OMB # 0925-0648

Expiration date: 5/2021

Attachment 1: Participant Survey

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

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.

Protecting your privacy is very important to us. We will keep your survey responses anonymous. Names and other personal identifiers will not appear in any report and we will not report individual information, such as education and professional achievements. Groups of records that contain information about an individual and are designed to be retrieved by the individual's name or other personal identifier linked to the individual are covered by the Privacy Act of 1974, as amended (5 U.S.C. Section 552a). All of the information that you share with us will be kept private under the Privacy Act, meaning no one outside of the assessment team will have access to your responses. All findings from the survey will be presented in aggregate.

NIDDK will retain data collected through this survey long enough to achieve the specified objective for which they were collected. The data generated from these activities falls under the National Archives and Records Administration (NARA) General Records Schedule (GRS) 20-item IC 'Electronic Records,' and will be handled per the requirements of that schedule (http://www.archives.gov/records-mgmt/grs/grs20.html).

If you have questions about this privacy policy, please e-mail them to alexandra.stone@nih.gov.

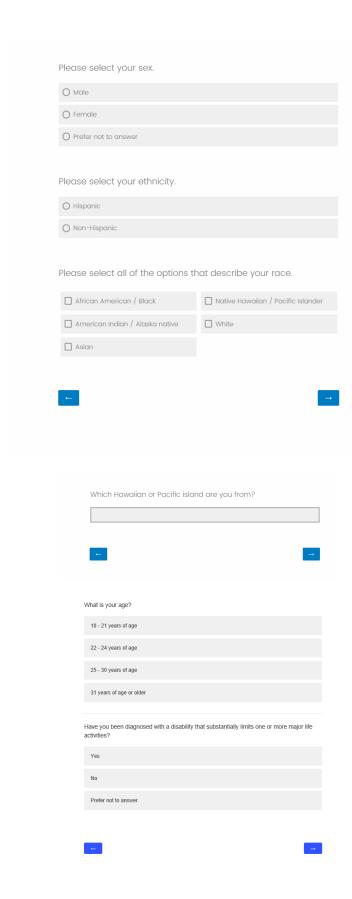
Thank you for your willingness to participate in our efforts to help improve the DSRTP for future participants and we look forward to receiving your feedback.

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

01	consent		
01	do not consent		

After which year of your undergraduate program did you participate in DSRTP? If you participated for multiple years, please select all that apply.

First year				
Second year				
Third year				
Fourth year				
In what year(s) did you participate in DSRTP? If you participated for multiple years, please se				
2002	2011			
2003	2012			
2004	2013			
2005	2014			
2006	2015			
2007	2016			
2008	2017			
2009	2018			
2010				
At which DSRTP location did you participate?				
Bethesda, Maryland				
Phoenix, Arizona				
Did you receive a travel award? (Select all that	t apply.)			
Yes - NIDDK / Association of American Indian Ph	ysicians (AAIP)			
Yes - NIDDK / National Hispanic Medical Association (NHMA)				
Yes - Other, please specify:				
I did not receive a travel award.				
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		ur disability?		
Yes				
No				
Prefer not to answer				
-				-
The next few ques	tions will ask about	your family and c	ommunity.	
Which best describ	bes the area in which	ch you grew up? (\$	Select all that app	ly)
Urban				
Rural				
Suburban				
Please answer the	following questions			
	What is the high	est level of formal e guardi		your parents /
Parent or Guardian				V
Parent or guardian				Y
Have any of your f	family members had	d a career in scien	ce?	
Yes				
Yes				
No	n did your family sup	oport your decision	n to participate in l	DSRTP?
No	n did your family sup Somewhat did not support	oport your decision Neutral	n to participate in I Somewhat supported	DSRTP? Strongly supported
No Overall, how much	Somewhat did not support	Neutral	Somewhat supported	Strongly supported

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

	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	V
Bachelor's degree or equivalent	Y
Master's degree or equivalent	V
Doctorate degree or other professional degree	V
Medical degree	Y
Other, please describe:	V

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:
Neurobiology / neuroscience	Undecided

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

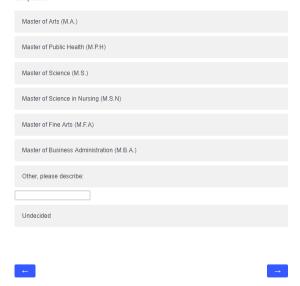


What is or was the area of study for the Bachelor's degree(s) that you plan to enroll in, are currently enrolled in, or completed? Please select all that apply.

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:
Neurobiology / neuroscience	Undecided

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



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:
Molecular biology	Undecided

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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.

Doctor of Medicine (M.D.)

Doctor of Dentistry (D.D.S)

Doctor Optometry (D.O.)

Doctor of Pharmacy (Pharm.D.)

Other. Please describe:

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

Employed full-time

Employed part-time

Student, full-time

Student, part-time

Unemployed, seeking employment

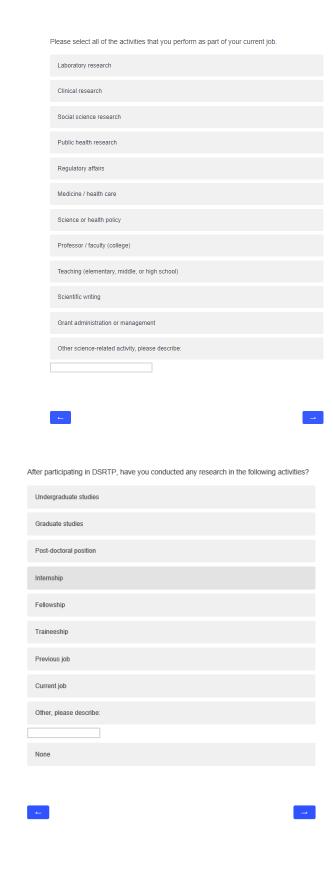
Unemployed, not seeking employment

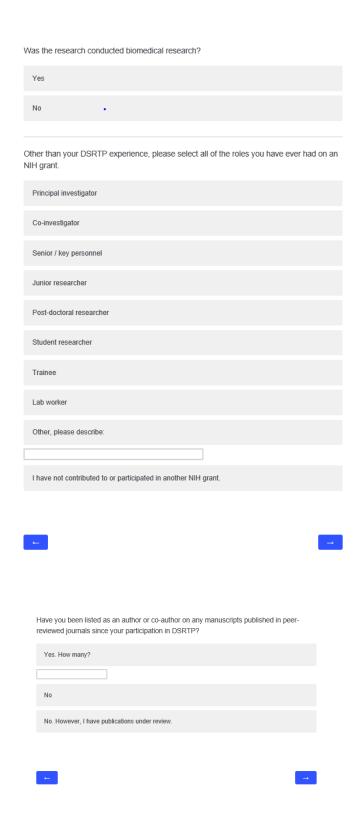
Stay-at-home parent, caretaker, or homemaker

Prefer not to answer

Please provide th	e following information about your job:	
Occupation		
Job title		
In which sector do	o you work? Please select all that apply.	
Academic setting	(college or university)	
Industry (for-prof	it company or business)	
Government (fed	eral, state, or local)	
Non-profit organi	zation	
Other, please de	scribe:	
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	Symposium, how many posters have your presented a nces since your participation in DSRTP?	t
-		•
Have you been awarded any	/ patents?	
Yes		
No		
No, but I have patent applicat	tions under review	



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.





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

Environmental Protection Agency (EPA)

Department of Defense (DOD)

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:

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Please rate how valuable each of the following DSRTP program components were to you personally.

	Not applicable	Not valuable at all	Somewhat valuable	Very valuable
Hands-on research experience	0	0	0	0
Attending the DSRTP Summer Research Symposium	0	0	0	0
Presenting findings at the DSRTP Summer Research Symposium	0	0	0	0
Mentoring	0	0	0	0
Bi-weekly meetings with OMHRC Director and Program Director	0	0	0	0
Other professional development	0	0	0	0
Research stipend	0	0	0	0
Available housing	0	0	0	0

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As part of the DSRTP 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 DSRTP experience. The next few questions will ask about your experience with mentors during your DSRTP experience.

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

NIDDK staff / personnel	
Other DSRTP participants	
Undergraduate student researchers	
Graduate student researchers	
Post-doctoral research fellow	
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 DSRTP experience? (Select all that apply) NIDDK staff / personnel Other DSRTP participants Undergraduate student researchers Graduate student researchers Post-doctoral research fellow Staff in the lab in which I worked None How much support did you receive from your assigned DSRTP research mentor in each of the following areas? Not applicable No support Some support A lot of support Help with applications to graduate school 0 0 0 0 0 0 0 0 0 0 0 Help with job interviews 0 Help with applications for fellowships, scholarships, or grants 0 0 0 0 Help exploring career opportunities 0 0 0 0 Help with networking (making professional connections) 0 0 0 0 Other, please describe: 0 0 0 0

How much support did you receive from NIDDK staff in each of the following areas?

	Not applicable	No support	Some support	A lot of support
Help with applications to graduate school	0	0	0	0
Help with other academic decisions or problems	0	0	0	0
Help with job interviews	0	0	0	0
Help with applications for fellowships, scholarships, or grants	0	0	0	0
Help exploring career opportunities	0	0	0	0
Help with networking (making professional connections)	0	0	0	0
Other, please describe:	0	0	0	0

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

	Not applicable	Not at all satisfied	Somewhat satisfied	Very satisfied
Assigned research mentor	0	0	0	0
NIDDK staff	0	0	0	0

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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	0	0	0	0
Lack of rigorous coursework in college	0	0	0	0
Lack of knowledge about educational opportunities	0	0	0	0
Lack of knowledge about career opportunities and paths	0	0	0	0
Lack of role models	0	0	0	0
Lack of mentors	0	0	0	0
Lack of family support	0	0	0	0
Lack of community support	0	0	0	0
Lack of financial resources to pursue advanced education	0	0	0	0
Other, please describe:	0	0	0	0

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Please, rate how helpful DSRTP was in overcoming the following challenges:

	Not at all helpful	Somewhat helpful	Moderately helpful	Very helpful
Lack of rigorous coursework in high school	0	0	0	0
Lack of rigorous coursework in college	0	0	0	0
Lack of knowledge about career opportunities and paths	0	0	0	0
Lack of mentors	0	0	0	0
Lack of family support	0	0	0	0
Lack of community support	0	0	0	0
Lack of financial resources to pursue advanced education	0	0	0	0
Other, please describe:	0	0	0	0

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How did you hear about DSRTP? (Select all that apply.)
Association of American Indian Physicians (AAIP) Conference
National Hispanic Medical Association (NHMA) Conference
Society for Advancement of Hispanics / Chicanos and Native Americans in Science (SACNAS) Conference
American Indian Science and Engineering Society (AISES) Conference
Hispanic Association of Colleges and Universities (HACU) Conference
Annual Biomedical Research Conference for Minority Students (ABCRMS)
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) website
Other student
Other, please describe: