

Attachment 1

Awardee Survey with Web Screenshots

**NATIONAL INSTITUTES OF HEALTH
ACADEMIC RESEARCH ENHANCEMENT AWARD (AREA)
AWARDEE SURVEY**

Welcome.

The National Institutes of Health (NIH) has contracted with Westat, a social science research firm located in Rockville, Maryland, to conduct a survey about the experiences of researchers—like yourself—who received Academic Research Enhancement Awards (AREA). Your participation will provide valuable information that will assist the NIH in improving the AREA program.

Participation in the survey is voluntary and your responses will remain private under the Privacy Act. Your individual responses to the survey will not be shared with any units of NIH and all analyses will be de-identified. No information or opinions you provide will impact current or future grant applications you may make to NIH.

We anticipate the survey will take less than 30 minutes to complete.

If you have any questions or comments, please contact Westat at NIHAREASurvey@westat.com.

By clicking on “Begin Survey” on the next page, you will be agreeing to participate in this survey and will be advanced to the survey instrument.

Next

PLEASE CAREFULLY READ THE TEXT BELOW.

OMB#0925-xxxx
Exp. xx/xxxx

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted to complete this instrument so that we can evaluate the Academic Research Enhancement Award (AREA) grant mechanism.

Public reporting burden for this collection of information is estimated to average 30 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. Do not return the completed form to this address.

Begin
Survey

APPLICATION PROCESS

The first part of the survey addresses your experience of the application process.

1. Through which of the following mechanisms did you **first** learn of the NIH’s AREA grant program?

- A colleague or administrator at my institution
- A colleague or mentor at another institution
- A conversation with NIH staff
- A presentation by NIH staff
- NIH’s website
- A funding opportunities database
- Other (please specify) _____

2. Below are reasons why researchers may apply for AREA funding. Please indicate how important each reason was in your decision to apply to the AREA program.

	Extremely important	Very important	Somewhat important	Not at all important
A. Funding from my institution was unavailable or insufficient for my research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. My institution encourages me to seek external research funding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. NIH AREA funding allows me to reduce my teaching or service commitments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. NIH AREA funds provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Extremely important	Very important	Somewhat important	Not at all important
me with salary support beyond the academic year.				
E. I am expected to supplement my university salary with research funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. My institution's commitment to the project depends on receiving external funding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. NIH AREA funding provides external validation for the merit of the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. NIH AREA funding facilitates the training of undergraduates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. NIH AREA funding facilitates the training of graduate and health professional students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. NIH AREA funding facilitates collaboration within my institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREA PROJECT

This section addresses dissemination of findings from your most recent AREA project.

3. **Box A: Publications.** Please review the publications in this list and indicate which were funded by your most recently completed R15/ AREA grant.

Number	Publication	AREA-funded?	Not my publication
1.	Pre-populated	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>
2.		Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>
3.		Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>

4.		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	
5.		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	
6.		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	
7.		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	

4. **Box B: Additional AREA publications not listed above.** In the space below, please add any AREA-funded publications and patents that do not appear in Box A above.

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____

5. To what extent did AREA funding support your efforts to...?

	A great extent	A moderate extent	A small extent	Not at all
A. ...conduct high quality research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.increase your research productivity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.obtain additional - or subsequent - funding to support your research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.collaborate with your peers at your institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A great extent	A moderate extent	A small extent	Not at all
E.enhance the training of undergraduates in research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. ...enhance the training of graduate (MA, MS, PhD) students in research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. ...enhance the training of health professional (MD, DVM, PharmD) students in research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did you conduct, or are you conducting, research on the same, or a similar, topic as your AREA project subsequent to your AREA award?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

7. In the **five** (5) years following the start date of your AREA project, about how much funding did you receive to continue the line of research represented by your AREA project? (include personnel support but **not** tuition waivers)

Your best estimate is fine.

a. Funding from sources **within** my institution: \$ _____ million
 thousand
 none

b. Funding from sources **outside** my institution: \$ _____
million
 thousand
 none [SKIP to

Q9]

[If no funding was committed to the AREA's line of research, SKIP to Question 9.]

8. In the **five** (5) years following the start date of your AREA project, did you receive funding from the following external sources for the line of research represented by your AREA application?

a. Federal government programs (other than AREA)

<input type="checkbox"/>	Yes, specify agency and program name: _____
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know

b. State or local government programs

<input type="checkbox"/>	Yes, specify agency and program name: _____
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know

c. Private foundations or organizations

<input type="checkbox"/>	Yes, specify organization name: _____
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know

9. Are you still active as a researcher?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No [SKIP to Q13]

10. Will you conduct research similar to your AREA project in the future?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

11. How likely is it that you will apply again to the AREA program?

<input type="checkbox"/>	Very likely [SKIP TO Q13]
<input type="checkbox"/>	Somewhat likely [SKIP TO Q13]
<input type="checkbox"/>	Somewhat unlikely
<input type="checkbox"/>	Very unlikely
<input type="checkbox"/>	Don't know

12. Why are you unlikely to seek AREA funding in the future?

Select all that apply:

	My current institution is not AREA-eligible.
	I am no longer conducting research that is AREA-eligible.
	I will be leaving an AREA-eligible institution soon.
	I am—or will be—retiring shortly.
	Other funding sources are a better fit for my research.
	The application and review process was too burdensome.
	My teaching and service responsibilities do not allow enough time for research.
	My other faculty responsibilities do not allow enough time for mentorship of individual students.
	Students at my institution are not appropriate for AREA-program participation.
	Other (specify):

STUDENT INVOLVEMENT

Since AREA-funded projects involve students in the research process, the next questions ask about the students who participated in your AREA project.

13. What was the **total number** of each of the following kinds of students who worked in your lab during the time you conducted your most recent AREA project? (Please estimate to the best of your ability.)

TYPE OF STUDENT	NUMBER	DON'T REMEMBER
High School students		
Undergraduate students		
Graduate students (MA, MS, PhD)		
Health professional (MD, PharmD, DDS, etc.) students		

14. Of the totals above, how many of each of the following types of students worked **at all** on your AREA project?

TYPE OF STUDENT	NUMBER	DON'T REMEMBER
High School students		
Undergraduate students		
Graduate students (MA, MS, PhD)		
Health professional (MD, PharmD, DDS, etc.) students		

15. How many of each of the following types of students disseminated findings via publications, presentations or posters related to your AREA project?

TYPE OF STUDENT	NUMBER	DON'T REMEMBER
High School students		
Undergraduate students		
Graduate students (MA, MS, PhD)		
Health professional (MD, PharmD, DDS, etc.) students		

Undergraduate Student Involvement

16. Did any **undergraduate** students working on your AREA project...

a. ...contribute ideas to the project design or experimental design?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

b. ...develop materials or resources needed to conduct the project?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

c. ...perform experiments, data collection, or data analysis?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

d. ...plan next steps (for example: decided relevant experiments or data analyses) to address research questions?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

17. Please describe any other ways that **undergraduate** students were involved in your AREA project:

18. Of the **undergraduate** students who worked on your AREA project, how **many...**

a. ...pursued graduate education related to the same general field as your AREA project?

Number:

Don't remember:

b. ...pursued graduate education in a DIFFERENT scientific field?

Number:

Don't remember:

c. ...pursued education as a health professional (MD, PharmD, DDS)?

Number:

Don't remember:

d. ...sought employment in a biomedical or behavioral field immediately after graduation?

Number:

Don't remember:

e. ...sought employment or graduate/professional education in a scientific field other than biomedical or behavioral science?

Number:

Don't remember:

f. Please specify any other research, training, or employment outcomes for your undergraduate students below:

Graduate or Professional Student Involvement

19. Did any **graduate (MA, MS, PhD) and health professional (MD, PharmD, DDS, etc.)** students counted as working on your AREA project...

a. ...contribute ideas to the project design or experimental design?

Yes
 No

b. ...develop materials or resources needed to conduct the project?

Yes

No

c. ...perform experiments, data collection, or data analysis?

Yes
 No

d. ...plan next steps (for example: decided relevant experiments or data analyses) to address research questions?

Yes
 No

20. If graduate and health professional students were involved in your AREA project in other ways, please tell us:

21. After graduation, **how many** of the **graduate and health professional** students who worked on your AREA project...

a. ...pursued research in a biomedical or behavioral field?

Number:

Don't remember:

b. ...attained employment as a clinician?

Number:

Don't remember:

c. ...attained employment in academia or in research?

Number:

Don't remember:

d. ...attained employment outside of the biomedical or behavioral sciences?

Number:

Don't remember:

e. Please specify any other research, training, or employment outcomes for your graduate and health professional students below:

COLLABORATION

Next we turn to the possible impact of your AREA grant on your collaboration.

22. In conducting your most recent AREA project, did you collaborate with...

a. ...researchers at **your** institution? Y N

b. ...researchers at **another** institution? Y N

23. How did the AREA project affect your collaboration with colleagues...

	Increased collaboration	No effect	Decreased collaboration
A. ...at your institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. ...at another institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Did you seek collaborator[s] for specialized content knowledge or analytical techniques...

a. ...at **your** institution? Y N

b. ...at **another** institution? Y N

25. Did you seek collaborator[s] for expertise in research design...

a. ...at **your** institution? Y N

b. ...at **another** institution? Y N

26. Did you seek collaborator[s] for access to data or a particular research population...

a. ...at **your** institution? Y N

b. ...at **another** institution? Y N

27. Did you seek collaborator[s] for access to resources...

a. ...at **your** institution? Y N

b. ...at **another** institution? Y N

28. Any there any other reasons you sought collaborators?

--

29. Did the collaboration with researchers at **your** institution extend to subsequent projects?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

30. Did the collaboration with researchers at **another** institution extend to subsequent projects?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Thank you for completing the AREA survey.



Academic Research Enhancement Award (AREA)

NATIONAL INSTITUTES OF HEALTH ACADEMIC RESEARCH ENHANCEMENT AWARD (AREA) PRINCIPAL INVESTIGATOR SURVEY

Welcome!

The National Institutes of Health (NIH) has contracted with Westat, a social science research firm located in Rockville, Maryland, to conduct a survey about the experiences of researchers—like yourself—who applied for AREA grants. Your participation will provide valuable information that will assist the NIH in improving the AREA program.

Participation in the survey is voluntary and your responses will be private under the Privacy Act. Your individual responses to the survey will not be shared with any units of NIH and all analyses will be de-identified. No information or opinions you provide will impact current or future grant applications you may make to NIH.

We anticipate the survey will take less than 30 minutes to complete.

If you have any questions or comments, please contact Westat at NIHAREAsurvey@westat.com.

By clicking on "Begin Survey" on the next page, you will be agreeing to participate in this survey and will be advanced to the survey instrument.

Next



Academic Research Enhancement Award (AREA)

PLEASE CAREFULLY READ THE TEXT BELOW.

OMB#0925-xxxx
Exp. xx/xxxx

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted to complete this instrument so that we can evaluate the Academic Research Enhancement Award (AREA) grant mechanism.

Public reporting burden for this collection of information is estimated to average 30 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 (xxxx-xxxx). Do not return the completed form to this address.

Begin Survey

NIH Academic Research Enhancement Award (AREA)



APPLICATION PROCESS

The first part of the survey addresses your experience of the application process.

1. Through which of the following mechanisms did you *first* learn of the NIH's AREA grant program?

- A colleague or administrator at my institution
- A colleague or mentor at another institution
- A conversation with NIH staff
- A presentation by NIH staff
- NIH's website
- A funding opportunities database
- Other (please specify)

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Next] button below.

Next »

Save and Continue Later

100/101

NIH Academic Research Enhancement Award (AREA)



2. Below are reasons why researchers may apply for AREA funding. Please indicate how important each reason was in your decision to apply to the AREA program.

	Extremely important	Very important	Somewhat important	Not at all important
A. Funding from my institution was unavailable or insufficient for my research.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. My institution encourages me to seek external research funding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. NIH AREA funding allows me to reduce my teaching or service commitments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. NIH AREA funds provide me with salary support beyond the academic year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. I am expected to supplement my university salary with research funds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. My institution's commitment to the project depends on receiving external funding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. NIH AREA funding provides external validation for the merit of the project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. NIH AREA funding facilitates the training of undergraduates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. NIH AREA funding facilitates the training of graduate and health professional students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. NIH AREA funding facilitates collaboration within my institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

100:102

NIH Academic Research Enhancement Award (AREA)



AREA PROJECT

This section addresses dissemination of findings from your most recent AREA project.

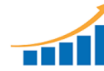
3. Box A: Publications. Please review the publications in this list and indicate which were funded by your most recently completed R15/ AREA grant.

Number	Publication	AREA-funded?	Not my publication
1.		<input type="checkbox"/>	<input type="checkbox"/> Not my publication
2.		<input type="checkbox"/>	<input type="checkbox"/> Not my publication
3.		<input type="checkbox"/>	<input type="checkbox"/> Not my publication
4.		<input type="checkbox"/>	<input type="checkbox"/> Not my publication
5.		<input type="checkbox"/>	<input type="checkbox"/> Not my publication
6.		<input type="checkbox"/>	<input type="checkbox"/> Not my publication
7.		<input type="checkbox"/>	<input type="checkbox"/> Not my publication

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

100:103

NIH Academic Research Enhancement Award (AREA)



4. Box B: Additional AREA publications not listed above. In the space below, please add any AREA-funded publications and patents that do not appear in Box A above.

AREA funded publications or patents	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

100:104

NIH Academic Research Enhancement Award (AREA)



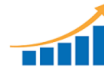
5. To what extent did AREA funding support your efforts to...?

	A great extent	A moderate extent	A small extent	Not at all	Not applicable
A....conduct high quality research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B....increase your research productivity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C....obtain additional – or subsequent – funding to support your research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D....collaborate with your peers at your institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E....enhance the training of undergraduates in research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F....enhance the training of graduate (MA, MS, PhD) students in research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G....enhance the training of health professional (MD, DVM, PharmD) students in research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

100:105

NIH Academic Research Enhancement Award (AREA)



6. Did you conduct, or are you conducting, research on the same, or a similar, topic as your AREA project subsequent to your AREA award?

- Yes
- No

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

« Previous

Next »

Save and Continue Later

100:106

NIH Academic Research Enhancement Award (AREA)



7. In the *five* (5) years following the start date of your AREA project, about how much funding did you receive to continue the line of research represented by your AREA project? (include personnel support but *not* tuition waivers)

Your best estimate is fine.

a. Funding from sources *within* my institution:

\$



b. Funding from sources *outside* my institution:

\$



NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

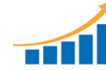
« Previous

Next »

Save and Continue Later

100:107

NIH Academic Research Enhancement Award (AREA)



8. In the *five* (5) years following the start date of your AREA project, did you receive funding from the following external sources for the line of research represented by your AREA application?

a. Federal government programs (other than AREA)

If Yes, specify agency and program name

b. State or local government programs

If Yes, specify agency and program name

c. Private foundations or organizations

If Yes, specify organization name

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

100:108

NIH Academic Research Enhancement Award (AREA)



9. Are you still active as a researcher?

Yes

No

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

100:109

NIH Academic Research Enhancement Award (AREA)



10. Will you conduct research similar to your AREA project in the future?

- Yes
- No

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

« Previous

Next »

Save and Continue Later

100:110

NIH Academic Research Enhancement Award (AREA)



11. How likely is it that you will apply again to the AREA program?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

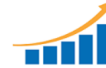
« Previous

Next »

Save and Continue Later

100:111

NIH Academic Research Enhancement Award (AREA)



12. Why are you unlikely to seek AREA funding in the future?

Select all that apply:

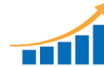
- My current institution is not AREA-eligible.
- I am no longer conducting research that is AREA-eligible.
- I will be leaving an AREA-eligible institution soon.
- I am—or will be—retiring shortly.
- Other funding sources are a better fit for my research.
- The application and review process was too burdensome.
- My teaching and service responsibilities do not allow enough time for research.
- My other faculty responsibilities do not allow enough time for mentorship of individual students.
- Students at my institution are not appropriate for AREA-program participation.
- Other (specify):

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

100:112

NIH Academic Research Enhancement Award (AREA)



STUDENT INVOLVEMENT

Since AREA-funded projects involve students in the research process, the next questions ask about the students who participated in your AREA project.

13. What was the **total number** of each of the following kinds of students who worked in your lab during the time you conducted your most recent AREA project? (Please estimate to the best of your ability.)

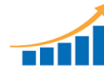
	Number	Don't remember
High School students	<input type="text"/>	<input type="checkbox"/> Don't remember
Undergraduate students	<input type="text"/>	<input type="checkbox"/> Don't remember
Graduate students (MA, MS, PhD)	<input type="text"/>	<input type="checkbox"/> Don't remember
Health professional (MD, PharmD, DDS, etc.) students	<input type="text"/>	<input type="checkbox"/> Don't remember

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

200:213

NIH Academic Research Enhancement Award (AREA)



14. Of the totals above, how many of each of the following types of students worked *at all* on your AREA project?

	Number	Don't Remember
High School students	<input type="text"/>	<input type="checkbox"/> Don't Remember
Undergraduate students	<input type="text"/>	<input type="checkbox"/> Don't Remember
Graduate students (MA, MS, PhD)	<input type="text"/>	<input type="checkbox"/> Don't Remember
Health professional (MD, PharmD, DDS, etc.) students	<input type="text"/>	<input type="checkbox"/> Don't Remember

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

200:214

NIH Academic Research Enhancement Award (AREA)



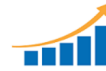
15. How many of each of the following types of students disseminated findings via publications, presentations or posters related to your AREA project?

	Number	Don't Remember
High School students	<input type="text"/>	<input type="checkbox"/> Don't Remember
Undergraduate students	<input type="text"/>	<input type="checkbox"/> Don't Remember
Graduate students (MA, MS, PhD)	<input type="text"/>	<input type="checkbox"/> Don't Remember
Health professional (MD, PharmD, DDS, etc.) students	<input type="text"/>	<input type="checkbox"/> Don't Remember

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

200:215

NIH Academic Research Enhancement Award (AREA)



Undergraduate Student Involvement

16. Did any *undergraduate* students working on your AREA project...

	Yes	No
a. ...contribute ideas to the project design or experimental design?	<input type="radio"/>	<input type="radio"/>
b. ...develop materials or resources needed to conduct the project?	<input type="radio"/>	<input type="radio"/>
c. ...perform experiments, data collection, or data analysis?	<input type="radio"/>	<input type="radio"/>
d. ...plan next steps (for example: decided relevant experiments or data analyses) to address research questions?	<input type="radio"/>	<input type="radio"/>

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

200:216

NIH Academic Research Enhancement Award (AREA)



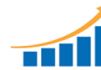
17. Please describe any other ways that *undergraduate* students were involved in your AREA project:

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

200:217

NIH Academic Research Enhancement Award (AREA)



18. Of the *undergraduate* students who worked on your AREA project, how many...

	Number	Not sure
a. ...pursued graduate education related to the same general field as your AREA project?	<input type="text"/>	<input type="checkbox"/> Not sure
b. ...pursued graduate education in a DIFFERENT scientific field?	<input type="text"/>	<input type="checkbox"/> Not sure
c. ...pursued education as a health professional (MD, PharmD, DDS)?	<input type="text"/>	<input type="checkbox"/> Not sure
d. ...sought employment in a biomedical or behavioral field immediately after graduation?	<input type="text"/>	<input type="checkbox"/> Not sure
e. ...sought employment or graduate/professional education in a scientific field other than biomedical or behavioral science?	<input type="text"/>	<input type="checkbox"/> Not sure

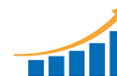
f. Please specify any other research, training, or employment outcomes for your undergraduate students below:

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

« Previous
Next »
Save and Continue Later

200:218

NIH Academic Research Enhancement Award (AREA)



Graduate or Professional Student Involvement

19. Did any *graduate (MA, MS, PhD) and health professional (MD, PharmD, DDS, etc.)* students counted as working on your AREA project...

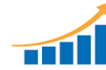
	Yes	No
a. ...contribute ideas to the project design or experimental design?	<input type="radio"/>	<input type="radio"/>
b. ...develop materials or resources needed to conduct the project?	<input type="radio"/>	<input type="radio"/>
c. ...perform experiments, data collection, or data analysis?	<input type="radio"/>	<input type="radio"/>
d. ...plan next steps (for example: decided relevant experiments or data analyses) to address research questions?	<input type="radio"/>	<input type="radio"/>

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

« Previous
Next »
Save and Continue Later

200:219

NIH Academic Research Enhancement Award (AREA)



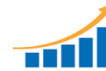
20.If graduate and health professional students were involved in your AREA project in other ways, please tell us:

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

200:220

NIH Academic Research Enhancement Award (AREA)



21.After graduation, how many of the graduate and health professional students who worked on your AREA project...

	Number	Not sure
a. ...pursued research in a biomedical or behavioral field?	<input type="text"/>	<input type="checkbox"/> Not sure
b. ...attained employment as a clinician?	<input type="text"/>	<input type="checkbox"/> Not sure
c. ...attained employment in academia or in research?	<input type="text"/>	<input type="checkbox"/> Not sure
d. ...attained employment outside of the biomedical or behavioral sciences?	<input type="text"/>	<input type="checkbox"/> Not sure

e. Please specify any other research, training, or employment outcomes for your graduate and health professional students below:

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

200:221

NIH Academic Research Enhancement Award (AREA)



COLLABORATION

Next we turn to the possible impact of your AREA grant on your collaboration.

22. In conducting your most recent AREA project, did you collaborate with...

	Yes	No
a. ...researchers at <i>your</i> institution?	<input type="radio"/>	<input type="radio"/>
b. ...researchers at <i>another</i> institution?	<input type="radio"/>	<input type="radio"/>

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

300.322

NIH Academic Research Enhancement Award (AREA)



23. How did the AREA project affect your collaboration with colleagues...

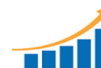
	Increased collaboration	No effect	Decreased collaboration
A. ...at your institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. ...at another institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

300.323

NIH Academic Research Enhancement Award (AREA)



24. Did you seek collaborator[s] for specialized content knowledge or analytical techniques...

	Yes	No
a. ...at <i>your</i> institution?	<input type="radio"/>	<input type="radio"/>
b. ...at <i>another</i> institution?	<input type="radio"/>	<input type="radio"/>

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

300:324

NIH Academic Research Enhancement Award (AREA)



25. Did you seek collaborator[s] for expertise in research design...

	Yes	No
a. ...at <i>your</i> institution?	<input type="radio"/>	<input type="radio"/>
b. ...at <i>another</i> institution?	<input type="radio"/>	<input type="radio"/>

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

300:325

NIH Academic Research Enhancement Award (AREA)



26. Did you seek collaborator[s] for access to data or a particular research population...

	Yes	No
a. ...at <i>your</i> institution?	<input type="radio"/>	<input type="radio"/>
b. ...at <i>another</i> institution?	<input type="radio"/>	<input type="radio"/>

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

300:326

NIH Academic Research Enhancement Award (AREA)



27. Did you seek collaborator[s] for access to resources...

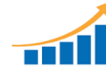
	Yes	No
a. ...at <i>your</i> institution?	<input type="radio"/>	<input type="radio"/>
b. ...at <i>another</i> institution?	<input type="radio"/>	<input type="radio"/>

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

300:327

NIH Academic Research Enhancement Award (AREA)



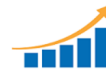
28. Any other reasons you sought collaborators?

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

300.328

NIH Academic Research Enhancement Award (AREA)



29. Did the collaboration with researchers at *your* institution extend to subsequent projects?

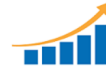
- Yes
- No

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

[« Previous](#) [Next »](#) [Save and Continue Later](#)

300.329

NIH Academic Research Enhancement Award (AREA)



30. Did the collaboration with researchers at *another* institution extend to subsequent projects?

- Yes
- No

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] or [Next] buttons below.

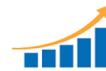
« Previous

Next »

Save and Continue Later

300:330

NIH Academic Research Enhancement Award (AREA)



Thank you for completing the AREA survey.

NOTE: Please do not use your browser buttons to navigate the survey. Instead, please click on the [Previous] button below.

« Previous

Submit Survey

400:400

NIH Academic Research Enhancement Award (AREA)



Please contact NIHAREAsurvey@westat.com if you need to make changes to your responses or have questions or concerns.
