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**Dietary Supplement Research Practicum Participant Survey**

OMB Control #0925-0648  
Expiration Date: 01/31/2015

The staff of the Office of Dietary Supplements of the National Institutes of Health/U.S. Department of Health and Human Services appreciates your willingness to complete this survey and provide feedback on the annual Dietary Supplement Research Practicum that you attended. The goal of this survey is to determine how well the practicum met attendees' needs and contributed to their research, clinical practice, and/or education on dietary supplements.

Public reporting burden for the collection of information is estimated to be no more than 25 minutes per response, including the 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 a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address

Thank you for your valuable feedback.

**1. Please indicate the type of institution you were employed with when participating in the practicum and for which you are currently employed. (Select all that apply.)**

	During practicum	Current
Academic institution	<input type="checkbox"/>	<input type="checkbox"/>
Research institution	<input type="checkbox"/>	<input type="checkbox"/>
Company/business	<input type="checkbox"/>	<input type="checkbox"/>
Clinical practice (as MD)	<input type="checkbox"/>	<input type="checkbox"/>
Clinical practice (other health care provider)	<input type="checkbox"/>	<input type="checkbox"/>
Government agency	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other," please specify and indicate if it was during the practicum or currently:

**2. Please indicate your position when you were participating in the practicum and now. (Select all that apply.)**

	During practicum	Current
Dentist	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>
Masters or Doctoral Student	<input type="checkbox"/>	<input type="checkbox"/>
Post-doctoral Student/Fellow	<input type="checkbox"/>	<input type="checkbox"/>
Medical Doctor	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Nutritionist	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapist, Physical Trainer, Kinesiologist	<input type="checkbox"/>	<input type="checkbox"/>
Research Scientist	<input type="checkbox"/>	<input type="checkbox"/>
University/College Faculty	<input type="checkbox"/>	<input type="checkbox"/>
Other Health Practitioner (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Other Professional (specify)	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other," please specify and indicate if it was during the practicum or currently:

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3. How did you first hear about the practicum? (Select one.)

- Department chair
- Professor
- Colleague
- Professional meeting
- Workplace/institution
- The Office of Dietary Supplements website
- Direct notification from the Office of Dietary Supplements
- Other

If you selected "Other," please specify:

4. Thinking back to when you first were interested in participating in the practicum, why were you interested in this opportunity to learn about dietary supplements? (Select all that apply.)

- For teaching purposes
- For research purposes
- For your practice as a health care provider
- For future career choices
- Opportunity to network with other professionals interested in dietary supplement research
- Other

If you selected "Other," please specify:

5. How valuable did you find the practicum during your participation and what is your perception of its value now?

	Not Valuable	Somewhat	Valuable	Very Valuable
While attending practicum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Currently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answer that your current perception of the practicum is "not valuable," skip to question 7.

6. How have you benefited from participating in the practicum?

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7. Did you find the meeting binder helpful to have during the time of the practicum?

- Yes
- No

If "No," please specify why not:

8. Have you used the binder materials since participating in the practicum?

- No
- Yes

If "Yes," please specify how you used the materials:

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9. Have you used the knowledge gained during the practicum to create new resources or to enhance existing ones at your workplace?

- No - Skip to question 12.
- Yes - Please complete the following table.

10. What types of resources did you create or enhance?

	Enhanced Existing Resources	Created New Resources
Curriculum for existing courses	<input type="checkbox"/>	<input type="checkbox"/>
New courses	<input type="checkbox"/>	<input type="checkbox"/>
New research grant application	<input type="checkbox"/>	<input type="checkbox"/>
Research methods	<input type="checkbox"/>	<input type="checkbox"/>
Research agenda	<input type="checkbox"/>	<input type="checkbox"/>
Nonacademic educational materials on dietary supplements	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other," please specify and indicate if it was an existing or new resource:

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11. Are there other ways you have used the practicum or it has influenced your research/practice?

- No
- Yes

If you selected "Yes," please specify:

12. Have you worked with other practicum participants in activities or projects as a result of your practicum experience?

- No
- Yes

If you selected "Yes," please specify:

13. Do you have any plans you have not yet implemented that you would attribute to your practicum participation?

- No
- Yes

If you selected "Yes," please specify:

14. Have you faced any barriers to implementing new activities on dietary supplements?

- No
- Yes

If you selected "Yes," please specify:

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15. In your department or institution are there courses or course modules offered on dietary supplements?

- No
- Yes
- Does not apply; I am not working in an academic setting.

If you selected "Yes," please specify course name and department:

16. In your department or institution, is any research currently being done on dietary supplements?

- No
- Yes
- Does not apply; I am not working in an academic setting.

If you selected "Yes," please specify research grant, principal investigator, and department:

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17. Do you have any suggestions of professional groups that the Office of Dietary Supplements (ODS) should recruit for the practicum?

- No
- Yes

If you selected "Yes," please specify:

18. ODS is considering developing some type of networking group or activity. Please indicate whether you would be interested in participating in any of the following: (Select all that apply)

- Read a newsletter.
- Actively contribute to an online community to share resources, ideas, etc.
- Attend a networking session at a national conference.
- Attend a workshop at a national conference.
- Other ideas\*
- I am not interested in participating.

\*If you selected "Other ideas," please specify:

- Read a newsletter.
- Actively contribute to an online community to share resources, ideas, etc.
- Attend a networking session at a national conference.
- Attend a workshop at a national conference.
- Other ideas\*
- I am not interested in participating.

\*If you selected "Other ideas," please specify:

19. Is there any other information that you would like to share with ODS regarding the practicum?

If you have material that you would like to share with ODS, please send to:

Office of Dietary Supplements  
National Institutes of Health  
6100 Executive Boulevard, Room 3B01, MSC 7517  
Bethesda, MD 20892-7517  
Tel: 301-435-2920  
Email: ods@nih.gov

Thank you for your time and effort in helping us improve our practicum program.

20. Please provide your email address if you are willing to have us contact you if we have questions about your responses to this survey:

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Done