

## **Attachment 1: Participant Survey**

This attachment includes screenshots for each part of the participant survey. The same survey will be used in the evaluation of STEP-UP and DS RTP. However, the name of the program in each question will reflect the program in which the respondent participated.



OMB#0925-0648  
Expiration date: 5/2021

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Office of Minority Health Research Coordination (OMHRC) is conducting a comprehensive evaluation of STEP-UP program outcomes. The purpose of this evaluation is to assess STEP-UP outcomes over time to highlight program achievements, identify any program challenges, and make recommendations to improve the program in the future. As a former STEP-UP participant, we are asking you to support our assessment efforts by completing a survey regarding your experiences during and since your participation in the STEP-UP program.

Your participation in this survey is completely voluntary and your survey responses will be kept secure to the extent permitted by law. Names and other identifiers will not appear in any report of the survey.

Burden Disclosure: 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# 0925-0648. Do not return the completed form to this address.

Thank you for your willingness to participate in our efforts to help improve the STEP-UP program for future participants and we look forward to receiving your feedback.

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By clicking on the "I consent" box below, you are indicating that you consent to participate in this survey.

I consent

I do not consent





Did you participate in the STEP-UP program as a high school student or an undergraduate student? If you participated for multiple years, please select all that apply.

High school - junior
High school - senior
Undergraduate - first year
Undergraduate - second year
Undergraduate - third year
Undergraduate - fourth year

In what year(s) did you participate as a STEP-UP participant? If you participated for multiple years, please select all that apply.

1997	2008
1998	2009
1999	2010
2000	2011
2001	2012
2002	2013
2003	2014
2004	2015
2005	2016
2006	2017
2007	

Which coordinating center were you assigned to for your STEP-UP research experience?

American Physiological Association	University of California, Los Angeles
Charles R. Drew University of Medicine and Science	University of Hawaii
Children's Hospital Los Angeles	University of Maryland, Baltimore County
Howard University	University of Nevada, Las Vegas
Stanford University	University of Texas / Penn State University
University of California, San Francisco	Do not remember
University of Alabama at Birmingham	





Please select your sex.

Male
Female
Prefer not to answer

Please select all that describe your race.

African American / Black	Native Hawaiian / Pacific Islander
American Indian / Alaska native	White
Asian	

Please select your ethnicity.

Hispanic
Non-Hispanic

Have you been diagnosed with a disability that substantially limits one or more major life activities?

Yes
No
Prefer not to answer



Did the STEP-UP program adequately accommodate your disability?

Yes
No
Prefer not to answer





The next few questions will ask about your family and community.

Which best describes the area that you grew up in? (Select all that apply)

Urban
Rural
Suburban

Please answer the following questions about your parent or guardian's education.

	What is the highest level of formal education obtained by your parents / guardians?
Parent or Guardian	<input type="text"/>
Parent or guardian	<input type="text"/>

Have any of your family members had a career in science?

Yes
No

Overall, how much did your family support your decision to participate in the STEP-UP program?

Strongly did not support	Somewhat did not support	Neutral	Somewhat supported	Strongly supported
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Please describe the role your family and community members played in your decision to participate in the STEP-UP program.





We would like information about the degrees that you have pursued or plan to pursue, after participating in the STEP-UP program.

Please indicate whether you plan to enroll, are currently enrolled, completed, or started but did not complete any of the following degrees.	
Associate's degree or equivalent	<input type="text"/>
Bachelor's degree or equivalent	<input type="text"/>
Master's degree or equivalent	<input type="text"/>
Doctorate degree or other professional degree	<input type="text"/>
Medical degree	<input type="text"/>
Other, please describe:	<input type="text"/>



Please select the Associate's degree(s) that you plan to enroll in, are currently enrolled in, or completed.

Associate of Science (A.S.)
Associate of Arts (A.A.)
Undecided





What is or was the area of study for the Associate's degree(s) that you plan to enroll in, are currently enrolled in, or completed? Please select all that apply.

Biochemistry	Physics
Bioinformatics	Physiology
Biology	Pre-med
Biomedical science	Pre-vet
Chemistry	Psychology
Computer / Information Technology Science	Anthropology
Earth / Planetary science	Archaeology
Education	Business
Engineering	Economics
Forensic Science	Foreign language
Genetics	Government / political science
Health care profession (e.g. Nursing)	History
Math	Philosophy
Microbiology	Sociology
Molecular biology	Other, please describe:
	<input type="text"/>
Neurobiology / neuroscience	Undecided





Please select the Bachelor's degree(s) that you plan to enroll in, are currently enrolled in, or completed.

Bachelor of Arts (B.A.)
Bachelor of Science (B.S.)
Bachelor of Science in Nursing (B.S.N)
Other, please describe: <input type="text"/>
Undecided



What is or was the area of study for the Bachelor's degree(s) that you plan to enroll in, are currently enrolled in, or completed? Please select all that apply.

Biochemistry	Physics
Bioinformatics	Physiology
Biology	Pre-med
Biomedical science	Pre-vet
Chemistry	Psychology
Computer / Information Technology Science	Anthropology
Earth / Planetary science	Archaeology
Education	Business
Engineering	Economics
Forensic Science	Foreign language
Genetics	Government / political science
Health care profession (e.g. Nursing)	History
Math	Philosophy
Microbiology	Sociology
Molecular biology	Other, please describe: <input type="text"/>
Neurobiology / neuroscience	Undecided







Please select the Master's degree(s) that you plan to enroll in, are currently enrolled in, or completed.

<input type="checkbox"/>	Master of Arts (M.A.)
<input type="checkbox"/>	Master of Public Health (M.P.H.)
<input type="checkbox"/>	Master of Science (M.S.)
<input type="checkbox"/>	Master of Science in Nursing (M.S.N.)
<input type="checkbox"/>	Master of Fine Arts (M.F.A.)
<input type="checkbox"/>	Master of Business Administration (M.B.A.)
<input type="checkbox"/>	Other, please describe:
<input type="text"/>	
<input type="checkbox"/>	Undecided





What is or was the area of study for the Master's degree(s) that you plan to enroll in, are currently enrolled in, or completed? Please select all that apply.

Biochemistry	Neurobiology / neuroscience
Bioinformatics	Physics
Biology	Physiology
Biomedical science	Psychology
Chemistry	Anthropology
Computer / Information Technology Science	Archaeology
Earth / Planetary science	Business
Education	Economics
Engineering	Foreign language
Forensic Science	Government / political science
Genetics	History
Health care profession (e.g. Nursing)	Philosophy
Math	Sociology
Microbiology	Other, please describe:
	<input type="text"/>
Molecular biology	Undecided





Please select the Doctorate or professional degree(s) that you plan to enroll in, are currently enrolled in, or completed.

Doctor of Philosophy (Ph.D.), please describe:

Doctor of Science (D.Sc.), please describe:

Doctor of Education (E.D.)

Doctor of Veterinary Medicine (D.V.M.)

Juris Doctor (J.D.)

Other, please describe:

Undecided





Please select the medical degree(s) that you plan to enroll in, are currently enrolled in, or completed.

<input type="checkbox"/>	Doctor of Medicine (M.D.)
<input type="checkbox"/>	Doctor of Dentistry (D.D.S)
<input type="checkbox"/>	Doctor Optometry (D.O.)
<input type="checkbox"/>	Doctor of Pharmacy (Pharm.D.)
<input type="checkbox"/>	Other. Please describe:
<input type="text"/>	
<input type="checkbox"/>	Undecided





What is your current employment status? (Please select all that apply)

<input type="checkbox"/>	Employed full-time
<input type="checkbox"/>	Employed part-time
<input type="checkbox"/>	Student, full-time
<input type="checkbox"/>	Student, part-time
<input type="checkbox"/>	Unemployed, seeking employment
<input type="checkbox"/>	Unemployed, not seeking employment
<input type="checkbox"/>	Stay-at-home parent, caretaker, or homemaker
<input type="checkbox"/>	Prefer not to answer





Please provide the following information about your job:

Occupation   
Job title

In which sector do you work? Please select all that apply.

Academic setting (college or university)

Industry (for-profit company or business)

Government (federal, state, or local)

Non-profit organization

Other, please describe:





Have you ever been or are currently employed in a science-related job?

Yes

No





Please select all of the activities that you perform as part of your current job.

Laboratory research

Clinical research

Social science research

Public health research

Regulatory affairs

Medicine / health care

Science or health policy

Professor / faculty (college)

Teaching (elementary, middle, or high school)

Scientific writing

Grant administration or management

Other science-related activity, please describe:







After participating in STEP-UP, have you ever conducted any research in the following activities?

<input type="checkbox"/>	Undergraduate studies
<input type="checkbox"/>	Graduate studies
<input type="checkbox"/>	Post-doctoral position
<input type="checkbox"/>	Internship
<input type="checkbox"/>	Fellowship
<input type="checkbox"/>	Traineeship
<input type="checkbox"/>	Previous job
<input type="checkbox"/>	Current job
<input type="checkbox"/>	Other, please describe:
<input type="text"/>	
<input type="checkbox"/>	None





Was the research conducted after participating in STEP-UP biomedical research?

Yes

No

Other than your STEP-UP experience, please select all of the roles you have ever had on an NIH grant.

Principle investigator

Co-investigator

Senior / key personnel

Junior researcher

Post-doctoral researcher

Student researcher

Trainee

Lab worker

Other, please describe:





Have you had any publications in peer-review journals since your participation in STEP-UP?

Yes, how many

No

No, but I have publications under review





Were you first author on any of your publications in peer-reviewed journals?

Yes, how many

No

Excluding the STEP-UP Research Symposium, how many **oral presentations** have you given at professional or scientific conferences after your participation in STEP-UP?

Excluding the STEP-UP Research Symposium, how many **posters** have you presented at professional or scientific conferences since your participation in STEP-UP?



Have you been awarded any patents?

Yes

No

No, but I have patent applications under review





Have you ever applied for NIH funding?

Yes

No



How many NIH grants have you applied for?





For up to 5 NIH grant that you applied for or received, please indicate the grant activity code, the NIH Institute or Center, and the outcome of the application.

	Grant activity code	NIH Institute or Center	Outcome
Grant 1	▼	▼	▼
Grant 2	▼	▼	▼
Grant 2	▼	▼	▼
Grant 3	▼	▼	▼
Grant 4	▼	▼	▼
Grant 5	▼	▼	▼





Which other federal agencies have you received research from? (Please select all that apply)

- None, I have not received research funding from any other federal agencies
- Department of Defense (DOD)
- Environmental Protection Agency (EPA)
- Food and Drug Administration (FDA)
- Centers for Disease Control (CDC)
- National Aeronautics and Space Administration (NASA)
- National Science Foundation (NSF)
- Department of Agriculture (USDA)
- Other federal agency, please describe:
- State government agencies
- Local government agency
- Industry (for profit business)
- Non-profit organization
- Other, please describe:





Excluding the STEP-UP Symposium, did your STEP-UP experience directly result in any of the following? Please select all that apply.

Publication in a peer-reviewed journal

Oral presentation at a scientific or professional conference (not including the STEP-UP Summer Research Symposium)

Poster presentation at a scientific or professional conference (not including the STEP-UP Summer Research Symposium)

Patents

Basis for undergraduate thesis

Basis for graduate thesis or dissertation

Internship

Fellowship

Post-doctoral position

Job

Other, please describe:

None of the above

What role did the STEP-UP program play in your decision to enter into your chosen field of study, degree program, or career?







Please rate how valuable each of the following STEP-UP program components were to you personally.

	Not valuable at all	Somewhat valuable	Very valuable	Not applicable
Hands-on research experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending the STEP-UP Summer Research Symposium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenting findings at the annual research symposium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other professional development (e.g. webinars)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research stipend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





As part of the STEP-UP experience, participants are assigned a research mentor who supports their research experience. However, you may have also developed a mentoring relationship with others during your STEP-UP experience. The next few questions will ask about your experience with mentors during your STEP-UP experience.

Other than your assigned research mentor, did any of the following serve as a mentor during your STEP-UP experience? (Select all that apply)

- Coordinating center program director
- Other coordinating center personnel
- NIDDK staff / personnel
- Other STEP-UP participants
- Undergraduate student researchers
- Graduate student researchers
- Staff in the lab in which I worked
- Other, please describe:
- None





Did any of the following continue to serve as a mentor to you **after** completing the STEP-UP experience? (Select all that apply)

Assigned research mentor
Coordinating center program director
Other coordinating center personnel
NIDDK staff / personnel
Other STEP-UP participants
Undergraduate student researchers
Graduate student researchers
Staff in the lab in which I worked
None





How much support did you receive from your assigned STEP-UP **research mentor** in each of the following areas?

	No support	Some support	A lot of support	Not applicable
Help with applications to college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with applications to graduate school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with other academic decisions or problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with job interviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with applications for fellowships, scholarships, or grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help exploring career opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with networking (making professional connections)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please describe: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





How much support did you receive from your **coordinating center** in each of the following areas?

	No support	Some support	A lot of support	Not applicable
Help with applications to college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with applications to graduate school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with other academic decisions or problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with job interviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with applications for fellowships, scholarships, or grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help exploring career opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with networking (making professional connections)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please describe: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How satisfied were you with the support you received from each of the following during your STEP-UP experience?

	Not at all satisfied	Somewhat satisfied	Very satisfied	Not applicable
Assigned research mentor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinating center program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other coordinating center personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIDDK staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Please rate how each of the following challenges impacted your education and career opportunities in biomedical research.

	Not a challenge	Slight challenge	Significant challenge	Not applicable
Lack of rigorous coursework in high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of rigorous coursework in college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge about educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge about career opportunities and paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of role models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of family support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of financial resources to pursue advanced education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please describe: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Please, rate how helpful the STEP-UP program was in overcoming the following challenges:

	Not at all helpful	Somewhat helpful	Moderately helpful	Very helpful
Lack of rigorous coursework in high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of rigorous coursework in college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge about career opportunities and paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of family support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of financial resources to pursue advanced education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



What could STEP-UP do to better address these challenges?



How could the STEP-UP program be improved in the future?





Have you recommended STEP-UP to others?

Yes
No
No, but I would if I knew someone who was eligible



We are raffling off eight \$25 Amazon gift cards to those who have completed this survey. If you would like to enter the raffle, please email [NIDDKStepUp@nidk.nih.gov](mailto:NIDDKStepUp@nidk.nih.gov) with the subject "NIDDK survey raffle." You do not need to provide any identifying information. The winners will receive an email with an online gift card within 30 days after the survey closes.

