

Attachment 2

Applicant Survey with Web Screenshots

**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.

[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.

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 me with salary support beyond the academic year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Extremely important	Very important	Somewhat important	Not at all important
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"/>

3. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Colleagues or mentors at another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very useful	Moderately useful	A little useful	Not at all useful	No experience with this source
institution					
C. NIH's website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. NIH staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

5. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Helpfulness with locating appropriate NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied	Don't recall	Not applicable or not sure
resources							
C. NIH staff input on scientific sections of the application (aims, research strategy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. NIH staff input on administrative sections of the application (budget, IRB, human subjects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Assistance interpreting summary statement (reviewers' comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Advice about resubmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

7. 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. ...preparing administrative sections of the application (budget, IRB, human subjects, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. ...locating collaborators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. ...submitting the application or uploading it online?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

9. 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.

10. 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		

11. 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

12. Did the **undergraduate** students counted as working in your lab during that 3-year period...

a. ...contribute ideas to research design or experimental design?

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

b. ...develop materials or resources needed to conduct research?

<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

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

14. Of the **undergraduate** students who worked in your lab during that 3-year period, how MANY...

a. ...pursued graduate education related to the same general field as your research interests?

Number:

Don't remember:

b. ...pursued graduate education in a DIFFERENT biomedical or behavioral field?

Number:

Don't remember:

c. ...pursued education as a health professional?

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

15. 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...

- a. ...contribute ideas to research design or experimental design?

Yes
 No

- b. ...develop materials or resources needed to conduct research?

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

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

17. After graduation, HOW MANY of the **graduate and health professional** students who worked in your lab during that 3-year period...

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

Number:

Don't remember:

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

Number:

Don't remember:

c. ...attained employment as a clinician?

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:

RESEARCH

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

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

Yes

No [SKIP TO QUESTION 23]

19. 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]

20. 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

21. 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]

22. 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

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

FUTURE AREA APPLICATIONS

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

<input type="checkbox"/>	Very likely [GO TO END OF SURVEY]
<input type="checkbox"/>	Somewhat likely [GO TO END OF SURVEY]
<input type="checkbox"/>	Somewhat unlikely
<input type="checkbox"/>	Very unlikely
<input type="checkbox"/>	Don't know

24. What are the reasons you are unlikely to seek AREA funding in the future?

Select all that apply:

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

END OF SURVEY

Thank you for completing the AREA survey.



Academic Research Enhancement Award (AREA)

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.

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Next



Academic Research Enhancement Award (AREA)

PLEASE CAREFULLY READ THE TEXT BELOW.

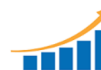
OMB#0925-xxxx
Exp. xx/xxxx

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Begin Survey

NIH Academic Research Enhancement Award (AREA)



APPLICATION PROCESS

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

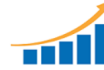
1. Through which of the following mechanisms did you *first* learn of the NIH's AREA grant program?

- 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.

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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.

1:102

NIH Academic Research Enhancement Award (AREA)



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

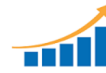
	Very useful	Moderately useful	A little useful	Not at all useful	No experience with this source
A. Colleagues or administrators at your institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Colleagues or mentors at another institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. NIH's website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. NIH staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

1:103

NIH Academic Research Enhancement Award (AREA)



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

- Yes
- No
- 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](#)

1:104

NIH Academic Research Enhancement Award (AREA)



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

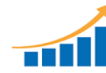
	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied	Don't recall	Not applicable or not sure
A. Promptness of response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Helpfulness with locating appropriate NIH resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. NIH staff input on scientific sections of the application (aims, research strategy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. NIH staff input on administrative sections of the application (budget, IRB, human subjects)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Assistance interpreting summary statement (reviewers' comments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Advice about resubmission	<input type="radio"/>	<input type="radio"/>	<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.

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

1:105

NIH Academic Research Enhancement Award (AREA)



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

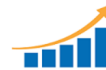
- Yes
- No
- Don't remember

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](#)

1:106

NIH Academic Research Enhancement Award (AREA)



7. How useful was your institution's assistance in...

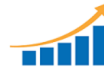
	Very useful	Moderately useful	Not too useful	Not at all useful	Not applicable or not sure
A. ...developing scientific sections of the application (aims, research strategy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. ...preparing administrative sections of the application (budget, IRB, human subjects, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. ...locating collaborators?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. ...submitting the application or uploading it online?	<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.

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

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NIH Academic Research Enhancement Award (AREA)



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

Very fair

Somewhat fair

Neither fair or unfair

Somewhat unfair

Very unfair

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

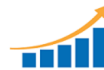
« Previous

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NIH Academic Research Enhancement Award (AREA)



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

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

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Save and Continue Later

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NIH Academic Research Enhancement Award (AREA)



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.

10. 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?

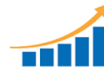
Type of Student	Number	Don't Remember
High School students	<input type="text"/>	<input type="checkbox"/> Don't Remember
Undergraduate students	<input type="text"/>	<input type="checkbox"/> Don't Remember
Graduate students (MA, MS, PhD)	<input type="text"/>	<input type="checkbox"/> Don't Remember
Health 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](#)

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NIH Academic Research Enhancement Award (AREA)



11. Of the totals above, how many of each type 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	<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](#)

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NIH Academic Research Enhancement Award (AREA)



Undergraduate Student Involvement

12. Did the *undergraduate* students counted as working in your lab during that 3-year period...

	Yes	No
a. ...contribute ideas to research design or experimental design?	<input type="radio"/>	<input type="radio"/>
b. ...develop materials or resources needed to conduct research?	<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"/>

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

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NIH Academic Research Enhancement Award (AREA)



14. Of the *undergraduate* students who worked in your lab during that 3-year period, how MANY...

	Number	Don't Remember
a. ...pursued graduate education related to the same general field as your research interests?	<input type="text"/>	<input type="checkbox"/> Don't Remember
b. ...pursued graduate education in a DIFFERENT biomedical or behavioral field?	<input type="text"/>	<input type="checkbox"/> Don't Remember
c. ...pursued education as a health professional?	<input type="text"/>	<input type="checkbox"/> Don't Remember
d. ...sought employment in a biomedical or behavioral field immediately after graduation?	<input type="text"/>	<input type="checkbox"/> Don't Remember
e. ...sought employment or graduate/professional education in a scientific field other than biomedical or behavioral science?	<input type="text"/>	<input type="checkbox"/> Don't Remember

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

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NIH Academic Research Enhancement Award (AREA)



Graduate or Professional Student Involvement

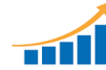
15. Did any *graduate (MA, MS, PhD) and health professional (MD, PharmD, DDS, etc.)* students counted as working in your lab during that 3-year period...

	Yes	No
a. ...contribute ideas to research design or experimental design?	<input type="radio"/>	<input type="radio"/>
b. ...develop materials or resources needed to conduct research?	<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"/>

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NIH Academic Research Enhancement Award (AREA)



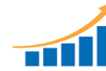
16. If graduate and health professional students were involved in your research in other ways, please describe:

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NIH Academic Research Enhancement Award (AREA)



17. After graduation, HOW MANY of the *graduate and health professional* students who worked in your lab during that 3-year period...

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

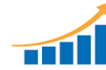
e. Please specify any other research, training, or employment outcomes for your *graduate and health professional* students below:

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RESEARCH

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

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

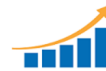
- Yes
- No

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

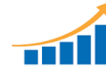
- Yes
- No

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3.319

NIH Academic Research Enhancement Award (AREA)



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

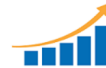
- Larger than proposed to AREA
- About the same as proposed
- Smaller than proposed

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3.320

NIH Academic Research Enhancement Award (AREA)



21. 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: \$

b. Funding from sources *outside* my institution: \$

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3.321

NIH Academic Research Enhancement Award (AREA)



22. 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)

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

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NIH Academic Research Enhancement Award (AREA)



FUTURE AREA APPLICATIONS

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

Very likely

Somewhat likely

Somewhat unlikely

Very unlikely

Don't know

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NIH Academic Research Enhancement Award (AREA)



24. 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):

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Thank you for completing the AREA survey.

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Submit Survey

5.501

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.