

Attachment A.3: Screenshots of Survey for BIRCWH Principal Investigators



Survey for BIRCWH Principal Investigators

OMB# 0925-0643 EXP. DATE: 10/31/2017

Public reporting burden for this collection of information is estimated to average 20 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 (0925-0643). Do not return the completed form to this address.

1. Are you currently, or have you ever been, a Principal Investigator (PI) for the K12 program entitled “Building Interdisciplinary Research Careers in Women’s Health” (BIRCWH)?

- a. Yes, I am currently a PI for the BIRCWH program [Go to Branch #1]
- b. Yes, I am a former PI for the BIRCWH program [Go to Branch #2]
- c. No, I have never been a PI for the BIRCWH program [End survey]

BRANCH #1: CURRENT BIRCWH PRINCIPAL INVESTIGATORS (Q1=a)

2. What is the name of the academic institution or organization where you are the PI for the BIRCWH program?

3. [If Q2=nn] If you selected nn. Other, please specify:

4. In addition to your role as the Principal Investigator, which other roles do you currently have in the BIRCWH program? (Check all that apply)

- a. Primary mentor
- b. Secondary mentor
- c. Supplemental mentor
- d. Advisory board member
- e. Steering committee member
- f. Other (please specify):
- g. None

5. Prior to your current role as the Principal Investigator, which other roles have you had for the BIRCWH program? (Check all that apply)

- a. Primary mentor
- b. Secondary mentor
- c. Supplemental mentor
- d. Program director
- e. Advisory board member
- f. Steering committee member
- g. Co-Investigator
- h. Program coordinator
- i. Other (please specify):
- j. None

6. Please indicate your level of satisfaction with each of the following components of the BIRCWH program:

Neither
satisfied nor

Very

	Very satisfied	Satisfied	dissatisfied	Dissatisfied	dissatisfied
a. Overall performance of the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Day-to-day management of the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Administrative resources from my institution allocated to the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Interaction with program mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mentors' efforts to advise scholars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Accomplishments of the scholars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In addition to the mentoring that BIRCWH scholars receive, what other types of training or career development activities are offered to scholars? (Check all that apply)

- a. Workshops
- b. Courses for credit
- c. Non-credit courses
- d. Scientific seminars
- e. Peer mentoring
- f. Peer-to-peer activities, including peer review activities (excluding peer mentoring)
- g. Informal journal clubs
- h. Interest groups on selected topics
- i. Conferences
- j. Networking events (e.g., dinner meetings)
- k. Other (please specify):
- l. None

8. [If Q7=a-k] Please list the topics covered in the training or career development activities provided to BIRCWH scholars (e.g., grant writing, article writing, etc.):

9. What support does your institution provide to the BIRCWH program? (Check all that apply)

- a. Additional funding to the BIRCWH program as whole
-

ensure adherence to the administrative guidelines of the grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The overall management of the grant by the NIH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. [If 12a through 12f=Dissatisfied or Very dissatisfied] You indicated that you are dissatisfied or very dissatisfied with one or more items. Please explain why and provide recommendations for improvement:

14. Please estimate the average number of hours per month that you devote to the following BIRCWH program activities.

	Hours per month
a. Interacting with scholars at your institution	<input type="text"/>
b. Interacting with mentors at your institution	<input type="text"/>

15. About how often would you say that you contact the NIH staff during the following:

	At least once per week	At least once per month	Several times per year	Once a year	Rarely or never
a. Preparing and submitting a BIRCWH grant application or reapplication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Requesting BIRCWH grant funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Submitting Research Performance Progress Reports (RPPR) for the BIRCWH grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. About how often would you say that the NIH contacts you during the following:

	At least once per week	At least once per month	Several times per year	Once a year	Rarely or never
a. Preparing and submitting a BIRCWH grant application or reapplication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Requesting BIRCWH grant funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Submitting Research Performance Progress Reports (RPPR) for the BIRCWH grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How helpful are your typical interactions with the NIH staff?

- a. Very helpful
- b. Helpful
- c. Slightly helpful
- d. Not at all helpful

18. How would you compare your typical interactions with the NIH staff for the BIRCWH program to your typical interactions with staff from non-NIH grant-making programs?

- a. Much more positive
- b. Somewhat more positive
- c. Neutral
- d. Somewhat more negative
- e. Much more negative
- f. Not Applicable

19. Please provide recommendations on how the NIH could improve the programmatic components and oversight of the BIRCWH program:

Background and Demographics - Current PIs

20. What is your current position at your institution? (*Optional*)

21. What is your discipline or field of study? *(Optional)*

22. Which of the following best describes your ethnicity? *(Optional)*

- a. Hispanic or Latino
- b. Not Hispanic or Latino

23. Which of the following describes your race? *(Check all that apply) (Optional)*

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or other Pacific Islander
- e. White

24. What is your citizenship status? *(Optional)*

- a. US citizen since birth
- b. Naturalized US citizen
- c. Non-US citizen with permanent resident visa (green card)
- d. Non-US citizen with temporary US visa

25. What is your gender? *(Optional)*

- a. Male
- b. Female

26. In what year were you born? *(Optional)*

BRANCH #2: FORMER BIRCWH PRINCIPAL INVESTIGATORS (Q1=b)

2. What type of organization is your current employer?

- a. Research intensive university or medical school
- b. College or university which is not research intensive but which conducts some research
- c. University affiliated research institute
- d. Community or two-year college
- e. Pre-college educational system (preschool through high school)
- f. Hospital, not affiliated with a university
- g. Professional, private practice
- h. Other clinical setting
- i. U.S. Federal government
- j. U.S. State or local government
- k. Foreign government
- l. Not for profit organization
- m. Industry/Corporate (for profit)
- n. Self-employed
- o. Other (please specify):

3. What is the name of the academic institution or organization where you were the PI for the BIRCWH program?

4. *[[If Q3=nn]* If you selected nn. Other, please specify:

5. In addition to your role as the Principal Investigator, which other roles did you have in the BIRCWH program? *(Check all that apply)*

- a. Primary mentor
- b. Secondary mentor
- c. Supplemental mentor
- d. Advisory board member
- e. Steering committee member
- f. Other (please specify):
- g. None

6. Thinking back to your role as the PI, please indicate how satisfied you were with each of the following components of the BIRCWH program.

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
a. Overall performance of the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Day-to-day management of the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Administrative resources from my institution allocated to the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Interaction with program mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mentors' efforts to advise scholars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Accomplishments of the scholars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In addition to the mentoring that BIRCWH scholars receive, what other types of training or career development activities were offered to the scholars? *(Check all that apply)*

- a. Workshops
- b. Courses for credit
- c. Non-credit courses
- d. Scientific seminars
- e. Peer mentoring
- f. Peer-to-peer activities, including peer review activities (excluding peer mentoring)
- g. Informal journal clubs
- h. Interest groups on selected topics
- i. Conferences
- j. Networking events (e.g., dinner meetings)

k. Other (please specify):

l. None

8. [If Q7=a-k] Please list the topics covered in the training or career development activities provided to BIRCWH scholars (e.g., grant writing, article writing, etc.):

9. What support did your institution provide to the BIRCWH program? (Check all that apply)

a. Additional funding to the BIRCWH program as a whole

b. Access to the necessary internal institutional facilities for the BIRCWH scholars

c. Access to the necessary external facilities for the BIRCWH scholars

d. Administrative support that may be needed by the BIRCWH scholars

e. A supportive network of mentors for the BIRCWH scholars

f. Training and career development activities

g. Other (please specify):

h. None

10. [If Q9=a] Please describe the type of additional funding (e.g., matching funds) that your institution provided to the BIRCWH program:

11. [If Q9=a] How satisfied were you with the additional funding that your institution provided in support of the BIRCWH program?

a. Very satisfied

b. Satisfied

c. Neither satisfied nor dissatisfied

- d. Dissatisfied
- e. Very dissatisfied

12. Thinking about your role as the PI in the BIRCWH program, please indicate your level of satisfaction with the following:

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not applicable
a. The overall support you received from the NIH program officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The grants management guidance you received from the NIH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The funding (total dollar amount per year) you received for the grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The timeliness of the NIH response to your concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The information from the NIH to ensure adherence to the administrative guidelines of the grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The overall management of the grant by the NIH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. [If 12a through 12f=Dissatisfied or Very dissatisfied] You indicated that you are dissatisfied or very dissatisfied with one or more items. Please explain why and provide recommendations for improvement:

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15. About how often would you say that you contacted the NIH staff during the following:

- At least once
 At least once
 Several times
 Rarely or

	per week	per month	per year	Once a year	never
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- a. Much more positive
- b. Somewhat more positive
- c. Neutral
- d. Somewhat more negative
- e. Much more negative
- f. Not Applicable

19. Please provide recommendations on how the NIH could improve the programmatic components and oversight of the BIRCWH program:

Demographics - Former PIs

20. What is your current position at your institution? *(Optional)*

21. Which of the following best describes your ethnicity? *(Optional)*

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- c. Black or African American
- d. Native Hawaiian or other Pacific Islander
- e. White

23. What is your citizenship status? *(Optional)*

- a. US citizen since birth
- b. Naturalized US citizen
- c. Non-US citizen with permanent resident visa (green card)
- d. Non-US citizen with temporary US visa

24. What is your gender? *(Optional)*

- a. Male
- b. Female

25. In what year were you born? *(Optional)*