

Screen Shots: SRTI Trainee Survey



Please enter the email address where you received the invitation to this survey and the password provided in that email (**NOTE - Skip for testing: needs to be activated**):

For technical assistance please contact Jennifer Sargent at jsargent@madrillongroup.com or by telephone at 888-236-9826 (toll free).

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**NIH Research Training Institutes
Customer Satisfaction Survey for Trainees**

OMB Control Number: 0925-0648

Expiration Date: 03/2018

Informed Consent Form

Identification of Project

Office of Behavioral and Social Sciences Research (OBSSR) NIH Research Training Institutes Customer Satisfaction Survey for Trainees.

Statement of Age of Subject

I am at least 18 years of age and wish to participate in a survey being conducted by the National Institutes of Health (NIH), Office of Behavioral and Social Sciences Research (OBSSR) Bethesda, MD 20892.

Purpose

The purpose of this survey is to assess satisfaction with the NIH Research Training Institutes offered by OBSSR and determine ways this program can be improved.

Procedures

Participants will be asked to access a web-based questionnaire and complete the questionnaire by a specific date. The total time involved, including instructions, will be no more than 20 minutes.

Confidentiality

All information collected in this survey will be kept secure to the extent permitted by law. I understand that the data I provide will be grouped with data that others provide for the purpose of reporting and presentation, and that my name will not be used.

Risks

I understand that the risks of my participation are expected to be minimal in nature.

Benefits, Freedom to Withdraw, & Ability to Ask Questions

I understand that this survey is not designed to help me personally but that the investigators hope to determine satisfaction with the NIH Research Training Institutes and ways the program can be improved. I am free to ask questions or withdraw from participation at any time and without penalty.

Contact Information

For questions regarding the survey or any study-related issues, please contact Jaclyn Crouch (jaclyn.crouch@nih.gov). If you have any technical questions and/or have difficulty accessing the survey please contact Jennifer Sargent by email at jsargent@madrillongroup.com or by telephone at 888-236-9826 (toll-free).

Burden Disclosure: Public reporting burden for this collection of information is estimated to range from 20 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

Agreement to Consent *


- I have read the information about this study, and I agree to participate in this survey.
- I have read the information about this study, and I do not wish to participate in this survey at this time.

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If respondents confirm records of most recent training institute attended (Note: information will be piped in so it will read “According to our records, the most recent training institute you attended was [Respondent’s Training Institute] in [Year].):

Save and continue survey later

 National Institutes of Health
Office of Behavioral and Social Sciences Research

NIH Research Training Institutes
Customer Satisfaction Survey for Trainees

This survey focuses on the training experiences and outcomes that occurred at the training institute you attended *most recently*.

Trainee Characteristics

According to our records, the most recent training institute you attended was the in . Is this correct?

Yes
 No


Please refer to your experience attending the in for the remainder of this survey.

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If the respondent selects “yes” instructions will pipe in the institute and year so that it will read “Please refer to your experience attending the [Institute] in [Year] for the remainder of this survey”.

If respondents indicate that this was NOT the most recent training institute attended:

Save and continue survey later

 National Institutes of Health
Office of Behavioral and Social Sciences Research


NIH Research Training Institutes
Customer Satisfaction Survey for Trainees

What training institute did you attend most recently?

- Advanced Training Institute on Health Behavior Theory (ATI)
- Institute on Systems Science and Health (ISSH): Agent-based Modeling
- Institute on Systems Science and Health (ISSH): Social Network Analysis
- Institute on Systems Science and Health (ISSH): System Dynamics
- mHealth Training Institute
- NIH Summer Institute on Social and Behavioral Intervention Research (Social Work)
- Randomized Clinical Trials Involving Behavioral Interventions (Airlie) (RCT)
- Summer Institute in Applied Research in Child and Adolescent Development
- Training Institute on Dissemination and Implementation Research in Health (TIDIRH)

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 National Institutes of Health
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What year did you attend the NIH Summer Institute on Social and Behavioral Intervention Research (Social Work)?

- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2012

Please refer to this Summer Research Training Institute experience for the remainder of the survey.
Thank you.

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National Institutes of Health
Office of Behavioral and Social Sciences Research

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At the time you participated in the training institute, which of the following categories best describes your organizational affiliation?

- University or college
- Non-profit organization
- For-profit organization
- Other (please describe):

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Office of Behavioral and Social Sciences Research

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At the time you participated in the training institute, which of the following categories best describes your position?

- Post-doctoral Fellow
- Assistant Professor (tenure track)
- Assistant Professor (non-tenure track)
- Associate Professor (tenured)
- Associate Professor (non-tenured)
- Full Professor
- Research staff
- Clinician
- Administrator
- Other (please describe):

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[At the time you participated in the training institute](#), were you working in a research position?

- Yes
- No

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Office of Behavioral and Social Sciences Research

NIH Research Training Institutes
Customer Satisfaction Survey for Trainees

Which of the following categories best describes your **current** organizational affiliation?

- University or college
- Non-profit organization
- For-profit organization
- Other (please describe):

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**NIH Research Training Institutes
Customer Satisfaction Survey for Trainees**

Which of the following categories best describes your **current** position?

- Post-doctoral Fellow
- Assistant Professor (tenure track)
- Assistant Professor (non-tenure track)
- Associate Professor (tenured)
- Associate Professor (non-tenured)
- Full professor
- Research staff
- Clinician
- Administrator
- Other (please describe):

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**NIH Research Training Institutes
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Are you **currently** working in a research position?

- Yes
- No

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 **National Institutes of Health**
Office of Behavioral and Social Sciences Research

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What degree(s) do you hold? (Please check all that apply).

PhD, ScD, PsyD or equivalent


MD, OD, DDS or equivalent

Other degree (please describe):

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Options below are presented depending on items selected in above question:

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 **National Institutes of Health**
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In what discipline(s) was your "PhD, ScD, PsyD or equivalent" awarded?

In what discipline(s) was your "MD, OD, DDS or equivalent" awarded?

In what discipline(s) was your "Other" awarded?

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Prior to applying for the training institute, had you received a *research grant* from any of the following Federal agencies:
(Please check all that apply.)

- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Department of Defense (DoD)
- Department of Veterans Affairs (VA)
- National Institutes of Health (NIH)
- National Science Foundation (NSF)
- Other Federal agency (please describe):
- I had not received a research grant prior to applying for the training institute

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What is your gender?

- Male
- Female

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Applying for the Training Institute

How did you learn about the training institute? (Please check all that apply.)

- NIH website
- NIH Program Officer
- A colleague at my university or college who had attended this training institute in a previous year
- A colleague outside my university or college who had attended this training institute in a previous year
- My faculty mentor
- My supervisor
- Listserv
- Other (please describe):

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At the time you applied for the training institute, did you have any previous experience with or training in the methods or topic of this institute?

- Yes
- No
- Don't remember

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What were your specific goals in applying for this training? (Please check all that apply.)

- Acquiring new knowledge and skills in this field
- Meeting other scholars, Federal Program Officers, and NIH personnel who were interested in this field
- Learning about current issues and controversies in this field
- Exploring a different way of thinking about research problems
- Establishing myself as a new research investigator
- Contributing to the research mission of my institution or organization
- Other (please describe):

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Customer Satisfaction Survey for Trainees**

Did you have a research mentor (or research mentors) at your research institution or organization when you applied to the training institute?

- Yes
- No

Please check one in each row:

	A lot 5	4	3	2	Not at all 1
To what extent was your mentor engaged in research activities that were consistent with the training institute?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent did your mentor support your intention to apply for the training institute?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**NIH Research Training Institutes
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Thinking about the research environment (research center, department, etc.) in which you were working when you applied to the training institute... (Please check one in each row.)

	A lot 5	4	3	2	Not at all 1
To what extent were others in your research environment conducting research activities on topics similar to those in the research field of the training institute?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent did your supervisor support your intention to apply for the training institute?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**NIH Research Training Institutes
Customer Satisfaction Survey for Trainees**

Training Institute Components

The training institute you attended included several components. Thinking back on the time you spent participating in this training, to what extent did each of the following training components contribute to your learning? (Please check one in each row.)

	A lot 5	4	3	2	Not at all 1	Not Applicable
Lectures by faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Question-answer sessions following lectures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research mentoring provided during the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent working on your own research problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent in work groups with other trainees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informal (unscheduled) discussions with training faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assignments given during the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please provide any additional feedback on the training components here.

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To what extent did your overall experience with the training institute: (Please check one in each row.)

	A lot 5	4	3	2	Not at all 1	Not applicable
Increase your confidence in your ability to formulate a researchable problem or question?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase your confidence in your ability to design an appropriate research study to address this problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase your confidence in your ability to prepare a research grant application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase your confidence in your ability to write a scientific research publication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase your overall commitment to scientific excellence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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NIH Research Training Institutes
Customer Satisfaction Survey for Trainees

Thinking about the specific research topic or field addressed by the training institute, to what extent have you:
(Please check one in each row.)

	A lot 5	4	3	2	Not at all 1
Retained your scientific interest in this topic or field in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continued to read journal articles or books related to this field?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended conference sessions or meetings focusing on this topic or field?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retained your interest in conducting research in this topic or field?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Customer Satisfaction Survey for Trainees

Research Mentoring During the Training Institute

In the time you spent at the training institute, did you receive research mentoring from one or more individuals?

- Yes
- No

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Was this individual (or individuals): (Please check all that apply.)

- A member of the training institute faculty
- A Federal Program Officer (not NIH)
- An NIH staff member
- A fellow trainee
- Other (please describe):

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Customer Satisfaction Survey for Trainees

How did this individual (or these individuals) become your training institute research mentor? (Please check all that apply.)

- I was assigned a specific training faculty member as a research mentor.
- I was assigned a peer (trainee) member as a research mentor.
- I sought out a specific training faculty member as a research mentor.
- I sought out a specific peer (trainee) as a research mentor.
- Other (please describe):

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Save and continue survey later



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Was your training institute research mentor someone from your own research institution or organization?

- Yes
- No

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Save and continue survey later



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Was the *amount* of research mentoring you received during the training institute: (Please check one.)

- Too little
- About the right amount
- Too much

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Have you sought advice from your research training institute mentor(s) on issues related to your research activities since returning to your research institution/organization?

- Yes
- No

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Since completing the training, how much contact have you had with your training institute mentor(s)? (Please check one.)

- Not at all
- One time
- A few times
- About once a month
- Once a week or more

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To what extent did working with your training institute research mentor help you perform the following activities?
(Please check one in each row.)

	A lot 5	4	3	2	Not at all 1	Not applicable
Formulate a research question and specific hypotheses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Design a research study to address this research question and hypotheses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a research grant application to fund a study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan and write a scientific research article	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Office of Behavioral and Social Sciences Research

**NIH Research Training Institutes
Customer Satisfaction Survey for Trainees**

Please describe a specific, valuable experience you had with your training institute research mentor below.

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Each item below is presented if selected in the question above. If "I did not participate in any post-training activities" is selected, the response is "Applying What you Learned at the Training Institute".

Save and continue survey later

NIH National Institutes of Health
Office of Behavioral and Social Sciences Research

NIH Research Training Institutes
Customer Satisfaction Survey for Trainees

How useful have you found "Listservs developed by NIH staff" to be?

Extremely useful					Not at all useful
5	4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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- Networking with former trainees
- Networking with faculty, Federal Program Officers, and/or other NIH staff
- Other (please describe):
- I did not participate in any post-training activities

Save and continue survey later

NIH National Institutes of Health
Office of Behavioral and Social Sciences Research

NIH Research Training Institutes
Customer Satisfaction Survey for Trainees

How useful have you found "Social media pages developed by former trainees (e.g., Facebook, LinkedIn, Twitter, etc.)*" to be?

Extremely useful					Not at all useful
5	4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Save and continue survey later



National Institutes of Health
Office of Behavioral and Social Sciences Research

NIH Research Training Institutes
Customer Satisfaction Survey for Trainees

How useful have you found "Booster training sessions facilitated by NIH staff" to be?

Extremely useful

5

4

3

2

Not at all useful

1

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Save and continue survey later



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Office of Behavioral and Social Sciences Research

NIH Research Training Institutes
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How useful have you found "Periodic webinars facilitated by NIH staff" to be?

Extremely useful

5

4

3

2

Not at all useful

1

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Save and continue survey later



National Institutes of Health
Office of Behavioral and Social Sciences Research

NIH Research Training Institutes
Customer Satisfaction Survey for Trainees

How useful have you found "Informal meetings with former trainees at professional meetings or conferences" to be?

Extremely useful					Not at all useful
5	4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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National Institutes of Health
Office of Behavioral and Social Sciences Research

NIH Research Training Institutes
Customer Satisfaction Survey for Trainees

How useful have you found "Conference calls or virtual meetings with former trainees facilitated by NIH staff" to be?

Extremely useful					Not at all useful
5	4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Save and continue survey later



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Office of Behavioral and Social Sciences Research

NIH Research Training Institutes
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How useful have you found "Returned to the training institute session in a later year as an alumnus/alumna" to be?

Extremely useful

5



4



3



2



Not at all useful

1



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Save and continue survey later



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How useful have you found "Networking with former trainees" to be?

Extremely useful

5



4



3



2



Not at all useful

1



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**NIH Research Training Institutes
Customer Satisfaction Survey for Trainees**

How useful have you found "Networking with faculty, Federal Program Officers, and/or other NIH staff" to be?

Extremely useful

5	4	3	2	Not at all useful
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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How useful have you found "Other" to be?


Extremely useful

5	4	3	2	Not at all useful
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Applying What you Learned at the Training Institute


After returning to your research institution or organization following completion of the training institute, did you *attempt to apply* the knowledge and skills you learned in *any of the following areas*: your research activities, scientific writing (oral presentations and publications), or teaching?

Yes
 No

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If respondent selects “No” to the above item:

Save and continue survey later


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What were the reasons you did not attempt to apply what you had learned? (Please check all that apply.)

- Realized that I needed additional training in order to work in this field
- My institution or organization does not conduct this type of research
- Resistance or lack of support from supervisor or senior management
- Resistance or lack of support from colleagues
- I changed employers and this field does not fit with what I now do
- Lack of sufficient resources (funds, personnel, equipment) to get started
- Other reason(s) (please describe):

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If respondent selects “yes” to the item “After returning to your research institution or organization following completion of the training institute, did you *attempt to apply* the knowledge and skills you learned in *any of the following areas*: your research activities, scientific writing (oral presentations and publications), or teaching?”

Save and continue survey later

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Office of Behavioral and Social Sciences Research

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Did you encounter any obstacles in applying what you learned at the training institute?


Yes

No

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If “yes” to above item:

Save and continue survey later

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Please provide an example of the most significant obstacle you encountered when applying what you had learned at the training institute. Please also discuss what you did to overcome it and whether or not you were successful.

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NIH Research Training Institutes
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How successful have you been overall in applying the knowledge and skills you learned at the training institute?

Extremely successful					Not at all successful
5	4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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How much support did each of the following individuals or groups provide in helping you to apply the knowledge and skills you learned at the training institute? (Please check one in each row.)

	A lot				None
	5	4	3	2	1
Your faculty (or organizational) mentor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other faculty or staff at your institution or organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other trainees outside your institution with whom you had participated in the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training institute's faculty and mentors, including NIH staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Since completing the training institute, have you:

- Sought and completed additional training in this research field
- Sought, but not found, additional training in this research field
- Not sought any additional training in this research field

Where and when did you complete this training?

Where:

What year:

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Following completion of the training institute, did you relocate to a different institution or organization with an active research program in this field to better pursue new research?

- Yes
- No

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Results from Your Training: Research Activities

Did you apply what you learned at the training institute in your research activities?


Yes

No

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If “yes” to above item:

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**NIH Research Training Institutes
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Which of the following statements is true for you? (Please check all that apply.)

- I developed a new idea for a research project based on what I learned from the training.
- I incorporated new research aims (or a specific project) specifically related to what I learned from the training into my existing research.
- I joined a multidisciplinary research team to conduct research on a topic related to what I learned from the training.
- I formed a new multidisciplinary research team to conduct research on a topic related to what I learned from the training.
- I conducted a pilot study to collect data for a research grant application related to what I learned from the training.
- I contacted a NIH Program Officer to discuss ideas about a potential grant application specifically related to what I learned from the training.
- I contacted a Federal Program Officer outside of NIH to discuss ideas about a future research grant application specifically related to what I learned from the training.

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The following items are shown if selected above:

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Have you *submitted* at least one new research grant application in the training institute scientific field since completing the training?

Yes
 No

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If “yes” to above item:

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To which of the following funding agencies have you *applied* for a grant related to the training topic since completing the training institute? (Please check all that apply.)

Agency for Healthcare Research and Quality (AHRQ)
 Centers for Disease Control and Prevention (CDC)
 Department of Defense (DoD)
 Department of Veterans Affairs (VA)
 National Institutes of Health (NIH)
 National Science Foundation (NSF)
 Other Federal agencies
 Non-federal foundations or organizations

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The following items are shown if selected in above question:

Save and continue survey later

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Office of Behavioral and Social Sciences Research

NIH Research Training Institutes
Customer Satisfaction Survey for Trainees

Did you receive funding from the "Agency for Healthcare Research and Quality (AHRQ)"?


Yes

No

Currently under review

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Save and continue survey later

 **National Institutes of Health**
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Did you receive funding from the "Centers for Disease Control and Prevention (CDC)"?

Yes

No

Currently under review

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Did you receive funding from the "Department of Defense (DoD)"?

- Yes
- No
- Currently under review

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Did you receive funding from the "Department of Veterans Affairs (VA)"?

- Yes
- No
- Currently under review

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Did you receive funding from the "National Institutes of Health (NIH)"?

- Yes
- No
- Currently under review

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Did you receive funding from the "National Science Foundation (NSF)"?

- Yes
- No
- Currently under review

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Did you receive funding from "Other Federal agencies"?

- Yes
- No
- Currently under review

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Did you receive funding from "Non-federal foundations or organizations"?

- Yes
- No
- Currently under review

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How many research grant applications on *topics related to the training institute* have you submitted as a PI or Co-PI since participating in the training?

- Zero
- One
- Two
- Three
- Four or more

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Did you collaborate with any of the following on these applications? (Please check all that apply.)

- A mentor from my organization/institution
- My supervisor
- Other trainees I met through my participation in the training institute
- A training institute instructor or training mentor
- Other colleagues not associated with the training institute
- None of the above

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Results from your Training: Scientific Writing (Presentations and Research Publications)

Did you apply what you learned at the training institute in your scientific writing?


Yes

No

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If “yes” to above item:

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Since you took part in the training institute, which of the following activities have you accomplished? (Please check all that apply.)

Made at least one oral presentation at a professional or scientific organization or meeting on a topic related to what I learned from my training.

Submitted at least one research article to a peer-reviewed research journal based on a topic related to what I learned from my training.

Published at least one peer-reviewed research article based on a topic related to what I learned from my training.

Published at least one book, book chapter, monograph, or other non-peer-reviewed publication on a topic related to what I learned from my training.

Presented my research before community organizations or a lay audience.

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In any of these presentations/publications, have you collaborated with: (Please check all that apply.)

- A mentor from my organization/institution
- My supervisor
- Other trainees I met through my participation in the training institute
- A training institute instructor or training mentor
- Other colleagues in this research field not associated with the training institute
- None of the above

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Results from your Training: Teaching Activities

Did you apply what you learned at the training institute in your teaching activities?

- Yes
- No

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Since taking part in the training institute, in what ways have you integrated material from the training institute into your teaching activities? (Please check all that apply.)

- Presented a seminar using materials from the training institute
- Integrated materials and topics from the training institute into courses I have taught or am now teaching
- Used topics and materials from the training in my mentoring activities with junior faculty or postdoctoral fellows
- Developed (or played a major role in developing) an academic core program or course concentration that focuses on this training topic
- Other (please describe):

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Results from Your Training: Professional Service Activities

Professional service activities include activities such as participation in relevant local or national professional associations, service as a Federal grant reviewer, participation on Data Safety Monitoring Boards, etc.)

Did you apply what you learned at the training institute in your professional service activities?


- Yes
- No

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If “yes” to above item:

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Since taking part in the training institute, in which of the following types of professional service activities have you participated?
(Please check all that apply.)

- Served as an NIH grant reviewer for an internal review group or Special Emphasis Panel for grant applications on topics related to the training institute.
- Served as a federal grant reviewer for a non-NIH federal agency (such as CDC, AHRQ, NSF, etc.) for grant applications on topics related to the training institute.
- Joined (or renewed my membership in) a professional or scientific association or organization with a specific focus on topics related to the training institute.
- Served as a member of a Data Safety Monitoring Board for a clinical trial on one or more behavioral interventions.
- Actively participated in organizing and coordinating activities on topics related to the training for a professional or scientific association or organization.
- Served as a peer reviewer for a journal that publishes articles on this topic.
- Served as a member of the Editorial Board for a journal that publishes many research articles related to this training topic.
- Received recognition (awards, honors) from my university, college or organization for my research activities on the training institute topic.
- Received recognition (awards, honors) from outside my university, college or organization for my research activities on the training institute topic.
- Other (please describe):

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To what extent would you say that participating in this training has contributed to the following aspects of your research career?
(Please check one response in each row.)

	A lot 5	4	3	2	Not at all 1
The research issues I have chosen to focus on since taking part in the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The research methods I've chosen to focus on since taking part in the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way I think about and conceptualize research problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My approach to teaching or mentoring others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborating with scientific disciplines with which I would not otherwise have collaborated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining tenure at my research university or college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advancing my research career in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Considering your professional career over the time since you attended the training institute, what factors would you say have contributed the most to your success?

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Are there any additional comments you would like to make concerning the training institute and its effects on your research career?

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We appreciate your participation. If you would be willing to further assist us by participating in a short telephone interview, please insert your email address below.

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Thank you for taking our survey. Your response is very important to us.
Please Click the "Submit" button to complete your response.

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Submit




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Please close your browser window to exit the survey.

Opt-out Thank You Pages

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Thank you for taking the time to access this questionnaire.

If you decide you would like to complete this survey at a later time, feel free to use the link and password provided in your email.

Please click the "submit" button and close your browser to exit the survey.

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