

DSRTP Feedback Form

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Congratulations on your participation in the NIDDK/ Diversity Summer Research Training Program (DSRTP) for undergraduate students. We would like to gather feedback from you on the quality of the NIDDK/ Diversity Summer Research Training Program (DSRTP) and your overall level of satisfaction with the program. Your information will only be shared with the DSRTP Program Director and is voluntary. If you are interested in providing additional feedback regarding your experience, please email Ms. Winnie Martinez at MartinezW@extra.niddk.nih.gov.

Demographic Questions

* 1. What is your gender?

- Female
 Male

* 2. Which of these best describes your ethnicity (choose one)?

- Hispanic or Latino
 Not Hispanic or Latino

* 3. Which of these best describes your race (choose one or more)?

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

Other (please specify)

4. Have You Graduated

- Yes
- No

5. What year do you expect to graduate?

* 6. Which, if any, degrees do you plan to pursue in the future?

- Master's degree
- Ph.D
- M.D
- D.D.S.
- M.D./Ph.D.
- Undecided about advanced degree
- Other (please specify)

* 7. Which of the following careers do you plan to pursue in the future?

- Engineering
- Dentistry
- Medicine
- Nursing
- Pharmacy
- Public health

Other (please specify)

* 8. Do you plan to pursue a career in biomedical research?

- Yes
- No

* 9. Which of the following research focuses are you most interested in?

- Basic research
- Clinical research

Other (please specify)

10. Are you a returning DSRTTP Student?

- Yes
- No

11. What year did you attend?

The following questions will be about your experience in the NIDDK/ Diversity Summer Research Training Program (DSRTP) for undergraduate students.

* 12. Overall, how satisfied are you with the following?

	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neither Satisfied or Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	N/A
The application Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your interaction with your research mentor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The interaction with other staff in your research lab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your area of research/research topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bi-weekly Meetings with Program Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIH Poster Presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how satisfied were you with your experience in NIDDK/DSRTP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 13. How likely are you to encourage your friends to apply in the NIDDK/DSRTP program?

- Extreme Unlikely
- Unlikely
- Undecided
- Likely
- Extremely Likely

* 14. Which location did you participate in?

- Bethesda, Maryland
- Phoenix, Arizona

* 15. Were you a travel award recipient?

- NIDDK/ Association of American Indian Physicians (AAIP)
- Not applicable

* 16. How did you hear about NIDDK/ DS RTP program?

- DS RTP Alumni
- The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Website
- The NIH Office of Intramural Training & Education (OITE) Website
- University/School
- Professor/Academic Advisor
- American Indian Science and Engineering Society (AISES) Conference
- Annual Biomedical Research Conference for Minority Students (ABCRMS) Conference
- Association of American Indian Physicians (AAIP) Conference
- Hispanic Association of Colleges and Universities (HACU) Conference
- Society for Advancement of Hispanics/Chicanos and Native Americans in Science (SACNAS) Conference
- Other Professional Conference
- Google, Facebook, Social Media, etc.
- Friend
- Other (please specify)

17. If you heard about NIDDK/DS RTP at another conference not mentioned above, please list the conference name below.

* 18. After completing the NIDDK/ DS RTP program how likely are you to pursue the following:

	Extreme Unlikely	Unlikely	Undecided	Likely	Extremely	Likely
2020 NIDDK/DS RTP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIH Postbaccalaureate Research Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIH Academy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside Postbaccalaureate Research Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you plan to apply for other NIH Programs? (please specify)

* 19. Help us to make NIDDK/DSRTP better. Please provide any additional comments or recommendations.

* 20. Help us with outreach, what would you tell a friend about your NIDDK/DSRTP experience?



Thank you! Your input will help to improve the future of NIDDK/ DSRTP program.

If you have any further questions, please email Ms. Winnie Martinez at MartinezW@extra.niddk.nih.gov