publicity
- j. Comments: _____

5
5
5
5
5
5
5
4
3

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|--------------------------------------|--------------------------|
| a. | Time demands/stress | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| b. | Injury | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| c. | Peer pressure | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| d. | Adjustment to college life | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| e. | Career options/decision | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| f. | Drug or alcohol problems | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| g. | Eating disorders | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| h. | Nutritional Information | <input checked="" type="radio"/> YES | <input type="radio"/> NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___

If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?

NA

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
Is there an area SAAC should be concentrating on more?

NO

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?

Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?

Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?

Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No

Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?

Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?

Yes ___ No ___ Describe. more drug testing

33. What changes, if any, would you propose be made in intercollegiate athletics?

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____
-

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never

4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____
-

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____

6. Were you ever required to completely miss a meal due to participation in your sport? Yes No _____ How often 1-2 times/week

7. Where you ever required to miss a class due to practice conflicts? Yes _____ No How often _____

8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes _____ Never _____
 - b. Social growth? Often Sometimes _____ Never _____
 - c. Physical growth? Often Sometimes _____ Never _____
 - d. Emotional growth? Often Sometimes _____ Never _____

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No _____ Somewhat _____
- If you answered No or Somewhat, explain: _____
-

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you? Yes No _____

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- | | | | |
|--|---|--|---|
| a. Ethical conduct? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Amateurism? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Financial aid? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. NCAA Special Assistance Fund? (PELL eligible) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f. Employment? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| g. Academic standards? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. Drugs? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i. Complimentary admissions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| j. Nonpermissible (extra) benefits? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| k. Boosters? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| l. Serving as student-athlete host? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes No
 If so, describe. Penguinfest

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL INTEGRATION SOLID INTEGRATION ADEQUATE INTEGRATION VERY LITTLE INTEGRATION NO INTEGRATION

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes No
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No
 Please explain. some what - meal plan in Stambaugh

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department? Yes No
 Please explain. FB + BB getting the meal plan

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- a. Athletic facilities 4
- b. Academic support services 5
- c. Athletic trainers, physicians 5
- d. Strength and Conditioning Program 5
- e. Injury-rehabilitation facilities 5
- f. Drug and Alcohol abuse education 4
- g. Practice and competition schedules 3
- h. Team travel 5
- i. Publicity 3
- j. Comments: _____

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|------------|-----------|
| a. | Time demands/stress | <u>YES</u> | NO |
| b. | Injury | <u>YES</u> | NO |
| c. | Peer pressure | <u>YES</u> | NO |
| d. | Adjustment to college life | <u>YES</u> | NO |
| e. | Career options/decision | <u>YES</u> | NO |
| f. | Drug or alcohol problems | <u>YES</u> | NO |
| g. | Eating disorders | <u>YES</u> | <u>NO</u> |
| h. | Nutritional Information | <u>YES</u> | NO |

If you used any of the services, do you feel they were satisfactory? Yes No
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?
 _____ *mental health* _____

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No
 Is there an area SAAC should be concentrating on more?
 _____ *time demands* _____

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No *not everyone takes it seriously*

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes No Describe. *IWP is helpful for support not just specific to alcohol/drug*

33. What changes, if any, would you propose be made in intercollegiate athletics?
 _____ *N/A* _____

SPORT: WK

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____
-

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never
4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____
-

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes ___ No
6. Were you ever required to completely miss a meal due to participation in your sport?
Yes ___ No ___ How often _____
7. Where you ever required to miss a class due to practice conflicts?
Yes ___ No How often _____
8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes ___ Never ___
 - b. Social growth? Often Sometimes ___ Never ___
 - c. Physical growth? Often Sometimes ___ Never ___
 - d. Emotional growth? Often Sometimes ___ Never ___
9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No ___ Somewhat ___
If you answered No or Somewhat, explain: _____
-

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you?
Yes No ___

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes No N/A
- c. Financial aid? Yes No N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes No N/A
- e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) Yes No N/A
- f. Employment? Yes No N/A
- g. Academic standards? Yes No N/A
- h. Drugs? Yes No N/A
- i. Complimentary admissions? Yes No N/A
- j. Nonpermissible (extra) benefits? Yes No N/A
- k. Boosters? Yes No N/A
- l. Serving as student-athlete host? Yes No N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No

If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL INTEGRATION	SOLID INTEGRATION	ADEQUATE INTEGRATION	VERY LITTLE INTEGRATION	NO INTEGRATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No _____
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?

Yes _____ No _____ *somewhat - track specific*

Please explain.

Travel opportunities were difficult for all kids

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- | | |
|---------------------------------------|----------|
| a. Athletic facilities | <u>5</u> |
| b. Academic support services | <u>5</u> |
| c. Athletic trainers, physicians | <u>5</u> |
| d. Strength and Conditioning Program | <u>5</u> |
| e. Injury-rehabilitation facilities | <u>5</u> |
| f. Drug and Alcohol abuse education | <u>5</u> |
| g. Practice and competition schedules | <u>5</u> |
| h. Team travel | <u>3</u> |
| i. Publicity | <u>5</u> |
| j. Comments: | _____ |

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|--------------------------------------|--------------------------|
| a. | Time demands/stress | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| b. | Injury | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| c. | Peer pressure | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| d. | Adjustment to college life | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| e. | Career options/decision | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| f. | Drug or alcohol problems | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| g. | Eating disorders | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| h. | Nutritional Information | <input checked="" type="radio"/> YES | <input type="radio"/> NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?

Transition From high school to PE Athletics demand

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

- 1. What was your main reason for deciding to attend YSU?
 - a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

- 2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
 - a. Yes
 - b. No
 - c. Maybe/Depends
 If you answered "b" or "c", why?: _____

- 3. To what extent did you use the services of the athletic academic support services available?
 - a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never

- 4. Do you feel there was any area in academic support lacking or not available?
 - a. Yes
 - b. No
 If yes, explain: _____

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

- 5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____

- 6. Were you ever required to completely miss a meal due to participation in your sport?
 - Yes _____
 - No
 - How often _____

- 7. Where you ever required to miss a class due to practice conflicts?
 - Yes _____
 - No
 - How often _____

- 8. Do you believe that your coach(es) were supportive of your...
 - a. Academic growth? Often Sometimes _____ Never _____
 - b. Social growth? Often Sometimes _____ Never _____
 - c. Physical growth? Often Sometimes _____ Never _____
 - d. Emotional growth? Often Sometimes _____ Never _____

- 9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No _____ Somewhat _____

If you answered No or Somewhat, explain: _____

- 10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you?
 - Yes _____ No

FIVE IS 15 - 20 hrs restriction
 that means "YES"

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes No N/A
- c. Financial aid? Yes No N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes No N/A
- e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) Yes No N/A
- f. Employment? Yes No N/A
- g. Academic standards? Yes No N/A
- h. Drugs? Yes No N/A
- i. Complimentary admissions? Yes No N/A
- j. Nonpermissible (extra) benefits? Yes No N/A
- k. Boosters? Yes No N/A
- l. Serving as student-athlete host? Yes No N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No

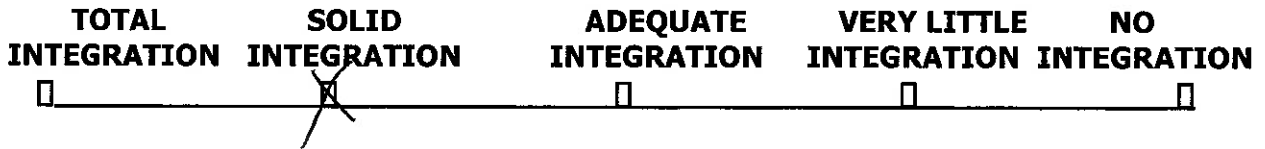
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

- a. Physical abuse? Often Sometimes Never
Example: _____
- b. Verbal abuse? Often Sometimes Never
Example: _____
- c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No X
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).



19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes X No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No X
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes X No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?
 Yes _____ No X
 Please explain.
FOOTBALL APPEARS FAVORED W/ WEIGHT ROOM.

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- | | |
|---------------------------------------|----------|
| a. Athletic facilities | <u>5</u> |
| b. Academic support services | <u>5</u> |
| c. Athletic trainers, physicians | <u>5</u> |
| d. Strength and Conditioning Program | <u>5</u> |
| e. Injury-rehabilitation facilities | <u>5</u> |
| f. Drug and Alcohol abuse education | <u>4</u> |
| g. Practice and competition schedules | <u>5</u> |
| h. Team travel | <u>5</u> |
| i. Publicity | <u>5</u> |
| j. Comments: | _____ |

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|--------------------------------------|----|
| a. | Time demands/stress | <input checked="" type="radio"/> YES | NO |
| b. | Injury | <input checked="" type="radio"/> YES | NO |
| c. | Peer pressure | <input checked="" type="radio"/> YES | NO |
| d. | Adjustment to college life | <input checked="" type="radio"/> YES | NO |
| e. | Career options/decision | <input checked="" type="radio"/> YES | NO |
| f. | Drug or alcohol problems | <input checked="" type="radio"/> YES | NO |
| g. | Eating disorders | <input checked="" type="radio"/> YES | NO |
| h. | Nutritional Information | <input checked="" type="radio"/> YES | NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___ *NA*
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?
 _____ *No* _____

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?
 _____ *good job* _____

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?
 _____ *NO IDEAS* _____

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again? (Choose one)

a. Yes b. No c. Maybe/Depends

If you answered "b" or "c", why?:

sport program ok but might have wanted a higher level of competition

3. To what extent did you use the services of the athletic academic support services available?

a. Always b. Frequently c. Occasionally d. Rarely e. Never

4. Do you feel there was any area in academic support lacking or not available?

a. Yes b. No

If yes, explain: _____

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____

6. Were you ever required to completely miss a meal due to participation in your sport?

Yes _____ No How often _____

7. Were you ever required to miss a class due to practice conflicts?

Yes _____ No How often _____

8. Do you believe that your coach(es) were supportive of your...

a. Academic growth? Often Sometimes _____ Never _____

b. Social growth? Often Sometimes _____ Never _____

c. Physical growth? Often Sometimes _____ Never _____

d. Emotional growth? Often Sometimes _____ Never _____

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No _____ Somewhat _____

If you answered No or Somewhat, explain: _____

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you?

Yes No _____

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes No N/A
- c. Financial aid? Yes No N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes No N/A
- e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) Yes No N/A
- f. Employment? Yes No N/A
- g. Academic standards? Yes No N/A
- h. Drugs? Yes No N/A
- i. Complimentary admissions? Yes No N/A
- j. Nonpermissible (extra) benefits? Yes No N/A
- k. Boosters? Yes No N/A
- l. Serving as student-athlete host? Yes No N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

- a. Physical abuse? Often Sometimes Never
Example: _____
- b. Verbal abuse? Often Sometimes Never
Example: _____
- c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL	SOLID	ADEQUATE	VERY LITTLE	NO
INTEGRATION	INTEGRATION	INTEGRATION	INTEGRATION	INTEGRATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?

Yes _____ No

Please explain.

Football - scheduling of weight room = but it has been better

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- | | |
|---------------------------------------|----------|
| a. Athletic facilities | <u>4</u> |
| b. Academic support services | <u>4</u> |
| c. Athletic trainers, physicians | <u>4</u> |
| d. Strength and Conditioning Program | <u>4</u> |
| e. Injury-rehabilitation facilities | <u>4</u> |
| f. Drug and Alcohol abuse education | <u>5</u> |
| g. Practice and competition schedules | <u>4</u> |
| h. Team travel | <u>4</u> |
| i. Publicity | <u>4</u> |
| j. Comments: | _____ |

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

a.	Time demands/stress	YES	NO
b.	Injury	YES	NO
c.	Peer pressure	YES	NO
d.	Adjustment to college life	YES	NO
e.	Career options/decision	YES	NO
f.	Drug or alcohol problems	YES	NO
g.	Eating disorders	YES	NO
h.	Nutritional Information	YES	NO

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?
 _____ NO

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?
 _____ NO

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

SPORT: NBA

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____
-

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never
4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____
-

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes ___ No
6. Were you ever required to completely miss a meal due to participation in your sport? Yes ___ No ___ How often _____
7. Where you ever required to miss a class due to practice conflicts? Yes ___ No How often _____
8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes ___ Never ___
 - b. Social growth? Often Sometimes ___ Never ___
 - c. Physical growth? Often Sometimes ___ Never ___
 - d. Emotional growth? Often Sometimes ___ Never ___
9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No ___ Somewhat ___
- If you answered No or Somewhat, explain: _____
-

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you? Yes No ___

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- | | | | |
|--|---|--|---|
| a. Ethical conduct? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Amateurism? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Financial aid? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| d. NCAA Special Assistance Fund? (PELL eligible) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| f. Employment? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| g. Academic standards? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. Drugs? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i. Complimentary admissions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| j. Nonpermissible (extra) benefits? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| k. Boosters? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| l. Serving as student-athlete host? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No ✓
If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL	SOLID	ADEQUATE	VERY LITTLE	NO
INTEGRATION	INTEGRATION	INTEGRATION	INTEGRATION	INTEGRATION
<u>✓</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes ✓ No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No _____
If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes ✓ No _____
Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department? Yes _____ No _____
Please explain.

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- | | |
|---------------------------------------|----------|
| a. Athletic facilities | <u>5</u> |
| b. Academic support services | <u>5</u> |
| c. Athletic trainers, physicians | <u>4</u> |
| d. Strength and Conditioning Program | <u>5</u> |
| e. Injury-rehabilitation facilities | <u>5</u> |
| f. Drug and Alcohol abuse education | <u>5</u> |
| g. Practice and competition schedules | <u>4</u> |
| h. Team travel | <u>5</u> |
| i. Publicity | <u>5</u> |
| j. Comments: _____ | |

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|------------|----|
| a. | Time demands/stress | <u>YES</u> | NO |
| b. | Injury | <u>YES</u> | NO |
| c. | Peer pressure | <u>YES</u> | NO |
| d. | Adjustment to college life | <u>YES</u> | NO |
| e. | Career options/decision | <u>YES</u> | NO |
| f. | Drug or alcohol problems | <u>YES</u> | NO |
| g. | Eating disorders | <u>YES</u> | NO |
| h. | Nutritional Information | <u>YES</u> | NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare? Nutritional info/meal plans

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No ___
 Is there an area SAAC should be concentrating on more?

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No ___

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No ___

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes ___ No Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never

4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes ___ No ___

6. Were you ever required to completely miss a meal due to participation in your sport? Yes ___ No ___ How often _____

7. Were you ever required to miss a class due to practice conflicts? Yes No ___ How often LATE FOR CLASS MULTIPLE TIMES

8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often ___ Sometimes Never ___
 - b. Social growth? Often ___ Sometimes Never ___
 - c. Physical growth? Often ___ Sometimes Never ___
 - d. Emotional growth? Often ___ Sometimes Never ___

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes ___ No Somewhat ___
- If you answered No or Somewhat, explain: MADE TO PRACTICE MORE THAN REQUIRED (ASST. COACH)

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you? Yes No ___

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes No N/A
- c. Financial aid? Yes No N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes No N/A
- e. NCAA Student-Athlete Opportunity Fund? (Used for Olympic Sports Summer School) Yes No N/A
- f. Employment? Yes No N/A
- g. Academic standards? Yes No N/A
- h. Drugs? Yes No N/A
- i. Complimentary admissions? Yes No N/A
- j. Nonpermissible (extra) benefits? Yes No N/A
- k. Boosters? Yes No N/A
- l. Serving as student-athlete host? Yes No N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

JUST PRACTICE TIME RESTRICTIONS (ASST. COACH)

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No

If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: ASST. COACH SEEMED TO BE YELLED AT W/O JUSTIFICATION

ASST. COACH

c. Mental abuse? Often Sometimes Never
Example: BEING IGNORED

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No X
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL SOLID ADEQUATE VERY LITTLE NO
 INTEGRATION INTEGRATION INTEGRATION INTEGRATION INTEGRATION

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes X No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No X
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes _____ No X

Please explain.

SEEMS KT THINKS THAT STAFF IS BIASSED TOWARDS MALE (VARIOUS INCIDENTS)

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?

Yes X No _____

Please explain.

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- a. Athletic facilities
- b. Academic support services
- c. Athletic trainers, physicians
- d. Strength and Conditioning Program
- e. Injury-rehabilitation facilities
- f. Drug and Alcohol abuse education
- g. Practice and competition schedules
- h. Team travel
- i. Publicity
- j. Comments: _____

5
4
4
4
4
0
2
4
0

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|--------------------------------------|--------------------------|
| a. | Time demands/stress | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| b. | Injury | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| c. | Peer pressure | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| d. | Adjustment to college life | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| e. | Career options/decision | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| f. | Drug or alcohol problems | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| g. | Eating disorders | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| h. | Nutritional Information | <input checked="" type="radio"/> YES | <input type="radio"/> NO |

If you used any of the services, do you feel they were satisfactory? Yes No
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?

SPORTS PSYCHOLOGIST IS NEEDED

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No
 Is there an area SAAC should be concentrating on more?

COULD BE STRONGER

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?

Yes No BUT NOT MUCH HAS CHANGED

28. Do you think the Athletic Administration supported and valued your sport?

Yes No

29. If you had a need to contact an athletic administrator was one available to you?

Yes No

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes No

Describe. VERY CONCERNED RE: TREATMENT BY ASST. COACH

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?

Yes No

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?

Yes No Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

SPORTS PSYCHOLOGIST ADDED TO STAFF

SPORT: WSU

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other team atmosphere
2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never
4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____
6. Were you ever required to completely miss a meal due to participation in your sport? Yes _____ No How often _____
7. Where you ever required to miss a class due to practice conflicts? Yes _____ No How often _____
8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes _____ Never _____
 - b. Social growth? Often Sometimes _____ Never _____
 - c. Physical growth? Often Sometimes _____ Never _____
 - d. Emotional growth? Often Sometimes _____ Never _____
9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No _____ Somewhat _____
- If you answered No or Somewhat, explain: _____
10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you? Yes No _____

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes No N/A
- c. Financial aid? Yes No N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes No N/A
- e. NCAA Student-Athlete Opportunity Fund? (Used for Olympic Sports Summer School) Yes No N/A
- f. Employment? Yes No N/A
- g. Academic standards? Yes No N/A
- h. Drugs? Yes No N/A
- i. Complimentary admissions? Yes No N/A
- j. Nonpermissible (extra) benefits? Yes No N/A
- k. Boosters? Yes No N/A
- l. Serving as student-athlete host? Yes No N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never

Example: _____

b. Verbal abuse? Often Sometimes Never

Example: _____

c. Mental abuse? Often Sometimes Never

Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No X
If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL	SOLID	ADEQUATE	VERY LITTLE	NO
INTEGRATION	INTEGRATION	INTEGRATION	INTEGRATION	INTEGRATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes X No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No X
If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes X No _____
Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department? Yes X No _____
Please explain.

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- | | |
|---------------------------------------|--------------|
| a. Athletic facilities | <u> 5 </u> |
| b. Academic support services | <u> 5 </u> |
| c. Athletic trainers, physicians | <u> 5 </u> |
| d. Strength and Conditioning Program | <u> 5 </u> |
| e. Injury-rehabilitation facilities | <u> 5 </u> |
| f. Drug and Alcohol abuse education | <u> 5 </u> |
| g. Practice and competition schedules | <u> 5 </u> |
| h. Team travel | <u> 5 </u> |
| i. Publicity | <u> 4 </u> |
| j. Comments: _____ | |

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|------------|----|
| a. | Time demands/stress | <u>YES</u> | NO |
| b. | Injury | <u>YES</u> | NO |
| c. | Peer pressure | <u>YES</u> | NO |
| d. | Adjustment to college life | <u>YES</u> | NO |
| e. | Career options/decision | <u>YES</u> | NO |
| f. | Drug or alcohol problems | <u>YES</u> | NO |
| g. | Eating disorders | <u>YES</u> | NO |
| h. | Nutritional Information | <u>YES</u> | NO |

If you used any of the services, do you feel they were satisfactory? Yes ___ No ___
If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare? no

26. Do you believe the SAAC is a helpful group for student-athletes? Yes X No ___
Is there an area SAAC should be concentrating on more? no

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
Yes X No ___

28. Do you think the Athletic Administration supported and valued your sport?
Yes X No ___

29. If you had a need to contact an athletic administrator was one available to you?
Yes X No ___

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes ___ No ___
Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
Yes X No ___

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
Yes ___ No X Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?
no

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____
- } MIXTURE OF THESE

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: WANT TO GO FURTHER AWAY FROM HOME

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never

4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes No _____

6. Were you ever required to completely miss a meal due to participation in your sport? Yes _____ No How often _____

7. Where you ever required to miss a class due to practice conflicts? Yes _____ No How often _____

8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes _____ Never _____
 - b. Social growth? Often Sometimes _____ Never _____
 - c. Physical growth? Often Sometimes _____ Never _____
 - d. Emotional growth? Often _____ Sometimes Never _____

9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes No _____ Somewhat _____
- If you answered No or Somewhat, explain: _____

10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you? Yes No _____

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes No N/A
- c. Financial aid? Yes No N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes No N/A ~~NOT SURE~~
- e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) Yes No N/A NOT SURE
- f. Employment? Yes No N/A
- g. Academic standards? Yes No N/A
- h. Drugs? Yes No N/A
- i. Complimentary admissions? Yes No N/A
- j. Nonpermissible (extra) benefits? Yes No N/A
- k. Boosters? Yes No N/A
- l. Serving as student-athlete host? Yes No N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No

If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never
Example: _____

b. Verbal abuse? Often Sometimes Never
Example: _____

c. Mental abuse? Often Sometimes Never
Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No X
If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL SOLID ADEQUATE VERY LITTLE NO
INTEGRATION INTEGRATION INTEGRATION INTEGRATION INTEGRATION
 _____ _____ _____ _____

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes X No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No X
If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes _____ No X
Please explain.

WEIGHT ROOM ISSUES FAVOR MALES

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?

Yes _____ No X

Please explain.

BECAUSE SOME ARE REVENUE SPORTS, SOME AREN'T

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- a. Athletic facilities
- b. Academic support services
- c. Athletic trainers, physicians
- d. Strength and Conditioning Program
- e. Injury-rehabilitation facilities
- f. Drug and Alcohol abuse education
- g. Practice and competition schedules
- h. Team travel
- i. Publicity
- j. Comments: _____

5
4
3
5
5
5
4
5
4

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|--------------------------------------|--------------------------|
| a. | Time demands/stress | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| b. | Injury | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| c. | Peer pressure | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| d. | Adjustment to college life | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| e. | Career options/decision | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| f. | Drug or alcohol problems | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| g. | Eating disorders | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| h. | Nutritional Information | <input checked="" type="radio"/> YES | <input type="radio"/> NO |

If you used any of the services, do you feel they were satisfactory? Yes No
If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?

FINANCE ADVICE

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No
Is there an area SAAC should be concentrating on more?

NO

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?

Yes No

28. Do you think the Athletic Administration supported and valued your sport?

Yes No

29. If you had a need to contact an athletic administrator was one available to you?

Yes No

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes No

Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?

Yes No

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?

Yes No Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

MORE GENDER EQUALITY

SPORT: WSO

1. What was your main reason for deciding to attend YSU?
- a. Athletic Scholarship
 - b. Location
 - c. Academic programs
 - d. Division I sport
 - e. Coach
 - f. Other _____

2. If given another chance to choose a college out of high school, would you enroll at Youngstown State again?(Choose one)
- a. Yes
 - b. No
 - c. Maybe/Depends
- If you answered "b" or "c", why?: _____

3. To what extent did you use the services of the athletic academic support services available?
- a. Always
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never
4. Do you feel there was any area in academic support lacking or not available?
- a. Yes
 - b. No
- If yes, explain: _____

If you lived in on-campus housing, answer #5 and #6; if not skip to #7.

5. Were practice times usually scheduled in a manner to allow you access to food service? Yes ___ No
6. Were you ever required to completely miss a meal due to participation in your sport?
Yes ___ No How often _____
7. Where you ever required to miss a class due to practice conflicts?
Yes ___ No How often _____
8. Do you believe that your coach(es) were supportive of your...
- a. Academic growth? Often Sometimes ___ Never ___
 - b. Social growth? Often Sometimes ___ Never ___
 - c. Physical growth? Often Sometimes ___ Never ___
 - d. Emotional growth? Often Sometimes ___ Never ___
9. Do you believe that your coach(es) were sensitive to the demands placed on your time while you were a student-athlete? Yes ___ No ___ Somewhat
- If you answered No or Somewhat, explain:
coach wasn't always receptive to academic conflicts
10. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically-related activities with you?
Yes No ___

11. Are you in favor with YSU's policy to not conduct athletic contests during finals week (unless required by the League or NCAA)? Yes No

12. Were you informed of NCAA, conference and institutional regulations in the following areas:

- a. Ethical conduct? Yes No N/A
- b. Amateurism? Yes No N/A
- c. Financial aid? Yes No N/A
- d. NCAA Special Assistance Fund? (PELL eligible) Yes No N/A
- e. NCAA Student-Athlete Opportunity Fund?
(Used for Olympic Sports Summer School) Yes No N/A
- f. Employment? Yes No N/A
- g. Academic standards? Yes No N/A
- h. Drugs? Yes No N/A
- i. Complimentary admissions? Yes No N/A
- j. Nonpermissible (extra) benefits? Yes No N/A
- k. Boosters? Yes No N/A
- l. Serving as student-athlete host? Yes No N/A

13. To the best of your knowledge, did your coaches comply with NCAA, conference, and institutional rules? Yes No

If no, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, nonpermissible benefits)?

14. During your recruitment by this institution, or while enrolled in this institution, did you receive any nonpermissible offers, inducements of benefits from an employee of YSU or a booster? Yes No

If Yes, indicate the nonpermissible benefits you received during recruitment or while enrolled at this institution in question:

15. Are you aware of other student-athletes who may have received nonpermissible benefits provided by an employee of YSU or booster? Yes No
If Yes, indicate the benefits in question received by other student-athletes:

16. Were you subject to coaching techniques that involved the following:

a. Physical abuse? Often Sometimes Never

Example: _____

b. Verbal abuse? Often Sometimes Never

Example: _____

c. Mental abuse? Often Sometimes Never

Example: _____

17. Were you subject to any hazing requirements or put into situations that made you uncomfortable during your career? Yes _____ No
 If so, describe.

18. By placing an "X" on the scale below, please indicate the extent to which you, as a student-athlete, felt integrated into the student body (considering campus activities, student groups, Greek life, housing, food services, etc.).

TOTAL INTEGRATION	SOLID INTEGRATION	ADEQUATE INTEGRATION	VERY LITTLE INTEGRATION	NO INTEGRATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you believe the institution is committed to accepting, supporting and providing a safe and inclusive environment for all individuals? Yes No _____

20. If you are a minority or a woman, do you feel you had special needs as a minority or woman in intercollegiate athletics? Yes _____ No
 If yes, what additional needs do you have?

21. Do you believe that male and female athletes are treated equitably (the same) by the athletics department? Yes No _____
 Please explain.

22. Do you believe that all sports programs are treated equitably (the same) by the athletics department?
 Yes No
 Please explain.

23. Please rate the following areas as they relate to your sport according to the scale below:

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Below Average
- 1 = Poor
- 0 = Don't Know

- a. Athletic facilities
- b. Academic support services
- c. Athletic trainers, physicians
- d. Strength and Conditioning Program
- e. Injury-rehabilitation facilities
- f. Drug and Alcohol abuse education
- g. Practice and competition schedules
- h. Team travel
- i. Publicity
- j. Comments: _____

5
 5
 5
 4
 5
 5
 3
 5
 5

would like more competitive non-league

24. Please indicate whether or not you were aware of information/service/personnel or assistance available somewhere on campus to deal with the following needs (whether you used the service or not):

- | | | | |
|----|----------------------------|------------|----|
| a. | Time demands/stress | <u>YES</u> | NO |
| b. | Injury | <u>YES</u> | NO |
| c. | Peer pressure | <u>YES</u> | NO |
| d. | Adjustment to college life | <u>YES</u> | NO |
| e. | Career options/decision | <u>YES</u> | NO |
| f. | Drug or alcohol problems | <u>YES</u> | NO |
| g. | Eating disorders | <u>YES</u> | NO |
| h. | Nutritional Information | <u>YES</u> | NO |

If you used any of the services, do you feel they were satisfactory? Yes No
 If No, explain: _____

25. Is there any other area, similar to those in #24, that you feel should be offered to help with student-athlete welfare?

emphasize the free personal counseling

26. Do you believe the SAAC is a helpful group for student-athletes? Yes No
 Is there an area SAAC should be concentrating on more?

NA

27. Do you believe the Student-Athlete Input Forms that are distributed to athletes for completion at the end of each sport season are helpful?
 Yes No

28. Do you think the Athletic Administration supported and valued your sport?
 Yes No

29. If you had a need to contact an athletic administrator was one available to you?
 Yes No

30. Are there any concerns related to your program that the athletic administration needs to be aware of? Yes No
 Describe. _____

31. Do you believe the institution is committed to the safety of the student-athletes (e.g. travel policies, medical policies, etc.)?
 Yes No

32. Do you have any recommendations to help minimize drug/alcohol use/abuse?
 Yes No Describe. _____

33. What changes, if any, would you propose be made in intercollegiate athletics?

