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| nih office of the director (od) |
| Attachment 2 |
| Applicant Survey with Web Screenshots |
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**NATIONAL INSTITUTES OF HEALTH**

**ACADEMIC RESEARCH ENHANCEMENT AWARD (AREA)**

**APPLICANT 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 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 20 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.

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| --- |
| 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 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 (xxxx-xxxx). Do not return the completed form to this address.

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| --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. 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. |  |  |  |  |
| b. My institution encourages me to seek external research funding. |  |  |  |  |
| c. NIH AREA funding allows me to reduce my teaching or service commitments. |  |  |  |  |
| d. NIH AREA funds provide me with salary support beyond the academic year. |  |  |  |  |
| e. I am expected to supplement my university salary with research funds. |  |  |  |  |
| f. My institution’s commitment to the project depends on receiving external funding. |  |  |  |  |
| g. NIH AREA funding provides external validation for the merit of the project. |  |  |  |  |
| h. NIH AREA funding facilitates the training of undergraduates. |  |  |  |  |
| i. NIH AREA funding facilitates the training of graduate and health professional students. |  |  |  |  |
| j. NIH AREA funding facilitates collaboration within my institution. |  |  |  |  |

1. How useful were each of the following as an information source about the AREA program?

|  | Very useful | Moderately useful | A little useful | Not at all useful | No experience with this source |
| --- | --- | --- | --- | --- | --- |
| a. Colleagues or administrators at your institution |  |  |  |  |  |
| b. Colleagues or mentors at another institution |  |  |  |  |  |
| c. NIH’s website |  |  |  |  |  |
| d. NIH staff |  |  |  |  |  |

E. Other information sources, please specify in the box below:

|  |
| --- |
|  |

1. Did you contact NIH staff with questions regarding your application?

|  |  |
| --- | --- |
|  | Yes |
|  | No [SKIP TO QUESTION 6] |
|  | Don’t remember [SKIP TO QUESTION 6] |

1. If you contacted NIH about the AREA program, how satisfied or dissatisfied were you with each of the following?

|  | Very satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Very dissatisfied | Don’t recall | Not applicable or not sure |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Promptness of response |  |  |  |  |  |  |  |
| b. Helpfulness with locating appropriate NIH resources |  |  |  |  |  |  |  |
| c. NIH staff input on scientific sections of the application (aims, research strategy) |  |  |  |  |  |  |  |
| d. NIH staff input on administrative sections of the application (budget, IRB, human subjects) |  |  |  |  |  |  |  |
| e. Assistance interpreting summary statement (reviewers’ comments) |  |  |  |  |  |  |  |
| F. Advice about resubmission |  |  |  |  |  |  |  |

1. Did you seek assistance from your institution regarding your application?

|  |  |
| --- | --- |
|  | Yes |
|  | No [SKIP TO QUESTION 8] |
|  | Don’t remember [SKIP TO QUESTION 8] |

1. How useful was your institution’s assistance in…

|  | Very useful | Moderately useful | Not too useful | Not at all useful | Not applicable or not sure |
| --- | --- | --- | --- | --- | --- |
| a. …developing scientific sections of the application (aims, research strategy)? |  |  |  |  |  |
| b. …preparing administrative sections of the application (budget, IRB, human subjects, etc.)? |  |  |  |  |  |
| c. …locating collaborators? |  |  |  |  |  |
| d. …submitting the application or uploading it online? |  |  |  |  |  |

1. How would you rate the NIH AREA review and decision process?

|  |  |
| --- | --- |
|  | Very fair |
|  | Somewhat fair |
|  | Neither fair or unfair |
|  | Somewhat unfair |
|  | Very unfair |

1. If you have any comments about the NIH AREA application and review process, please share them with us:

|  |
| --- |
|  |

**Student involvement**

In order to understand the mentorship responsibilities of our applicants, the next questions ask about the students who may have been involved in your research in the period after submitting your AREA application.

1. Think back to the year you proposed to begin the project presented in your most recent AREA application. In the subsequent three (3) years, how many of each type of student worked in your lab?

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

1. Of the totals above, how many of each of the following types of students disseminated findings from their work via publications, presentations, or posters?

|  |  |  |
| --- | --- | --- |
| 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**

1. Did the **undergraduate** students counted as working in your lab during that 3-year period…
   1. …contribute ideas to research design or experimental design?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. …develop materials or resources needed to conduct research?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. …perform experiments, data collection, or data analysis?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

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

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. Please describe any other ways that **undergraduate** students were involved in your research:

|  |
| --- |
|  |

1. Of the **undergraduate** students who worked in your lab during that 3-year period, how MANY…
   1. …pursued graduate education related to the same general field as your research interests?

Number:  Don’t remember:

* 1. …pursued graduate education in a DIFFERENT biomedical or behavioral field?

Number:  Don’t remember:

* 1. …pursued education as a health professional?

Number:  Don’t remember:

* 1. …sought employment in a biomedical or behavioral field immediately after graduation?

Number:  Don’t remember:

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

Number:  Don’t remember:

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

|  |
| --- |
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**Graduate or Professional Student Involvement**

1. Did any **graduate (MA, MS, PhD) and health professional (MD, PharmD, DDS, etc.)** students counted as working in your lab during that 3-year period…
   1. …contribute ideas to research design or experimental design?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. …develop materials or resources needed to conduct research?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

* 1. …perform experiments, data collection, or data analysis?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

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

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. If graduate and health professional students were involved in your research in other ways, please describe:

|  |
| --- |
|  |

1. After graduation, HOW MANY of the **graduate and health professional** students who worked in your lab during that 3-year period…
   1. …pursued research in a biomedical or behavioral field?

Number:  Don’t remember:

* 1. …attained employment in academia or in research?

Number:  Don’t remember:

* 1. …attained employment as a clinician?

Number:  Don’t remember:

* 1. …attained employment outside of the biomedical or behavioral sciences?

Number:  Don’t remember:

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

|  |
| --- |
|  |

**RESEARCH**

The next questions are about the specific line of research represented by your proposed AREA project.

1. Did you remain active as a researcher after submitting your AREA application?

|  |  |
| --- | --- |
|  | Yes |
|  | No [SKIP TO QUESTION 23] |

1. Since you submitted the AREA application, have you done any research related to the work you proposed in that application?

|  |  |
| --- | --- |
|  | Yes |
|  | No [SKIP TO QUESTION 23] |

1. Which of the following best describes the scale of effort of the project in comparison with that proposed in your AREA application?

|  |  |
| --- | --- |
|  | Larger than proposed to AREA |
|  | About the same as proposed |
|  | Smaller than proposed |

1. In the **five** (5) years following **submission** of your most recent application to the AREA program, about how much funding was committed to the AREA project’s line of research? ? (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 Q23]

1. In the **five** (5) years following your most recent AREA **application submission**, did you receive funding from the following external sources for the line of research represented in your AREA application?

a. Federal government programs (other than AREA)

|  |  |
| --- | --- |
|  | Yes, specify agency and program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No |
|  | Don’t know |

b. State or local government programs

|  |  |
| --- | --- |
|  | Yes, specify agency and program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No |
|  | Don’t know |

c. Private foundations or organizations

|  |  |
| --- | --- |
|  | Yes, specify organization name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No |
|  | Don’t know |

**FUTURE AREA APPLICATIONS**

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

|  |  |
| --- | --- |
|  | Very likely [GO TO END OF SURVEY] |
|  | Somewhat likely [GO TO END OF SURVEY] |
|  | Somewhat unlikely |
|  | Very unlikely |
|  | Don’t know |

1. What are the reasons you are 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): |  |

END OF SURVEY

Thank you for completing the AREA survey.























































