

CDC CUPS Assessment – Alumni Survey

Pilot Draft: 1/8/2020

## INTRODUCTION

Form Approved OMB No. 0920-XXX/ Expiration Date XX/XX/XXXX

Thank you for taking the time to participate in the CDC Undergraduate Public Health Scholars (CUPS) Alumni survey. The purpose of this survey is to learn about your academic and career progression, accomplishments, and perceptions of the CUPS program.

All information that you provide will be kept secure and confidential. This survey is voluntary and will have no negative effect on you if you decide not to participate. The results of this survey will be analyzed and reported as aggregates. For example, 50% of alumni have completed graduate training, or 75% of alumni have pursued public health as a career. Findings from this survey will be used to inform and potentially make the case for future programming. Your participation is greatly appreciated.

This survey should take you less than 25 minutes to complete. If you have any questions or concerns, please contact [XXXXX] at [phone #] or [email address].

[Separate link for each grantee]

[Grantees will provide student cohort year information]

Public reporting burden of this collection of information is estimated to average 25 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

The Privacy Act applies to this information collection. The requested information is used toward assessment and continuous quality improvement of CDC fellowship activities and services. CDC will treat data/information in a secure manner and will not disclose, unless otherwise compelled by law.

## DEMOGRAPHICS

1. What was your age when you participated in the CUPS program? XX years old
2. Where is your primary state of residence? [Dropdown of state names for selection]
3. Which of the following best characterize the area you grew up in before college?
  - Urban
  - Suburban
  - Rural

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## RACE & ETHNICITY

4. Which of the following Hispanic, Latino/a, or Spanish origin are you? (Select all that apply)
  - Not of Hispanic, Latino/a, or Spanish origin
  - Mexican, Mexican American, Chicano/a
  - Puerto Rican
  - Cuban
  - Another Hispanic, Latino/a or Spanish origin
5. What is your race? (Select all that apply)
  - White
  - Black or African American
  - American Indian
  - Alaska Native
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islanders

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## SEXUAL ORIENTATION/GENDER IDENTITY

6. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

7. How do you describe yourself? (check one)

- Male
- Female
- Transgender
- Do not identify as female, male, or transgender

8. Do you consider yourself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other (Please specify): \_\_\_\_\_

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#### PRIMARY LANGUAGE

9. Do you speak a language other than English at home?

- Yes
- No

If yes, please specify: \_\_\_\_\_

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#### FAMILY BACKGROUND

10. Are you the first generation in your family to attend college?

- Yes
- No

11. What is the highest school completed by either of your parents?

- Less than high school
- High school or equivalent diploma
- Some college or associate's degree
- Bachelor's degree
- Master's, professional, or doctoral degree
- Unknown

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#### DISABILITY

12. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

13. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

14. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

15. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

16. Do you have difficulty dressing or bathing?

- Yes
- No

17. Because of a physical, mental, or emotional condition, do you have difficulties doing errands alone, such as visiting a doctor's office or shopping?

- Yes
- No

## DISPOSITION

18. Select the best option that describes your current status: (select all that apply)

- I'm furthering my education at an academic institution (e.g., college, graduate school, certificate program).
- I'm employed.
- I'm not employed.
- I'm participating in a training or service program, such as an internship or fellowship (e.g., AmeriCorps, Peace Corps, Public Health Informatics Fellowship, Public Health Associate Program).
- I'm taking a "gap year." For purposes of this survey, this is a period of time, 9 months or longer after graduating from university, in which you intentionally take a break before entering graduate school or starting your professional career.
- Other (please explain) \_\_\_\_\_

**EDUCATION**

19. What was the focus (i.e., major and/or minor) of your undergraduate education? (select all that apply)

- Biological sciences (including biology, biochemistry, or other natural sciences)
- Social sciences (for example, sociology, psychology)
- Public health (for example, population health, community health, or global health)
- Other(s) (please specify) \_\_\_\_\_

20. Have you completed undergraduate education?

- Yes

Name of academic institution (please specify): \_\_\_\_\_

Date of your graduation: XX/XX/XXXX

Degree(s) received:

- Bachelor of Arts (BA)
- Bachelor of Science (BS)
- Other (please specify) \_\_\_\_\_

**Go to Question 21**

- No

If No, do you expect to graduate?

- Yes

Name of academic institution (please specify): \_\_\_\_\_

Expected date of graduation: XX/XX/XXXX

Degree(s) to receive:

- Bachelor of Arts (BA)
- Bachelor of Science (BS)
- Other (please specify) \_\_\_\_\_

**Go to Question 21**

- No

Please share the reason: \_\_\_\_\_  
\_\_\_\_\_

**Skip to Question 25**

21. After receiving your undergraduate degree, did you or will you enroll in an academic institution for an advanced degree(s)?

- Yes → **Go to Question 22**
- No

If No, are you planning to pursue an advanced degree program(s)? By pursue, we mean start looking into programs, take entrance exams or prepare for them, apply for programs, etc.

- Yes, starting in the next year.
- Yes, starting in the next 2-4 years.
- Yes, starting in the next 5-10 years.
- Yes, starting in more than 10 years.

**Skip to Question 22**

- No

If No, what are your reason(s) for not pursuing an advanced degree? (Select all that apply)

- Financial reasons (i.e., tuition cost)
- Family commitment (e.g., need to care for family members)
- Health reasons
- Personal reasons

**Skip to Question 25**

- Academic reasons (See next page)

(Continue from Question 21)

- Not interested
- Other: (please specify) \_\_\_\_\_

22. Which of the following best describes the foci of your education after your undergraduate degree?  
 (Select all that apply)

	Date Started	Date Completed (or expected)
• Public health (including population health)		
• Master of Public health (MPH)	XX/XX/XXXX	XX/XX/XXXX
• Doctorate of Public Health (DrPH)	XX/XX/XXXX	XX/XX/XXXX
• Master of Science (MSPH)	XX/XX/XXXX	XX/XX/XXXX
• Doctor of Philosophy (PhD)	XX/XX/XXXX	XX/XX/XXXX
• Doctor of Science (ScD)	XX/XX/XXXX	XX/XX/XXXX
• Other (please specify) _____	XX/XX/XXXX	XX/XX/XXXX
• Health-related fields (including medicine, pharmacy, or nursing)		
• Doctor of Medicine (MD)	XX/XX/XXXX	XX/XX/XXXX
• Doctor of Osteopathic Medicine (DO)	XX/XX/XXXX	XX/XX/XXXX
• Bachelor of Science in Nursing (BSN)	XX/XX/XXXX	XX/XX/XXXX
• Doctorate of Nursing Practice (DNP or PhD)	XX/XX/XXXX	XX/XX/XXXX
• Master of Physician Assistant (MSPA)	XX/XX/XXXX	XX/XX/XXXX
• Doctor of Veterinary Medicine (DVM)	XX/XX/XXXX	XX/XX/XXXX
• Doctor of Dental Surgery or Dental Medicine (DDS or DMD)	XX/XX/XXXX	XX/XX/XXXX
• Doctor of Pharmacy (PharmD)	XX/XX/XXXX	XX/XX/XXXX
• Other (please specify) _____	XX/XX/XXXX	XX/XX/XXXX
• Biomedical sciences (including biology, biochemistry, or other natural sciences)		
• Master of Science (MS)	XX/XX/XXXX	XX/XX/XXXX
• Doctor of Philosophy (PhD)	XX/XX/XXXX	XX/XX/XXXX
• Doctor of Science (ScD)	XX/XX/XXXX	XX/XX/XXXX
• Other (please specify) _____	XX/XX/XXXX	XX/XX/XXXX
• Other		
• Juris Doctor (JD)	XX/XX/XXXX	XX/XX/XXXX
• Doctor of Education (EdD)	XX/XX/XXXX	XX/XX/XXXX
• Master of Social Work (MSW)	XX/XX/XXXX	XX/XX/XXXX
• Master of Business Administration (MBA)	XX/XX/XXXX	XX/XX/XXXX
• Master of Public Administration (MPA)	XX/XX/XXXX	XX/XX/XXXX

- Other (please specify field) \_\_\_\_\_  
Degree(s) sought or received:
  - Bachelor of Arts (BA) XX/XX/XXXX XX/XX/XXXX
  - Bachelor of Science (BS) XX/XX/XXXX XX/XX/XXXX
  - Master of Arts (MA) XX/XX/XXXX XX/XX/XXXX
  - Other (please specify) XX/XX/XXXX XX/XX/XXXX

23. Do you plan to pursue an advanced degree program(s) beyond what you indicated in Question 22?

- No, I consider my education to be complete after that. → **Go to Question 24**
- Yes, in the next 2-4 years.
- Yes, in the next 5-10 years.
- Yes, in more than 10 years.

If yes, which of the following best describes the foci of your academic goal in this pursuit?  
(Select all that apply)

- Public health (including population health)
  - Master of Public health (MPH)
  - Doctorate of Public Health (DrPH)
  - Master of Science (MSPH)
  - Doctor of Philosophy (PhD)
  - Doctor of Science (ScD)
  - Other (please specify) \_\_\_\_\_
- Health-related fields (including medicine, pharmacy, or nursing)
  - Doctor of Medicine (MD)
  - Doctor of Osteopathic Medicine (DO)
  - Bachelor of Science in Nursing (BSN)
  - Doctorate of Nursing Practice (DNP or PhD)
  - Master of Physician Assistant (MSPA)
  - Doctor of Veterinary Medicine (DVM)
  - Doctor of Dental Surgery or Dental Medicine (DDS or DMD)
  - Doctor of Pharmacy (PharmD)
  - Other (please specify) \_\_\_\_\_
- Biomedical sciences (including biology, biochemistry, or other natural sciences)
  - Master of Science (MS)
  - Doctor of Philosophy (PhD)
  - Doctor of Science (ScD)
  - Other (please specify) \_\_\_\_\_
- Other
  - Juris Doctor (JD)
  - Doctor of Education (EdD)
  - Master of Social Work (MSW)
  - Master of Business Administration (MBA)
  - Master of Public Administration (MPA)
  - Other (please specify field) \_\_\_\_\_

Degree(s) sought or received:

- Bachelor of Arts (BA)
- Bachelor of Science (BS)
- Master of Arts (MA)
- Other (please specify) \_\_\_\_\_

24. Since receiving your undergraduate degree, did you take a “gap year?” This is a period of time, 9 months or longer after graduating from university, in which you intentionally take a break before entering graduate school or starting your professional career. (select all that apply)

- No
- Yes, before I entered graduate school
- Yes, before I started my professional career
- Yes, I am currently taking a “gap year.”

If Yes, what was/will be the length of your “gap year?” (select one)

- < 1 year
- 1 year
- ≤ 2 years but > 1 year
- Other (please specify): \_\_\_\_\_

What was/is the purpose or your main reason(s) for taking a “gap year?” (select all that apply)

- To save money to further education
- To further explore career options and opportunities
- To gain additional work experiences
- To apply for schools and/or jobs
- Other (pleases specify): \_\_\_\_\_

Please elaborate on your reason(s) [optional]:

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What did/are you do during this time? (select all that apply)

- Traveled and/or lived aboard
- Volunteered
- Internship or experiential learning opportunities
- Took classes
- Worked (please specify industry): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_



## EMPLOYMENT

25. Are you currently employed?

- Yes                      Start date of employment: XX/XX/XXXX
- No

If No, what was the Start date of your last employment: XX/XX/XXXX

End date of your last employment: XX/XX/XXXX

26. Are you currently or have you ever been employed in a career position?

- Yes                      Start date of most recent or current career position: XX/XX/XXXX
- No                      **→ Go to Question 33**

If Yes, are you currently employed in this position?

- Yes
- No                      End date of most recent career position: XX/XX/XXXX

27. Which of the following best describes the industry of your current career position (or most recent one if you are not currently in a career position)?

- Public health (including population health)
- Biomedical sciences (including biology, biochemistry, or other natural sciences)
- Health-related fields (including medicine, pharmacy, nursing)
- Other (please specify) \_\_\_\_\_

28. Which of the following best describes your employment in the career position?

- I work at the international level
- I work at the national level
- I work at the state level
- I work at the county/city level
- I work at the tribal level
- I work at the territorial level

29. Which of the following best describes your type of employment in the career position?

- International development agency (e.g., Doctors without Borders, Care International)
- Public sector/government (e.g., CDC, health departments)
- Academic institution or university (Please specify): \_\_\_\_\_
- Other non-profit organization (Please specify): \_\_\_\_\_
- For-profit organization (Please specify): \_\_\_\_\_
- Contractor to an international or government agency
- Other (please specify): \_\_\_\_\_

30. If applicable, please indicate which of the following international, public sector or government agency you work for or are a contractor for (in the career position):

- World Health Organization (WHO)
- United States Agency for International Development (USAID)
- Center for Disease Control and Prevention (CDC)
- Indian Health Service (IHS)
- Military (including US Public Health Service/Commissioned Corps): \_\_\_\_\_
- State government agency (Please specify) : \_\_\_\_\_
- City/County government agency (Please specify): \_\_\_\_\_
- Territorial or tribal agency Please specify): \_\_\_\_\_
- Other (Please specify): \_\_\_\_\_
- Not applicable (I do not work for and am not a contractor for an international, public sector or government agency)

31. Area(s) of your work in your career position (including, but not limited to biomedical sciences, public health, or health-related fields) ? (Select all that apply)

- Infectious diseases
- Chronic diseases
- Injury prevention
- Environmental health
- Maternal, child, and family health
- Reproductive Health
- Provision of clinical care
- Public health emergency preparedness and response
- Global migration and quarantine
- Immunization
- Health equity
- Laboratory sciences
- Health communication
- Information technology
- Mental health
- Education
- Law
- Business or commercial trade
- Fine arts
- Other (please specify) \_\_\_\_\_

32. Have you had a career change in your life?

- Yes                      Approximate date of career change: XX/XXXX
- No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. Since completing CUPS, did you join any training or service program such as an internship or fellowship (e.g., AmeriCorps, Peace Corps, CDC Public Health Informatics Fellowship, CDC Public Health Associate Program) after CUPS?

- Yes
- No

If yes, what is the name of the program A? \_\_\_\_\_

Which of the following best describe the industry of this training or service program?

- Public health (including population health)
- Biomedical sciences (including biology, biochemistry, or other natural sciences)
- Health-related fields (including medicine, pharmacy, nursing)
- Other (please specify) \_\_\_\_\_

Date started: XX/XX/XXXX

Date of completion: XX/XX/XXXX

If not expected to complete, please share reason for not completing:

\_\_\_\_\_

Name of the program B? \_\_\_\_\_

Which of the following best describe the industry of this training or service program?

- Public health (including population health)
- Biomedical sciences (including biology, biochemistry, or other natural sciences)
- Health-related fields (including medicine, pharmacy, or nursing)
- Other (please specify) \_\_\_\_\_

Date started: XX/XX/XXXX

Date of completion: XX/XX/XXXX

If not expected to complete, please share reason for not completing:

\_\_\_\_\_

Name of the program C? \_\_\_\_\_

Which of the following best describe the industry of this training or service program?

- Public health (including population health)
- Biomedical sciences (including biology, biochemistry, or other natural sciences)
- Health-related fields (including medicine, pharmacy, nursing)
- Other (please specify) \_\_\_\_\_

Date started: XX/XX/XXXX

Date of completion: XX/XX/XXXX

If not expected to complete, please share reason for not completing:

\_\_\_\_\_

34. Before joining the CUPS program, I

- Had little or no exposure to the field of public health
- Had some exposure to the field of public health
- Had a lot of exposure to the field of public health

35. Before joining the CUPS program, I

- Was not interested in pursuing a degree in biomedical sciences (e.g., biology, biochemistry, or other natural sciences) or health-related fields (e.g., MD, DO, RN, PA, DDS, Social work, etc.)
- Was interested in pursuing a degree in biomedical sciences or health-related fields (please specify degree(s) and field(s)): \_\_\_\_\_

36. Before joining the CUPS program, I

- Was not interested in pursuing a degree in public health
- Was interested in pursuing a degree in public health
- Had an undergraduate degree (i.e., major or minor) in a public health-related field (e.g., community health, global health)

37. My interest in public health had increased as a result of CUPS.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

38. My interest in social determinants of health, health disparities, and factors associated with health equity has increased as the result of CUPS.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

39. I would recommend CUPS to others considering a career in public health.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

40. How influential has the CUPS program been to your career path (including but not limited to public health, area(s) of concentration or expertise, or agencies/organizations)?

- Extremely influential
- Very influential
- Somewhat influential
- Slightly influential
- Not at all influential

Please explain your response:

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41. Was your CUPS mentor(s) of a similar racial-ethnic background as you?

- Yes
- No
- Don't know

42. How influential have CUPS mentor(s) been to your career path (including but not limited to public health, area(s) of concentration or expertise, or agencies/organizations)?

- Extremely influential
- Very influential
- Somewhat influential
- Slightly influential
- Not at all influential

Please explain your response:

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43. What was the most influential part of your CUPS experience on your career? Please explain:

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**CONTRIBUTION AND COMMITMENT TO PUBLIC HEALTH AND HEALTH EQUITY**

44. I have contributed to efforts in health equity in my current role.

- Strongly agree

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please explain your response:

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45. I plan to contribute to efforts in public health in my future work.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please share how you intend to do this:

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46. I plan to contribute to efforts in health equity in my future work.

- Strongly agree
- agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please share how you intend to do this:

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47. I would mentor others, including students who are interested in pursuing public health or minority health as their career?

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree

Please explain your response:

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***Thank you so much for your participation!***

**We may be interested in learning more about your education and career interest or choices.  
Would you be willing to talk with us further?**

- Yes
- No

**If Yes, please provide your contact information:**

**Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_