

OMB # 0925-0648

Expiration date: 5/2021

Attachment 1: Participant Survey

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 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.

I consent

I do not consent



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

2002	2011
2003	2012
2004	2013
2005	2014
2006	2015
2007	2016
2008	2017
2009	2018
2010	

At which DS RTP location did you participate?

Bethesda, Maryland
Phoenix, Arizona

Did you receive a travel award? (Select all that apply.)

Yes - NIDDK / Association of American Indian Physicians (AAIP)
Yes - NIDDK / National Hispanic Medical Association (NHMA)
Yes - Other, please specify: <input type="text"/>
I did not receive a travel award.



Please select your sex.

Male

Female

Prefer not to answer

Please select your ethnicity.

Hispanic

Non-Hispanic

Please select all of the options that describe your race.

African American / Black

Native Hawaiian / Pacific Islander

American Indian / Alaska native

White

Asian



Which Hawaiian or Pacific island are you from?



What is your age?

18 - 21 years of age

22 - 24 years of age

25 - 30 years of age

31 years of age or older

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

Yes

No

Prefer not to answer



Did DSRTTP 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 in which you grew up? (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

Parent or guardian

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 DSRTTP?

Strongly did not support

Somewhat did not support

Neutral

Somewhat supported

Strongly supported



Please describe the role your family and community members played in your decision to participate in DSRTTP.



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	<input type="checkbox"/>
Bachelor's degree or equivalent	<input type="checkbox"/>
Master's degree or equivalent	<input type="checkbox"/>
Doctorate degree or other professional degree	<input type="checkbox"/>
Medical degree	<input type="checkbox"/>
Other, please describe: <input type="text"/>	<input type="checkbox"/>



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.

Master of Arts (M.A.)

Master of Public Health (M.P.H.)

Master of Science (M.S.)

Master of Science in Nursing (M.S.N.)

Master of Fine Arts (M.F.A.)

Master of Business Administration (M.B.A.)

Other, please describe:

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:
<input type="text"/>
Doctor of Science (D.Sc.), please describe:
<input type="text"/>
Doctor of Education (E.D.)
Doctor of Veterinary Medicine (D.V.M.)
Juris Doctor (J.D.)
Other, please describe:
<input type="text"/>
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:

Undecided



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 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 DSRTTP, have you conducted any research in the following activities?

- Undergraduate studies
- Graduate studies
- Post-doctoral position
- Internship
- Fellowship
- Traineeship
- Previous job
- Current job
- Other, please describe:
- None



Was the research conducted biomedical research?

Yes

No

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

Principal investigator

Co-investigator

Senior / key personnel

Junior researcher

Post-doctoral researcher

Student researcher

Trainee

Lab worker

Other, please describe:

I have not contributed to or participated in another NIH grant.



Have you been listed as an author or co-author on any manuscripts published in peer-reviewed journals since your participation in DSRTTP?

Yes. How many?

No

No. However, I have publications under review.



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

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



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:



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

	Not applicable	Not valuable at all	Somewhat valuable	Very valuable
Hands-on research experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending the DSRTTP Summer Research Symposium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenting findings at the DSRTTP Summer 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"/>
Bi-weekly meetings with OMHRC Director and Program Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other professional development	<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"/>
Available housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

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

<input type="checkbox"/> NIDDK staff / personnel
<input type="checkbox"/> Other DSRTTP participants
<input type="checkbox"/> Undergraduate student researchers
<input type="checkbox"/> Graduate student researchers
<input type="checkbox"/> Post-doctoral research fellow
<input type="checkbox"/> Staff in the lab in which I worked
<input type="checkbox"/> Other, please describe: <input type="text"/>
<input type="checkbox"/> None



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

NIDDK staff / personnel

Other DS RTP 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 DS RTP **research mentor** in each of the following areas?

	Not applicable	No support	Some support	A lot of support
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 NIDDK staff in each of the following areas?

	Not applicable	No support	Some support	A lot of support
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 DSRTTP experience?

	Not applicable	Not at all satisfied	Somewhat satisfied	Very satisfied
Assigned research mentor	<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 DSRTP 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"/>
Other, please describe: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



What could DSRTTP do to better address these challenges?



How could DSRTTP be improved in the future?



Have you recommended DSRTTP to others?

Yes

No

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



How did you hear about DSRTTP? (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 (ABCRRMS)

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) website

Other student

Other, please describe:

