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 (0925-0627). Do not return the completed form to this address.

Introduction Page:





LRP Participant Survey

You have been selected to complete a survey conducted on behalf of the <u>National Institutes of Health (NIH)</u> as part of an evaluation of the Extramural Loan Repayment Program (LRP). <u>Abt Associates</u>, an independent policy research firm, has been awarded a contract to administer the survey.

Thank you in advance for taking the time to participate in this important study!

As you move through the following pages, please keep in mind the following:

- If the text on the screen is too large, press CTRL until it meets your viewing preference. Likewise, if the text is too small, press CTRL +.
- This survey will take approximately 20 minutes to complete. The navigation bar at the top of the screen will give you an indication of how much of the survey you have left.
- Use the survey's navigation buttons (BACK and NEXT) to move through the questionnaire. Using your browser's navigation buttons may prevent data from being saved properly.
- · You may exit the survey at any time by pressing the "Save and continue later" button or simply by closing your browser window.
- You may return to the survey at any time by clicking the link you received in the invitation e-mail. The link will take you to the question where you left off. However, once you have clicked "Submit" button, you will not be able to return to the survey without contacting Abt Associates.
- · Once you have completed the survey, you will be given the option to print your responses.

Please click "Next" to continue with the survey.

If you experience any technical difficulty, or have any questions about how to answer the questions, please contact us at LRP Survey@abtassoc.com.

Next

Question 1:

Participation Status	3%
Which of the following best describes you? Select one.	
 Currently receiving LRP benefits/payments on your first 2-year contract Currently receiving LRP benefits/payments on a renewal contract 	
Past LRP recipient	

Question 2:

Decision to Apply				
·····				
hrough which of the following sources o	lid you learn about the Li	RP? Please select all tha	it apply.	
Academic journal or publication				
Your institution's website, flyer, newspaper, or o	ther media			
Academic advisor, professor, or mentor				
Colleague				
Another LRP applicant or participant				
An LRP Ambassador				
A talk or professional gathering				
The LRP website at my funding NIH Institute				
LRP printed materials from my funding NIH Insti	itute			
The LRP website at the NIH Division of Loan Re	payment			
LRP printed materials from the NIH Division of L	.oan Repayment			
Other NIH website				
☑ Other				
Do not know				
lease describe "other" source:				
Back Save and continue later Next				

Note: Text box only appears if "Other" is selected.

Question 3:

10%

Aside from the need to reduce your loan debt, how important were the following factors in your decision to apply to the LRP?

		Select or	ne option for each row	N		Uncertain/
	Not at all Important	Somewhat Important	Moderately Important	Very Important	Extremely Important	No opinion/ Do not recall/ NA
Encouragement from mentor/supervisor	\odot	O	\odot	0	O	
Colleague had good experience with the LRP	\odot	\odot	\bigcirc	0	\odot	
Interactions with LRP staff	\odot	\odot	\odot	\odot	O	
Information on the LRP website	0	O	0	0	O	
Contact with an LRP Ambassador	Ô	0	0	\odot	O	
Other	O	۲	0	O	0	

Please note that if you select "Uncertain/No opinion/Do not recall/NA" for a particular row, the scale options will be disabled. To re-enable the scale items, please uncheck the box under "Uncertain/No opinion/Do not recall/NA."

Please describe this "other" factor that influenced your decision to apply to the LRP

Back Save and continue later Next

Note: Text box only appears if "Other" is selected as at least "Somewhat important."

Question 4:

13%

Application Process

How easy did you find each of the following application components?

		Select one option for each row					
	Not at all easy	Somewhat easy	Moderately easy	Very easy	Extremely easy	No opinion/ Do not recall/ NA	
Understanding eligibility requirements	O	Ô	0	0	O		
Understanding program benefits (i.e., level or amount of loan repayment)	O	0	O		O		
Understanding the research commitment requirement	O	Ô	0	\bigcirc	Ô		
Determining to which LRP to apply	O	Ô	0	\bigcirc	Ô		
Creating and using a password for the online application	O	O	0	\odot	O		
Creating your research activities document	O	O	0	\odot	O		
Obtaining letters of recommendation	O	\odot	0	\odot	0		
Faxing, mailing, uploading application documents	O	\odot	0	\odot	O		
Application process overall	O	0	0	\odot	0		
Other	O	۲	0	\odot	0		

Please note that if you select "Uncertain/No opinion/Do not recall/NA" for a particular row, the scale options will be disabled. To re-enable the scale items, please uncheck the box under "Uncertain/No opinion/Do not recall/NA."

Please describe this "other" application component.

Back Save and continue later Next

Note: Text box only appears if "Other" is selected as at least "Somewhat easy."

Question 5:

16%

Approximately, how often did you seek help from each of the following LRP services during the application process?

Please indicate the number of times you sought help from	Enter Number	Did not seek this type of help	Uncertain/ No opinion/ Do not recall
The NIH LRP website			
The NIH LRP phone support			
The NIH LRP email support			
The LRP Program Officer at the relevant NIH Institute or Center			

Please note that if you select one of the last two columns, the "Enter Number" cell will become disabled. To re-enable it, please uncheck the box under "Did not seek this type of help" or "Uncertain/No opinion/Do not recall."

Back Save and continue later Next

Question 6:

|--|

How helpful were the following LRP services when you applied to the program?

	Select one option for each row					Uncertain/	Did not
	Not at all helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful	No opinion/ Do not recall	use it
LRP website	0	O	0	0	0		
LRP phone support	0	O	0	\odot	O		
LRP email support	0	\odot	0	0	O		
LRP Program Officer at the relevant NIH Institute or Center	O	0	0	\bigcirc	0		

Please note that if you select one of the last two columns, the other options will become disabled. To re-enable them, please uncheck the box under "Uncertain/No opinion/Do not recall" or "Did not use it."

Back Save and continue later Next

Note: Services are not displayed in this matrix if corresponding service in question 5 is not greater than zero.

23%

How helpful did you find the LRP portal to be for the following information/services?

Note: The LRP Portal only became available two years ago.

		Select one option for each row					
	Not at all helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful	No opinion/ Do not recall	Did not use it
Award information	\odot	\odot	\bigcirc	\odot	\odot		
Ongoing loan balance information	O	0	0	O	0		
Past and current loan payment information		0	0	\odot	0		
Upcoming or planned loan payment information	O	0	0	\odot	0		
Service verification	\odot	\odot	\odot	\odot	O		
Forms download service	0	0	\bigcirc	\odot	©		

Please note that if you select one of the last two columns, the other options will become disabled. To re-enable them, please uncheck the box under "Uncertain/No opinion/Do not recall" or "Did not use it."

Back Save and continue later Next

This question only appears for current participants (i.e., question 1 = "Currently receiving LRP benefits/payments on your 1st 2-year contract" or "Currently receiving LRP benefits/payments on a renewal contract").

Question 8:

All months are pretty much	h the same to me				
January					
February					
March					
April					
🔘 May					
🔘 June					
July					
August					
September					
October					
November					
December					
Uncertain					
Vhy would this month w	ork best for you?				
-	-			1	
		 	/	ļ	
Back Save and continue	later Next				

Note: Text box only appears if respondent selects a month (January – December) for this question.

Question 9:

				30%
What suggestions do you hav	e for improving the LRP application	on process that have not alread	dy been covered?	
Back Save and continue later	Next			

Question 10:

Why d	lid you discontinue your participation in the LRP? Select one.
© TI	he LRP and/or another source paid off most/all of my educational debt.
© 1a	applied for an LRP renewal, but it was not funded.
© ⊺I	he tax consequences of participation in the LRP did not offset the benefit.
© TI	he LRP renewal process was too complicated to pursue at the time.
© C	ircumstances beyond my control occurred which meant that I was no longer eligible for the LRP program, e.g. termination of research
funding	g, termination of position, change in organization.
© It	ook/planned to take a position which did not meet the LRP research eligibility requirements.
0	ther
0	Incertain/No opinion
Pleas	e describe "other" reason below:
	-

This question only appears for past participants (i.e., question 1 = "Past LRP recipient").

Question 11:

Career Status and Plans	38%
Have you received training or mentorship in how to write or apply for grants? Select one. $\hfill \otimes$ N_0	
◎ Yes	
Do not know	
Back Save and continue later Next	

Text for the follow-up question is dependent on response to the above yes/no question.

If the respondent answers "No" or "Do not know" to question 11, the following is displayed:

Career Status and Plans	38%
Have you received training or mentorship in how to write or apply for grants? Select one.	
No	
© Yes	
Do not know	
Are you planning to obtain this type of training or mentorship in the future? Select one. Ves, it is definitely planned for the future Maybe	
No No	
Do not know Back Save and continue later Next	

If the respondent answers "Yes" to question 11, the following is displayed:

Career Status and Plans	38%
Have you received training or mentorship in how to write or apply for grants? Select one.	
◎ No	
Yes	
Do not know	
When did you receive this training or mentorship? Select all that apply. Before my participation in the LRP During my participation in the LRP After my participation in the LRP Do not know	
Back Save and continue later Next	

Question 12A:

	40%
n which of the following activities are you currently engaged? Select all that apply.	
Biomedical or behavioral research projects	
Fundraising to support your own research	
Fundraising to support other researchers	
Publishing peer-reviewed papers	
Publishing non-peer-reviewed material (e.g., book chapters, editorials, policy, etc.)	
Presenting at meetings and conferences	
Teaching and/or developing courses	
Mentoring and/or supervising students, postdocs, staff	
🔲 Research-related administration (e.g., IRB submissions, budget paperwork, equipment purchasing, hiring lab staff, etc.)	
Departmental responsibilities, such as faculty recruitment and committee responsibilities	
Patient care	
Mentoring and/or supervising non-research clinicians	
Policy analysis/development	
Research program evaluation	
C Other	
Do not know	
Back Save and continue later Next	

This question only appears for current participants (i.e., question 1 = "Currently receiving LRP benefits/payments on your 1st 2-year contract" or "Currently receiving LRP benefits/payments on a renewal contract").

Question 12B:

In y	our current job, what is your main responsibility or function? Select one.
\bigcirc	Non-profit biomedical or behavioral research, and its related activities
\bigcirc	Other types of non-profit research, and its related activities
\bigcirc	For-profit biomedical or behavioral research, and its related activities
\bigcirc	Other types of for-profit research, and its related activities
\bigcirc	Teaching and/or developing courses
\bigcirc	Clinical supervision
۲	Non-research related patient care/diagnosis (i.e., clinical work)
\bigcirc	Mentoring and/or supervising students, postdocs, staff, clinicians, etc.
۲	Research-related administration
\bigcirc	Academic-related administration (e.g., running a department, training program, educational program, etc.)
\bigcirc	Other administration, not related to research or academics
\bigcirc	Policy analysis/development
\bigcirc	Research program evaluation
\bigcirc	Technical writing
\bigcirc	Other
\bigcirc	I do not currently have a position
\bigcirc	Do not know
Bac	k Save and continue later Next

This question only appears for past participants (i.e., question 1 = "Past LRP recipient").

Question	13:
----------	-----

	43%
h of the following best describes your primary position? Select one.	
rincipal investigator/faculty	
art-time faculty	
epartment or office head/chief/chair/director	
ean, vice president, provost, president, chancellor, or executive officer	
ther academic or research administrator (e.g., graduate program director, research administration staff)	
dministrator, non-research related	
rogram/policy evaluator	
taff scientist/research scientist, public sector	
taff scientist/research scientist, private sector	
ostdoctoral fellow/associate	
taff clinician/attending/health care provider	
esearch assistant or technician	
linical assistant or technician	
ther	
currently do not have a position	
o not know	
e describe your position:	
Save and continue later Next	

Note: Text box only appears if "Other" is selected.

Question 14:

University or college					
University affiliated ho	spital or institute				
Federal government t	iomedical or behavioral re	search laboratory			
Federal government h	ealth or public health orga	nization, not in a laborator	у		
Federal government,	excluding government rese	arch laboratories and put	olic health organizations		
Community health or	mental health center				
State or local governm	nent				
Hospital, without an a	cademic research progran	n			
Clinic or private practi	ce				
Non-profit private four	dation/non-governmental	organization/philanthropic	organization		
Biotech or pharmace	itical company				
Other for-profit compa	ny				
Self-employed					
Other					
Not currently employe	d				
Do not know					
ase describe you	organization:				
-	_				
	nue later Next				

Note: Text box only appears if "Self-employed" or "Other" is selected.

Question 15A:

The wording for question 15 is slightly different for current vs. past participants. The following is displayed for current participants:

		spend currently on conducting biomedical or I , writing of papers and grants related to research or resear	
	pervision of students and staff, etc. as		
Enter percentage:	30	%	
Do not know			
LRP guidelines require that you clicking the "Next" button.	u spend at least 50 percent of your tir	ne on biomedical or behavioral research. Please confirm th	nat you entered the correct percentage befo

Note: The message in red only appears if the respondent entered a number that is less than 50%.

Question 15B:

The following is displayed for past participants:

Approximately, v research?	vhat percentage of your time d	lo you spend currently on conducting biomedical or behavior	50% al
research-related ad		neetings, writing of papers and grants related to research or research policy, /supervision of students and staff, etc. as well as direct research activities. If you	
Enter percentage:	30	%	
Don't know			
know" box.	ou select "Don't know," the percentage l and continue later Next	box will become disabled. To enter a percentage, please uncheck the "Don"t	

Question 16:

		53%
Vhich of the following funding sources currently support your research? Select all that	t apply.	
Home institution funding – regular operating budget of your department/unit		
Home institution funding – competitive internal research grant		
NIH research grant (R series)		
NIH fellowship (F series)		
NIH career development grant (K series)		
Other NIH grant or cooperative agreement		
Research contract		
Federal agency funding or cooperative agreement, other than NIH		
State agency funding		
Other non-profit funding		
Industry or for-profit funding		
✓ Other		
I do not currently receive any funding sources for my research		
Do not know		
lease describe the "other" funding source:		
,		
Back Save and continue later Next		

Note: Text box only appears if "Other" is selected.

Question 17:

	60%
Which of the following funding sources were awarded to you as the Principal Investigator or Co-Principal Inve	stigator?
	-
Select all that apply.	
Home institution funding – regular operating budget of your department/unit	
Home institution funding – competitive internal research grant	
NIH research grant (R series)	
NIH fellowship (F series)	
NIH career development grant (K series)	
Other NIH grant or cooperative agreement	
Research contract	
Federal agency funding or cooperative agreement, other than NIH	
State agency funding	
Other non-profit funding	
Industry or for-profit funding	
Other	
None of the above funding sources were awarded to me as Principal Investigator or Co-Principal Investigator.	
Do not know	
Back Save and continue later Next	

Only the options selected under question 16 are displayed under question 17.

Question 18:

	Number of Positions	Did not support this type of position	Do noi know
Paid full-time equivalent positions:			
Unpaid student research assistants/interns/etc.			

This question only appears if at least one source was selected under question 17.

Question 19:

Peer-reviewed artic				
 Non peer-reviewed Policy analysis pap 	article ers, editorial comments, reports, r	etc.		
☑ Other				
🔲 I have not written, s	ubmitted, had accepted, and/or pu	blished any publications over t	he past 2 years	
Do not know				
Please list up to 2 "othe	"publication types below.			
1				
				_

Note: Text boxes only appear if "Other" is selected.

Question 19 (follow-up):

lf you did not write a p please press the "bacl			-	-	-		l, accepte	d and/or pul	blished,	
	Number Unknown	Written	Submitted for Publication	Accepted for Publication	Published					
Primary Author		0	0	0	0					
Co-Author		0	0	0	0					
Total		0	0	0	0					

Note: This question is asked for each publication type selected under question 19. The zeros are pre-filled.

Question 20:

	73%
How likely are you to continue in a biomedical or behavioral research career in the next five years? Select one.	
Not at all likely	
Somewhat likely	
Moderately likely	
Very likely	
Extremely likely	
© Uncertain	
Prefer not to say	
Why are you considering leaving biomedical or behavioral research?	

Note: This text box only appears if respondent selects "Not at all likely" or "Somewhat likely." If the respondent selects "uncertain," a question pops up that asks "Why are you uncertain about continuing your biomedical or behavioral research career"?

Question 21:

There are many challenges to establishing and sustaining a research career. Please rate the following factors in terms of how much they have impacted on your career decisions.

	Select one option for each row				Uncertain/	1	
	No effect	Some effect	Moderate effect	Big effect	Very big effect	No opinion/ Do not recall	Not applicable
Challenges in balancing work and family responsibilities	0	0	0	۲	0		
Need to accommodate your spouse's or partner's career	0	\odot	0	\odot	\odot		
Inadequate pay	0	\odot	0	\odot	\odot		
Difficult job market/challenges in finding suitable position	0	\bigcirc	0	\bigcirc	\odot		
Difficulties in obtaining funding to support your research	0	\odot	0	\odot	\odot		
Health problems affecting you or your family member(s)	0	\odot	0	\bigcirc	\bigcirc		
Insufficient mentoring	0	\odot	0	\odot	\bigcirc		
Challenges balancing research and teaching responsibilities	0	\odot	0	\odot	\odot		
Difficulties forming collaborative relationships with more senior or established faculty/researchers	0	0	O		0		
Difficulty meeting promotion/tenure deadlines or requirements due to pregnancy or birth of a child	0	0	O		0		
Challenges balancing research and clinical duties	0	\bigcirc	\bigcirc	\bigcirc	\odot		
Difficulties recruiting talented students/postdocs to your research group	0	\odot	0	\bigcirc	\odot		
Loss of interest in or motivation for a research career	0	\odot	0	\bigcirc	\bigcirc		
Self-doubts about your ability to succeed in a research career	0	\odot	O	0	\bigcirc		
Other	0	۲	O	0	\odot		

Please describe "other" factor(s) referenced above.

Please note that you may only select one response in each row. If you select a box in one of the last two columns, the scale options will be disabled. To re-enable these options, please uncheck the box under "Uncertain" or "Not applicable."

Note: Text box only appears if "Other" = "Some effect" or higher.

Question 22:

	If the text on the screen	is too large, press CTRI	- until it meets your vie	wing preference	80%
		ewise, if the text is too s		ning protoronoo.	
Please indicate the o	reatest challenge that you	faced while establishin	g and/or sustaining you	ur research care	er. Select one.
	ng work and family responsibilities				
-	e your spouse's or partner's caree				
Inadequate pay					
	allenges in finding suitable position	ı			
Difficulties in obtainin	funding to support your research				
Health problems affective	ting you or your family member(s)				
Insufficient mentoring					
Challenges balancing	research and teaching responsib	lities			
Difficulties forming co	laborative relationships with more	senior or established faculty	researchers		
Difficulty meeting pror	notion/tenure deadlines or require	ments due to pregnancy or bi	th of a child		
Challenges balancing	research and clinical duties				
Difficulties recruiting t	alented students/postdocs to your i	esearch group			
Loss of interest in or	notivation for a research career				
Self-doubts about you	ability to succeed in a research ca	areer			
Other					
Do not know					
Paak Sava and conti	ua latar Naut				
Back Save and conti	ue later Next				

Only challenges selected under question 21 ("Some effect" or higher) are displayed under question 22.

Question 23:

Effect of LRP on Career	83%
low helpful has the LRP been in allowing you to continue your research career? Select one.	
Not at all helpful	
Somewhat helpful	
Moderately helpful	
Very helpful	
Extremely helpful	
Too early to tell	
Do not know	
Please note that if you select one of the last two options, the scale options will be disabled. To re-enable these options, please uncheck the Don't know."	he box under "Too early to tell" or
Back Save and continue later Next	

Question 24:

	duction or elimination of your debt through the LRP impact your career and/or career					
choices? Select all that	apply.					
Too early to tell	r career and/or career choices					
I was able to reduce my						
	- clinical duties and/or supervision of clinicians duties					
I was able to reduce my	teaching duties					
🔲 I was able to take a job	vith a lower salary or fewer benefits					
Other, please specify:						
Do not know						
Back Save and cont	nue later Next					

This question only appears for past participants (i.e., question 1 = "Past LRP recipient").

Question 24A:

What	^{90%} t is/was the greatest benefit of participating in the LRP? Select one.
0	was able to reduce my teaching load
0	was able to quit a part-time job
0	was able to reduce my clinical duties and/or supervision of clinicians duties
0	was able to reduce my teaching duties
0	was able to take a job with a lower salary or fewer benefits
0	[other text]
0	Do not know
Back	Save and continue later Next

This question only appears for past participants (i.e., question 1 = "Past LRP recipient"). The only response choices that are displayed are those selected under question 24.

Question 25:

Pay Equity		93%
	pay differences still exist among different groups o me thing. As of today, what is your base annual sal timate your annual earned income.	
		Prefer not to say
Please enter approximate full amount:	\$	
your identification. Your frank and open responses will h	confidential. We will share aggregate data with NIH, but none of t elp NIH improve the program, and therefore, we encourage you to x will become disabled. If you would like to add a dollar amount,	o be candid about your experiences.
Back Save and continue later Next		

Question 26:

Concluding Question	96%
NIH is committed to the mission and goals of the LRP, and we want to hear from our LRP recipient further comments or suggestions about the LRP, please write them in the space below.	s about the program. If you have any
Back Save and continue later Submit	

Final Screen:

Your responses have been submitted. Thank you for taking the time to complete this survey.

Download / Print Responses: 🏴 PDF 🗐 Word

100%