The University Of Alabama at Birmingham

Pre-Health Educational Planning Survey

The information you are asked to provide on the following pages will enable your advisor to discuss your professional school plans with you. We are asking only for information which will be useful in assisting students in their educational planning and in their preparation to apply to professional school. It is important to answer all questions.

A. FAMILY DATA

1. Please circle all of the people with whom you are currently living:
   - parent(s)   spouse   child(ren)   roommate   extended family   other

2. Please provide the following information about family members:
   - Name
   - Education (see below)
   - College attended
   - Occupation
   - Mother
   - Father
   - Spouse
   - Brothers and/or
   - Sisters
   - Children/Ages

   Education: -HS- less than high school, HS = graduated high school (or GED), HS+ = some schooling beyond high school, 4D = baccalaureate degree, 4D+ = some education beyond the baccalaureate, GD = graduate degree (master's, doctorate, law, medical, etc.)

3. List any language, other than English, that you speak at home: __________________________

4. Is the language you listed your native language? __________________________

B. HIGH SCHOOL EXPERIENCE

Academic

1. How many hours per week (average) did you study outside of class during your last year of high school? (Circle one.)
   - (a) 0-3 hours
   - (b) 4-6 hours
   - (c) 7-9 hours
   - (d) 10-12 hours
   - (e) more than 12 hours

2. How many hours per week (average) do you expect to study outside of class during your first year of college? __________________________

3. Describe your most effective method of studying.
   ____________________________________________
   ____________________________________________
C. High School and Out of School Experiences

1. List your extracurricular activities while in high school (sports, clubs, officer, etc.).

<table>
<thead>
<tr>
<th>Kind of Activity</th>
<th>When</th>
<th>Degree of Satisfaction (minimal, moderate, high)</th>
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2. Work History: List both the paid and non-paid jobs you have held.

<table>
<thead>
<tr>
<th>Job</th>
<th>Approx, hrs./wk.</th>
<th>Aspects Liked / Aspects Disliked</th>
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3. Community Service Activity

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<thead>
<tr>
<th>Organization</th>
<th>Approx, hrs./wk.</th>
<th>Aspects Liked</th>
<th>Aspects Disliked</th>
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4. Health Related Experiences

<table>
<thead>
<tr>
<th>Setting</th>
<th>Approx hours</th>
<th>Aspects Liked/Disliked</th>
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D. Expectations about College

1. Do you plan on being a full-time student or a part-time student during your first year at UAB? (Check one) Full-time_______ Part-time_____

2. Predict your grade average after one year at UAB. (Check one)

   _____ C
   _____ C+ or B-
   _____ B
   _____ B+ or A-
   _____ A

3. About how many hours per week do you think you will have to study outside of class to earn the grade average you predicted above for your first year of college? (Check one.)

   _____ 0 - 5
   _____ 6 - 10
   _____ 11 - 15
   _____ 16 - 20
   _____ 21 - 25
   _____ more than 25
EXTRACURRICULAR PLANS

1. Do you plan on holding a job during your first year at UAB? (Please check one.)
   ______ Yes
   ______ No
If Yes, how many hours per week do you plan on working? (Please check one.)
   ______ 1-8 hours
   ______ 9 - 16 hours
   ______ 17 - 24 hours
   ______ 25 - 32 hours
   ______ more than 32 hours

2. List any extracurricular activities in which you would like to participate:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Occupational Plans

1. Please check the occupation that you plan on pursuing after you graduate:
   Medicine    ______ Dentistry    ______ Optometry

2. How does your family (parents, guardians, spouse) feel about the career you are presently Considering? (Please check one.)
   a. _____ They are not aware of my considerations about a career
   b. _____ They strongly approve
   c. _____ They approve
   d. _____ They are neutral
   e. _____ They disapprove

3. Please briefly describe why you have selected this career.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. What is your second choice of career?

   Why have you chosen this career?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. Is there any other career you might like to prepare for, but have decided against for some reason [e.g., lack of ability or talent, ineligibility for admission to a specific program]?
   a. If so, what would it be?
b. Why have you decided against it? _____________________________________________
______________________________________________________________

6. At this time, if it were not possible to go to college, what would you do instead?
______________________________________________________________
______________________________________________________________

7. What doubts, if any, do you have about your educational plans?
______________________________________________________________
______________________________________________________________

COMPLETE THE FOLLOWING SENTENCES:

My greatest strengths are _____________________________________________
______________________________________________________________
My greatest weaknesses are ____________________________________________
______________________________________________________________

The Pre-Health Educational Planning Survey was adapted from a survey developed by Penn State.