

U.S. - RUSSIA EXPERTS FORUM

American Delegates

Department of State administered

Pre-Program Survey

Please know that your answers will be strictly confidential and will in no way affect your participation in the program. We will use the data for analytical and evaluative purposes only.

Please feel free to give us your honest opinions. This survey is not a test, and there are no right or wrong answers. Thank you for your participation in this survey.

Privacy Act and Paperwork Reduction Act Statements:

The information solicited on this survey is requested pursuant to the Government Performance and Results Act of 1993 (P.L. 103-62) and the Mutual Educational and Cultural Exchange Act of 1961, as amended, also known as the Fulbright-Hays Act (22 U.S.C. 2451, et seq.). In order to ensure that the U.S. Department of State's international exchange programs meet statutory program requirements (22 U.S.C. 2460(c)), the Department's Bureau of Educational and Cultural Affairs (ECA) regularly monitors the programs, gathers data about program accomplishments, and evaluates selected ones. ECA uses the information collected to inform program design, management, and funding. All personal information that is collected through surveys is considered confidential. All responses are coded to ensure the confidentiality of individual responses. Data collected under this study will not be shared, sold, or used for fundraising purposes. Survey data and findings will be used only in an aggregate form for the express purposes of fulfilling the data needs of the outcome assessment. Responses to this survey are voluntary.

Public reporting burden for this collection of information is estimated to average ten (10) minutes to respond to this survey, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to: A/ISS/DIR, U.S. Department of State, Washington, D.C. 20520.

1. Which research group are you participating in? *Please choose one.*

Primary focus	<input checked="" type="checkbox"/>
Anti-corruption	<input type="checkbox"/>
Education for Innovative Societies	<input type="checkbox"/>
Energy Security	<input type="checkbox"/>
Immigration Issues	<input type="checkbox"/>
Infectious Diseases	<input type="checkbox"/>
International Security (Nonproliferation, Counter-terrorism)	<input type="checkbox"/>
NGO and Third Sector Development	<input type="checkbox"/>
Trade	<input type="checkbox"/>
World Economy	<input type="checkbox"/>

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2. There are many different reasons people want to participate in this program. In the table below, please choose the **three** most important to you.

Reason	✓
To collaborate on policy briefs at U.S. think tanks, governmental agencies, and research centers.	
To foster dialogue and partnerships between U.S. and Russian experts on public policy issues and processes.	
To learn more about my field of policy expertise	
To develop my professional contacts and network	
To further develop and advance my professional skills	
To gain greater depth and breadth of knowledge about my policy field	
To experience being part of a larger policy community	
To affect, to the extent possible, my country's policy on a particular local issue	
To affect, to the extent possible, my country's policy on a particular regional issue	
To affect, to the extent possible, my country's policy on a particular national issue	
To affect, to the extent possible, my country's policy on a particular international issue	
Other: (please write in)	

3. Please rate your abilities in the following areas. *Please check one box in each row.*

	No knowledge	Less than basic	Basic knowledge	Beyond basic	Advanced knowledge
Collaborative policy research					
Statistical and analytical skills					
Networking					
Facilitation of policy discussions in my field					
Policy recommendation formulation					
Leadership					
Communication of various policy recommendations and options					

4. What are your expectations of the collaborative work process?

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5. Have you done this type of work process before?

Yes____ No____

6. Please rate your understanding or knowledge of the following topics. *Please check one box in each row.*

	No knowledge	Less than basic	Basic knowledge	Beyond basic	Advanced knowledge
Russian democracy					
Russian economy					
Russian values and culture					
Religious and ethnic diversity in Russia					
Freedom of speech and the press in Russia					
Voluntary community service					
Daily life in Russia					

7. How do you view the Russian government and the Russian people?

	Strongly unfavorable	Generally unfavorable	Neither favorable nor unfavorable	Generally favorable	Strongly favorable
Russian government					
Russian people					

8. How do you view the Russian government and its relationship with the U.S.?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The Russian government is a trustworthy partner for my country.					

9. Please describe the organization or company that you work for. *Please check one.*

University	<input type="checkbox"/>
Research institution	<input type="checkbox"/>

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Government	<input type="checkbox"/>
Non-profit organization	<input type="checkbox"/>
Private organization	<input type="checkbox"/>
Other: (please write in)	<input type="checkbox"/>

10. What is your job title? _____

11. Home city/town: _____

12. Geographic location:

I live in...	<input checked="" type="checkbox"/>
My state's capital city	<input type="checkbox"/>
Another major city other than the capital	<input type="checkbox"/>
A small city, town or rural location	<input type="checkbox"/>

13. Date of birth (day/month/year) Ex: 20/10/1978:

14. Sex:

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

15. What religious group do you consider yourself a member of or feel closest to? *Please choose one.*

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Baha'ism	<input type="checkbox"/>	Shintoism	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>	Taoism	<input type="checkbox"/>
Confucianism	<input type="checkbox"/>	Zoroastrianism	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	Not close to any group	<input type="checkbox"/>
Islam	<input type="checkbox"/>	None	<input type="checkbox"/>
Jainism	<input type="checkbox"/>	Other: <i>please write in.</i>	<input type="checkbox"/>
Judaism	<input type="checkbox"/>		<input type="checkbox"/>

16. Which language do you consider to be your native language/mother tongue? _____

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17. Thank you for completing this survey! If you have any additional comments you would like to make, please do so here. We value your thoughts.

18. How long did it take you to complete this survey? ____ minutes