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| NIH OFFICE OF THE DIRECTOR (OD) |
| Attachment 3 |
| Student Survey with Web Screenshots |

**NATIONAL INSTITUTES OF HEALTH**

**ACADEMIC RESEARCH ENHANCEMENT AWARD (AREA)**

**STUDENT 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 your experience as a student researcher on a project funded by an Academic Research Enhancement Award (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 anyone at 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 Westat at [NIHAREAsurvey@westat.com](mailto: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. Do not return the completed form to this address.

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| Begin Survey |

**EXPERIENCE WORKING ON AREA PROJECT**

1. If the information in the e-mailed survey invitation about the lab where you conducted research as a student is incorrect, please put the correct information below:
   1. Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were you a postdoctoral researcher FOR THE ENTIRE time you worked in your professor’s laboratory?

YES

NO

1. What was your educational status at the time you worked in your professor’s laboratory? (*Please indicate all that apply*.)

High school student. ……

Undergraduate

Masters student ……

Ph.D. student

Other

(*If* Other*, please specify*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. a. In what year did you begin working in your professor’s lab?
2. Are you still working in the lab? YES

NO

1. In what year did your work in the lab end?
2. What was the total number of months you worked in your professor’s lab?

Less than 1 month. ……

1 month to less than 3 months

3 months to less than 6 months

1. months to less than 9 months

9 months to less than 1 year

1 year to less than 2 years

1. years or more
2. On average, approximately how many hours per week did you/do you work in your professor’s laboratory?
   1. Hours per week during school year:
   2. Hours per week during summer:
3. For your laboratory work, did you receive…

*(Please indicate all that apply.)*

...work-study payment?. …… YES  NO

…payment, NOT work-study? YES  NO

…course credit? YES  NO

…payment of your tuition? YES  NO

…a living stipend? YES  NO

1. Which of the following best describes how you FIRST learned of the opportunity in your professor’s laboratory? *(Mark as many as apply.)*

Professor mentioned it in class. ……

Professor approached me

I approached professor

Applied to special research program at school

Took independent research class

Saw “help wanted” ad

Other, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During your time working in your professor’s laboratory, did you…

…identify and read an article to better

understand an experimental finding? YES  NO

…think of a new scientific question to address

in the laboratory? YES  NO

…choose the steps to take to answer a scientific

question or problem?. YES  NO

…decide how to analyze new data collected? . YES  NO

…write or draft a report on research findings?. YES  NO

…attend laboratory meetings?. YES  NO

…present at a laboratory meeting?. YES  NO

…develop a conference presentation or poster? YES  NO

…write an article for a scientific journal? YES  NO

1. While working in your professor’s laboratory, which of the following were your three (3) major responsibilities? *(Please select no more than three.)*

Clean lab equipment and dishware

Provide administrative support.

Prepare solutions or other materials for

experiments. ……

Maintain cell cultures.

Maintain laboratory animals.

Run assays, gels, or PCRs.

Perform equipment assembly, maintenance,

testing or drafting

Use specialized equipment/technology

Recruit human participants.

Collected specimen samples or data

from human subjects.

Enter data in database

Run statistical analyses or computer simulations

Design tables, graphs, or other data displays

Develop literature reviews

Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION AND CAREER OUTCOMES**

1. As a result of working in your professor’s laboratory, were you able to…
   1. …apply concepts and methods you learned in class to real scientific problems?

YES  NO

* 1. …understand your STEM coursework better?

YES  NO

* 1. …develop a one-on-one relationship with your professor?

YES  NO

* 1. …use important laboratory equipment and technology?

YES  NO

* 1. …feel more confident about your scientific abilities?

YES  NO

* 1. …feel more certain about your career goals and academic interests?

YES  NO

* 1. …develop your ability to write about scientific problems?

YES  NO

* 1. …develop your ability to communicate verbally about science?

YES  NO

* 1. …work toward a scientific goal with a team?

YES  NO

1. Did working in your professor’s laboratory help you to…
   1. …decide the specific direction of your education and career? YES  NO
   2. …feel enthusiastic about a scientific career? YES  NO
   3. …improve your performance in your coursework and exams? YES  NO
   4. ….achieve your education and career goals? YES  NO
   5. …receive a good letter of recommendation? YES  NO  NA
   6. …secure acceptance into desired graduate program? YES  NO  NA
   7. …secure acceptance into your desired clinical program? YES  NO  NA

* 1. …prepare for a job in the scientific industry? YES  NO  NA
  2. …prepare for a job in academia? YES  NO  NA

1. Which of the following most nearly matches your opinion about your research experience.

Working in my professor’s laboratory…

…**confirmed** my interest in further education or training in the sciences.

…**increased** my interest in further education or training in the sciences.

…**lessened** my interest in further education or training in the sciences.

I **never had** interest in further education or training in the sciences.

1. While conducting research with your professor, how satisfied or dissatisfied were you with…

|  | Very satisfied | Somewhat satisfied | Neither satisfied or dissatisfied | Somewhat dissatisfied | Very dissatisfied |
| --- | --- | --- | --- | --- | --- |
| a. …the opportunity to participate in all phases of the research process? |  |  |  |  |  |
| b. …the opportunity to work closely with a senior scientist or professor? |  |  |  |  |  |
| c. …the mentoring you received on the topic of research? |  |  |  |  |  |
| d. …the mentoring you received for academic and career development? |  |  |  |  |  |
| e. ...the level of feedback on your work? |  |  |  |  |  |
| F. ...the opportunity to present research findings at conferences? |  |  |  |  |  |
| G. ...the opportunity to publish? |  |  |  |  |  |

1. Overall, how satisfied or dissatisfied were you with your research experience?

|  | Very satisfied | Somewhat satisfied | Neither satisfied or dissatisfied | Somewhat dissatisfied | Very dissatisfied |
| --- | --- | --- | --- | --- | --- |
| Overall research experience |  |  |  |  |  |

1. What was the single most valuable aspect of working in your professor’s laboratory?

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1. As a result of your work with your professor, did you have any published articles, conference presentation, or posters? YES  NO  [IF “NO,” SKIP TO QUESTION 18]
2. In the spaces below, list the TITLE and JOURNAL or VENUE of all published articles, conference presentations and posters that emerged from work with your professor. Please indicate if you were the first author. Also indicate whether the dissemination was in the form of a journal article, presentation, or poster at a conference.

TITLE/JOURNAL or VENUE

|  |  |
| --- | --- |
|  | FIRST AUTHOR? Yes  No  JOURNAL ARTICLE  PRESENTATION  POSTER  YEAR |
|  | FIRST AUTHOR? Yes  No  JOURNAL ARTICLE  PRESENTATION  POSTER  YEAR |
|  | FIRST AUTHOR? Yes  No  JOURNAL ARTICLE  PRESENTATION  POSTER  YEAR |
|  | FIRST AUTHOR? Yes  No  JOURNAL ARTICLE  PRESENTATION  POSTER  YEAR |
|  | FIRST AUTHOR? Yes  No  JOURNAL ARTICLE  PRESENTATION  POSTER  YEAR |
|  | FIRST AUTHOR? Yes  No  JOURNAL ARTICLE  PRESENTATION  POSTER  YEAR |
|  | FIRST AUTHOR? Yes  No  JOURNAL ARTICLE  PRESENTATION  POSTER  YEAR |

1. Which of the following degrees have you **completed** and in what year did you receive them? *(Please select all that apply.)*

**Year**

Associates

BA

BSc.

BSN.

MA

MS

MPH

DNP

DDS

DO -----------

DVM

MD

PsyD

PhD

Other please specify\_\_\_\_\_\_\_\_\_\_\_\_

1. **Since leaving** your professor’s laboratory, have you engaged in the following activities pertaining to **scientific research** in the **biomedicine or behavioral** sciences, broadly defined:
   1. …attended a seminar, workshop or lecture OUTSIDE OF CLASS? YES  NO
   2. …conducted research? YES  NO
   3. …organized a seminar, workshop or lecture? YES  NO
   4. …presented at a national or international meeting? YES  NO
   5. ….authored or co-authored a paper in a peer-reviewed journal? YES  NO
   6. …authored or co-authored a technical report? YES  NO
   7. …taught a course as an instructor or teaching assistant? YES  NO
   8. ….applied for a competitive research grant or fellowship? YES  NO
   9. ….received competitive funding for your research? YES  NO
2. Are you attending, or have you r**ecently** been admitted to, a degree program, postdoc, internship, residency or other training program?

YES  NO

[IF “NO” SKIP TO QUESTION 26]

1. What is, or will be, your educational status? (Please select one answer.)

Full-time college student ……

Part-time college student

Graduate student

Medical, dental, nursing or other

health professional student……… …… …….…

Post-doctoral researcher/ fellow

Intern, resident, or other trainee

Enrolled in other educational program

Not currently a student

**QUESTIONS FOR CURRENT AND INCOMING STUDENTS, POSTDOCS, AND TRAINEES**

1. At what institution are you (or will you be) studying or working?

Institution name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year completion of program expected:

1. Which field most nearly matches the major or discipline of your program?

PHYSICAL AND BIOLOGICAL SCIENCES:

Biological or Life sciences

Chemistry

Physics

Other physical or biological science, please specify

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MATHEMATICS

Computer science

Mathematics

Statistics

Other mathematics, please specify

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ENGINEERING:

Biomedical engineering

Biological or bio- engineering

Chemical engineering

Nuclear engineering

Computer engineering

Other engineering, please specify

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PSYCHOLOGY AND BEHAVIORAL SCIENCES:

Clinical psychology

Social work

Counseling

Health psychology

Experimental psychology

General psychology

Other psychology or behavioral health, please specify

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HEALTH CARE:

Medicine

Pre-medicine

Nursing

Pharmacy

Dentistry

Veterinary medicine

Public health

Other health care, please specify

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OTHER

Social sciences

History

Education

Business

Humanities or fine arts

[Please specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To lead to what degree?

BA

BSc.

BSN.

MA

MS

MPH

DNP

DDS

DO

DVM

MD

PsyD

PhD

Other please specify\_\_\_\_\_\_\_\_\_\_\_\_

1. After graduating, are you planning to pursue…
   1. …further graduate education in a field

with implications for biomedical or

behavioral interventions? YES  NO  NOT SURE

* 1. …further education in another science,

technology, engineering, or math

field?. YES  NO  NOT SURE

* 1. …an additional clinical degree

(MD, DDS, PharmD, etc.)? YES  NO  NOT SURE

* 1. …certification(s) for clinical practice? YES  NO  NOT SURE
  2. …full-time employment as a

scientist in industry or business YES  NO  NOT SURE

* 1. …full-time employment as a

scientist in an academic, government,

or non-profit research setting?. YES  NO  NOT SURE

* 1. …full-time employment as a health

professional? YES  NO  NOT SURE

* 1. If there is another outcome you will pursue that is not covered above, please tell us:

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**EMPLOYMENT**

1. What is your **current** employment status? (Please include future employment for which you have an offer you intend to accept. (Please select one answer.)

Employed full time (30 hrs./week or more)

Employed part time (29 hrs./week or less)

Retired  [SKIP TO QUESTION 34]

Not currently employed  [SKIP TO QUESTION 34]

1. a. Are you currently working? Yes Have offer; not yet working

b. How long have you been at your **current** job?

year(s)  month(s)

1. What is the name of your employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is, or will be, your job title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is the occupation where you are, or will be, employed a biomedical or behavioral sciences field?

YES  NO

1. Which **one** of the following best describes the occupation in which you are, or will be, employed?

*(Please select one answer.)*

NOTE: “STEM” refers to Science, Technology, Engineering, or Mathematics

Life sciences  [SKIP TO QUESTION 40]

Healthcare  [SKIP TO QUESTION 40]

Biomedical/biological engineering  [SKIP TO QUESTION 40]

Other engineering, including architecture  [SKIP TO QUESTION 40]

Computer science or mathematics  [SKIP TO QUESTION 40]

Physical sciences (e.g. chemistry, physics)  [SKIP TO QUESTION 40]

Primary or secondary STEM education  [SKIP TO QUESTION 40]

STEM training or library services  [SKIP TO QUESTION 40]

Primary or secondary education, not STEM

Business or financial operations

Legal occupation

Office or administrative support

Farming, fishing or forestry

Community or social services

Social sciences

Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are the reasons you chose employment outside of a STEM-related scientific or health professional field? *(Please select all that apply)*

A suitable job in a scientific or health field was

not available

A better opportunity outside of the field was

available

My career or professional interests changed

1. If there is another reason you chose employment outside of a STEM-related scientific or health professional field, please tell us below:

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**QUESTIONS FOR RESPONDENTS WHO ARE RETIRED OR WITHOUT EMPLOYMENT**

1. In what year were you last employed?
2. What was the name of your most recent employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What was your most recent job title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Was your most recent occupation in a field related to biomedical or behavioral health?

YES  NO

1. What is the reason you do not have employment? (*check all that apply*)

I am retired .

I am not looking for full-time employment .

I am a full-time parent

I am a full-time caregiver

A suitable full-time job was not available

I have an unpaid internship

I have multiple part-time jobs

I am disabled or ill

Other (*Please specify below*.)

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1. Which **one** of the following best describes the field of your most recent occupation?

*(Please select one answer.)*

NOTE: “STEM” refers to Science, Technology, Engineering, or Mathematics

Life sciences

Healthcare

Biomedical or biological engineering

Other engineering, including architecture

Computer science or mathematics

Physical sciences (e.g. chemistry, physics)

Primary or secondary STEM education

STEM training or library services

Primary or secondary education, not STEM

Business or financial operations

Legal occupation

Office or administrative support

Farming, fishing or forestry

Community or social services

Social sciences

Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

1. Has your name ever changed?

Yes

No [SKIP to QUESTION 42]

1. If your name has changed, please indicate the other name by which you are or were known:

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your gender?

Female

Male

Transgender

1. Are you Hispanic/Latino?

No, not Hispanic/Latino

Yes, Hispanic/Latino

1. What is your race? *(Please select all that apply.)*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander..

White

1. What is your birth year?

Thank you for completing the AREA survey.





































































































