

## **Attachment 5: Awardee survey instrument (LMIC version)**

Note: A web-based preview of this survey instrument is also available at: [https://stpi.qualtrics.com/SE/?SID=SV\\_0JmdraKVoucAw5&Preview=Survey&BrandID=stpi](https://stpi.qualtrics.com/SE/?SID=SV_0JmdraKVoucAw5&Preview=Survey&BrandID=stpi)

Front Matter:



Public reporting burden for this collection of information is estimated to average thirty 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-xxxx\*).

### **Welcome to the Brain Disorders in the Developing World Awardee Survey!**

The purpose of this survey is to collect information relevant to an evaluation of the Brain Disorders in the Developing World : Research Across the Lifespan program (referred to hereafter as “Brain Disorders Program”) administered by the John E. Fogarty International Center. You have been invited to participate in the survey because you participated in one or more research projects funded by this program. Please note that the evaluation will be focused on the program as a whole rather than on your individual funded project.

If you agree to participate in the survey, you will be asked a series of questions about your experiences via a web-based questionnaire. You may refuse to answer any particular question and you may stop answering questions at any time. Your responses will be kept confidential and will not be disclosed to anyone but the researchers conducting this study except as otherwise required by law. There will be no immediate benefit to you from participation, nor are there any known risks. You will not be identified as the individual who provided specific information in any reports or publications resulting from the evaluation study.

Your participation in this survey is completely voluntary. You may stop answering questions at any time. If you wish to withdraw your consent after completing the survey form, please contact the lead evaluator, Christina Viola Srivastava, at [cviola@ida.org](mailto:cviola@ida.org) or 617-721-9055.

If you have any questions or concerns about the evaluation study, please contact the lead evaluator, Christina Viola Srivastava, at [cviola@ida.org](mailto:cviola@ida.org) or (+1) 617-721-9055 or check the “I have questions or concerns” box below . If you have questions you would prefer to direct to NIH, please contact Dr. Rachel Sturke at [sturkerachel@mail.nih.gov](mailto:sturkerachel@mail.nih.gov) or (+1) 301.480.6025.

- I have reviewed this statement and agree to participate
- I decline to participate at this time
- I have questions or concerns about the evaluation study; please contact me directly to discuss them

Question 1:



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**Which of the following best describes the relationship between the research project funded by your Brain Disorders award(s) and the research projects you worked on prior to the award?**

- The research funded by the Brain Disorders program was a continuation or expansion of one or more of my previous research projects (e.g. exploring a hypothesis generated by previous research, application in a new context, etc.)
- The research funded by the Brain Disorders program was in a similar field or scientific area as one or more of my previous research projects, but it was not closely related to any of my previous projects
- The research funded by the Brain Disorders program was in a field or scientific area that I had never worked in before

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Question 2:

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**Did you and/or your collaborator apply for additional funding to continue the research project funded by the Brain Disorders program after your R21 award was complete? [Choose all that apply]**

Yes, we applied jointly for additional funding

Yes, I applied for additional funding by myself

Yes, my collaborator applied for additional funding

No, neither of us applied for additional funding

**Is there anything the Brain Disorders program could have done differently to enhance your ability to compete for additional funding?**

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Question 2, any “yes” selected:



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**Did you and/or your collaborator apply for additional funding to continue the research project funded by the Brain Disorders program after your R21 award was complete? [Choose all that apply]**

- Yes, we applied jointly for additional funding
- Yes, I applied for additional funding by myself
- Yes, my collaborator applied for additional funding
- No, neither of us applied for additional funding

**If yes, to which funders did you apply? [Choose all that apply]**

- The Brain Disorders Program (R01 award)
- Another NIH Institute, Center, or program
- Another US government agency
- A source in my collaborator's home country or region (please specify):
- Another source (e.g. third-party government or non-governmental organization or charitable foundation; please specify):

**Is there anything the Brain Disorders program could have done differently to enhance your ability to compete for additional funding?**



Question 2, menu if “Another NIH Institute, Center, or program” selected:

**If yes, to which funders did you apply? [Choose all that apply]**

- The Brain Disorders Program (R01 award)
- Another NIH Institute, Center, or program
- Another US government agency
- A source in my collaborator's home country or region (please specify):
- Another source (e.g. third-party government or non-governmental organization or charitable foundation; please specify):

**If you applied to an NIH Institute, Center, or program, to which NIH Institute, Center, or program did you apply?**

- John E. Fogarty International Center (FIC)
- National Cancer Institute (NCI)
- National Institute on Aging (NIA)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute of Allergy and Infectious Diseases (NIAID)
- Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
- National Institute on Drug Abuse (NIDA)
- National Institute of Environmental Health Sciences (NIEHS)
- National Institute of Mental Health (NIMH)
- National Institute of Neurological Disorders and Stroke (NINDS)
- Another NIH Institute or Center

**Is there anything the Brain Disorders program could have done differently to enhance your ability to compete for additional funding?**



Question 2, menu if "Another US government agency" selected:

**If yes, to which funder(s) did you apply? [Choose all that apply]**

- The Brain Disorders Program (R01 award)
- Another NIH Institute, Center, or program
- Another US government agency
- A source in my collaborator's home country or region (please specify):
- Another source (e.g. third-party government or non-governmental organization or charitable foundation; please specify):

**If you applied to an NIH Institute, Center, or program, to which NIH Institute, Center, or program did you apply?**

- John E. Fogarty International Center (FIC)
- National Cancer Institute (NCI)
- National Institute on Aging (NIA)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute of Allergy and Infectious Diseases (NIAID)
- Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
- National Institute on Drug Abuse (NIDA)
- National Institute of Environmental Health Sciences (NIEHS)
- National Institute of Mental Health (NIMH)
- National Institute of Neurological Disorders and Stroke (NINDS)
- Another NIH Institute or Center

NO

Question 2, "no" selected:



**If yes, to which funders did you apply? [Choose all that apply]**

- The Brain Disorders Program (R01 award)
- Another NIH Institute, Center, or program
- Another US government agency
- A source in my collaborator's home country or region (please specify):
- Another source (e.g. third-party government or non-governmental organization or charitable foundation; please specify):

**To which US government agency did you apply?**

▼

- National Science Foundation (NSF)
- Center for Disease Control (CDC)
- Food and Drug Administration (FDA)
- Department of Defense (DoD)
- National Aeronautics and Space Administration (NASA)
- United States Agency for International Development (USAID)
- Department of Energy (DOE)

**of these sources?**

- I'm still waiting to hear

**Is there anything the Brain Disorders program could have done differently to enhance your ability to compete for additional funding?**



Question 2, if “Have you been awarded additional funding from any of these sources?” is “yes”:

**Have you been awarded additional funding from any of these sources?**

- Yes
- No
- I'm still waiting to hear

**If yes, name(s) of funder(s) currently supporting your Brain Disorders project:**

**If yes, what is the approximate total dollar amount of the award(s)?**

- Less than \$10k
- \$10k-\$25k
- \$25k-\$50k
- \$50k-\$100k
- more than \$100k

**Is there anything the Brain Disorders program could have done differently to enhance your ability to compete for additional funding?**



Question 3:




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**Did you ever discuss the details of your funded research project (e.g. research study design, focus groups, research findings etc.) with potential end-users (e.g. providers, public health officials, NGOs, policy-makers) in your home country? (Please select all that apply)**

- Yes, we discussed the project with potential end-users prior to the period of R21 support
- Yes, we discussed the project with potential end-users during the period of R21 support
- Yes, we discussed the project with potential end-users after the period of R21 support
- No, we have not conferred with potential end-users about the details of the funded research project



Question 3, any “yes” selected:



**Did you ever discuss the details of your funded research project (e.g. research study design, focus groups, research findings etc.) with potential end-users (e.g. providers, public health officials, NGOs, policy-makers) in your home country? (Please select all that apply)**

- Yes, we discussed the project with potential end-users prior to the period of R21 support
- Yes, we discussed the project with potential end-users during the period of R21 support
- Yes, we discussed the project with potential end-users after the period of R21 support
- No, we have not conferred with potential end-users about the details of the funded research project

**If yes, please describe any significant impacts of these discussions on your research plan.**

Question 4:



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Did any institution or funder other than NIH contribute the following types of resources to your Brain Disorders project?

	Your home institution	Your collaborator's home institution	Another third party
Supplemental funds for research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary support for your foreign collaborators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical support, including paid students/postdocs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Question 4, if “another third party” selected:



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POLICY INSTITUTE

Did any institution or funder other than NIH contribute the following types of resources to your Brain Disorders project?

	Your home institution	Your collaborator's home institution	Another third party
Supplemental funds for research	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Salary support for your foreign collaborators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical support, including paid students/postdocs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If another third party contributed resources, please specify what third party:



Question 5:



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Please rate the degree to which you agree or disagree with the statements below regarding your Brain Disorders R21 planning award:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A significant amount of effort was devoted to overcoming barriers due to lack of research infrastructure at my home institution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I established a solid relationship or significantly enhanced an existing relationship with my main collaborator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training for myself or others at my institution was an integral part of our R21 award.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The funds provided with our R21 award were sufficient to complete all of the activities we described in our proposal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The duration of our R21 award was sufficient to complete all of the activities we described in our proposal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with the procedures for transferring funds between collaborating institutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the period of R21 support, I felt that we were prepared to compete successfully for an R01 or comparable award from another source.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Brain program provided sufficient opportunities to interact with other awardees and their collaborators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation in the Brain program expanded my network of contacts among brain researchers in my home country or region.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 6:



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**[Version for PIs] How were resources transferred from your institution to your collaborator's institution?  
(Choose all that apply)**

- Funds were transferred directly from my institution to my collaborator's institution
- Goods and services were purchased by my institution and subsequently shipped or transferred to my collaborator's institution
- Goods and services were purchased directly by my collaborator's institution and later reimbursed by my institution
- Goods and services (used or new) were donated by my institution to my collaborator's institution
- My institution set up purchase orders with my collaborator's institution listed as a recipient
- My institution issued a university credit card to the collaborating institution
- Another mechanism (Please describe):
- Resources were not transferred between our institutions

**[Version for collaborators] How were award funds transferred from the Principal Investigator's (PI's) institution to your institution?**

- Funds were transferred directly from the PI's institution to my institution
- Goods and services were purchased by the PI's institution and subsequently shipped or transferred to my institution
- Goods and services were purchased by the PI's institution
- Goods and services were purchased directly by my institution and later reimbursed by the PI's institution
- Goods and services (used or new) were donated by the PI's institution to my institution
- The PI's institution set up purchase orders with my institution listed as a recipient
- The PI's institution issued a university credit card to the collaborating institution
- Another mechanism (Please describe):
- Resources were not transferred between our institutions

**Are there any additional comments you'd like to make about the transfer of funds?**

Question 7:



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**Which of the following statements is most accurate regarding where goods and services were purchased for your Brain Disorders award(s)?**

- Goods and services were purchased primarily in my home country
- Goods and services were purchased in both my home country and other countries
- Goods and services were purchased primarily in other countries
- Expenditures on goods and services were minimal

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Question 8:





**Which of the following statements best describes the attitude of your home institution ([insert name]) towards your Brain Disorders project?**

- My home institution was enthusiastically supportive of our Brain Disorders project
- My home institution was somewhat supportive of our Brain Disorders project
- My home institution was not particularly supportive of our Brain Disorders project
- My home institution was not supportive of our Brain Disorders project and/or made it more difficult to complete the work

**Which of the following statements best describes the attitude of your collaborator's institution ([insert name]) towards your Brain Disorders project?**

- My collaborator's institution was enthusiastically supportive of our Brain Disorders project
- My collaborator's institution was somewhat supportive of our Brain Disorders project
- My collaborator's institution was not particularly supportive of our Brain Disorders project
- My collaborator's institution was not supportive of our Brain Disorders project and/or made it more difficult to complete the work

**Are there any comments you would like to add about your collaborator's institution or your own in relation to your Brain Disorders project?**



Question 9:



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The following is a list of peer-reviewed publications resulting from your Brain Disorders award(s) that was generated from your progress reports and other sources. Please indicate whether the following publications resulted entirely or in part from your Brain Disorders award(s):

[insert publications list]

Were any of these publications incorrectly attributed to your Brain Disorders award(s)?

- Yes
- No

Are there additional publications associated with your Brain award(s) that don't appear in the list above?

- Yes
- No

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Question 9, both “yes” options selected:



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**The following is a list of peer-reviewed publications resulting from your Brain Disorders award(s) that was generated from your progress reports and other sources. Please indicate whether the following publications resulted entirely or in part from your Brain Disorders award(s):**

**[insert publications list]**

**Were any of these publications incorrectly attributed to your Brain Disorders award(s)?**

- Yes
- No

**If yes, please provide the title(s) so that they can be removed from our list.**

**Are there additional publications associated with your Brain award(s) that don't appear in the list above?**

- Yes
- No

**If yes, please provide the authors, titles, journal name, and publication date for any additional publications.**



Question 10:



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**Apart from publications, did your Brain Disorders award(s) produce any of the following types of research outputs? [Choose all that apply]**

- Software or other analytic tools
- Patient registries or other databases
- Patents or patent applications
- Devices or prototypes
- Clinical protocols
- Curricula or training materials
- Other research outputs (Please describe):
- None of the above



Question 11:



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The following is a list of individuals who received training as part of your Brain Disorders award that was generated from your progress reports. Please confirm that these individuals received training as part of your Brain Disorders award(s).

	Trainee Name	Training Start Year	Training End Year	Highest Degree	Title and Affiliation Prior to Training	Current Title and Affiliation
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Were there additional individuals who received training as part of your Brain Disorders award(s) that don't appear in the list above?

- Yes
- No



Question 11, "yes" selected:



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POLICY INSTITUTE

The following is a list of individuals who received training as part of your Brain Disorders award that was generated from your progress reports. Please confirm that these individuals received training as part of your Brain Disorders award(s).

	Trainee Name	Training Start Year	Training End Year	Highest Degree	Title and Affiliation Prior to Training	Current Title and Affiliation
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Were there additional individuals who received training as part of your Brain Disorders award(s) that don't appear in the list above?

- Yes
- No

Please provide the following information about your additional trainees so that we can add them to our records.

	Trainee Name	Training Start Year	Training End Year	Highest Degree	Title and Affiliation Prior to Training	Current Title and Affiliation
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Question 12:



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**Apart from training, did your Brain Disorders project contribute to any of the following types of research capacity-building at your home institution? [Choose all that apply]**

- Increased awareness of and/or interest in brain-related research among students, faculty, and/or administrators
- Enhanced recruiting of new faculty members or retention of existing ones
- Development of research support infrastructure such as an Institutional Review Board or grants office
- Creation of a new laboratory, faculty position, department, degree programs, or other institutional subdivision
- Enhanced networking among faculty and students interested in brain-related research
- None of the above

**Please briefly describe the most significant impact(s) that your Brain Disorders award had on research capacity or research infrastructure at your home institution.**

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Question 13:



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**Please describe any impact(s) that your Brain Disorders research has had on healthcare policy or practice in your home country or region.**

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Question 14:



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Is there anything about the Brain Disorders program that you would like to see changed or improved?



Question 15:



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What do you see as the most critical unmet needs for brain-related research in the low and middle income country settings?



Question 16:



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Is there anything else you would like to tell us about your experience with the Brain Disorders program?

