

## Background

### 1. What is your gender?

- Female
- Male

### 2. What is your age (please enter an integer)?

### 3. Please indicate your current marital status?

- Never Married
- Separated
- Divorced
- Widowed
- Engaged
- Married/Domestic Partner

### 4. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

### 5. What is your race? Please choose one or more.

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White

Other (please specify)

### 6. Please enter the following information for the high school you graduated from:

Name

City

County

State

Zip Code

Country

Year of Graduation

## Rural/Disadvantaged Background

**7. Would you consider yourself from an "environmentally disadvantaged background?"  
Please answer to the best of your ability.**

**This may mean:**

- you are from a high school with low average SAT/ACT scores
- you are from a school district where 50% or less of graduates on to college
- you have a diagnosed physical/mental impairment substantially limiting participation in education
- English is not your primary language and has been a barrier to academic performance
- you are the first generation in your family to attend college
- you are from a high school where > 30% of students were eligible for free or reduced lunch prices

- Yes
- No

**8. If you answered yes, which of the characteristics apply to you? Choose all that apply.**

- You are from a high school with low average SAT/ACT scores
- You are from a school district where 50% or less of graduates on to college
- You have a diagnosed physical/mental impairment substantially limiting participation in education
- English is not your primary language and has been a barrier to academic performance
- You are the first generation in your family to attend college
- You are from a high school where > 30% of students were eligible for free or reduced lunch prices

**9. Would you consider yourself from an "economically disadvantaged background?"  
Please answer to the best of your ability.**

**This may mean you come from a family:**

- with an annual income < 200% of the Federal Poverty Level (Currently \$31,020 for a family of 2; \$39,060 for a family of 3; \$47,100 for a family of 4; \$55,140 for a family of 5)
- that received public assistance (e.g. Aid to Families with Dependent Children, food stamps, Medicaid, public housing)

- Yes
- No

**10. Do you consider yourself from a rural background?**

- Yes
- No

**11. Please indicate your veteran status.**

- Active Duty Military
- Reservist
- Veteran--Prior Service
- Veteran--Retired
- Not a Veteran

## Medical School

### 12. Please enter the following information for your Medical School:

Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>

### 13. Does your Medical School have more than one campus?

Yes

No

### 14. If your Medical School had more than one campus, please indicate which campus you primarily attended? (Enter N/A if not applicable)

### 15. Did your Medical School have special "paths" or "tracks"?

Yes

No

### 16. If you participated in a special "track" or "pathway" at your Medical School, please indicate that "track" or "pathway" below.

### 17. What year did you graduate from Medical School?

### 18. Did you enter residency in the academic year immediately following graduation from medical school?

Yes

No

### 19. If you did not enter Residency immediately after graduating from Medical School, how did you spend the time in between?

## Pre-Medical Education

**20. Please enter the following information for any education in addition to Medical School.**

**School 1:**

Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Study Area	<input type="text"/>
Degree Conferred	<input type="text"/>
Start Year	<input type="text"/>
End Year	<input type="text"/>

**21. School 2 (if applicable):**

Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Study Area	<input type="text"/>
Degree Conferred	<input type="text"/>
Start Year	<input type="text"/>
End Year	<input type="text"/>

**22. School 3 (if applicable):**

Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Study Area	<input type="text"/>
Degree Conferred	<input type="text"/>
Start Year	<input type="text"/>
End Year	<input type="text"/>

**23. School 4 (if applicable):**

Name	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Study Area	<input type="text"/>
Degree Conferred	<input type="text"/>
Start Year	<input type="text"/>
End Year	<input type="text"/>

## Pre-Medical School Experience

**24. Did you take time off between college and medical school?**

Yes

No

**25. If yes, what did you do during that time?**

## Residency Application

**26. What were your primary reasons for choosing your Residency Program?**



## Career Plans

**27. Are you planning to do additional residency or fellowship training after this residency training program?**

- Yes
- No
- Not Yet Decided

**28. If yes, what additional residency/fellowship training are you planning after this residency training program?**

**29. Do you know where you want to work following all residency/fellowship training?**

- Yes
- No
- Unsure

**30. If yes, where do you hope to work after completing your residency/fellowship training program? Complete as much as you know.**

City/Town:

State:

Country:

**31. Please indicate the setting(s) in which you plan to work after the completion of your residency/fellowship training. Choose all that apply.**

- Large City (Population 500,000 of More)
- Suburb of a Large City
- City of Moderate Size (Population 50,000 to 500,000)
- Suburb of Moderate Size City
- Small City (Population 10,000 to 50,000 - other than suburb)
- Town (Population 2,500 to 10,000 - other than suburb)
- Small Town (Population less than 2,500)
- Rural/Unincorporated Area
- Undecided or No Preference

**32. Do you plan to locate your practice in an underserved area?**

- Yes
- No
- Undecided

**33. If you plan to locate your practice in an underserved area, please indicate the likely location.**

- Rural community
- Inner-city community

Other (please specify)

**34. Regardless of location, do you plan to work primarily with minority populations?**

- Yes
- No
- Undecided

**35. If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply.**

- Black/African American
- Hispanic/Latino
- Native American
- Asian

Other (please specify)

## Student Debt

**36. Did you receive a scholarship with a service requirement for medical school (for example, National Health Service Corps Scholarship)?**

- Yes
- No

**37. If you did receive a scholarship with a service requirement, please indicate the name of the scholarship**

**38. Do you plan to apply for National Health Service Corps (NHSC) or other loan repayment program with a service requirement?**

- Yes
- No
- Undecided
- Don't Qualify
- Unaware of such programs

**39. What is the total amount of your outstanding educational loans for your college/premedical education? (Enter "0" if you have no outstanding educational loans)**

**40. What is the total amount of your outstanding educational loans for your medical education? (Enter "0" if you have no outstanding education loans for medical school)**