

# Resilience Training Program: Building a Resilient Scientist

## NIH Office of Intramural Training & Education

OMB Number: 0925-0648  
Expiration Date: 31 May 2021

Office of Intramural Training & Education  
National Institutes of Health  
<https://www.training.nih.gov>

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**1. Before we start with the survey, we need to create a unique identifier, so we can match up your data with the later questionnaires. The following questions are used only to generate a unique identifier and will not be used for any other purposes.**

Write the DAY of the month on which you are born as a two digit number.

For example, if you were born on March 7th, you would put 07.

First initial of your middle name (if no middle name, write X).

For example, if your name is Jane Doe Miller, you would put D.

What is the last 4 digits of your phone number?(If you don't have a phone number, write 0000.)

For example, if your phone number is (202) 123-4567, you would put 4567.

**2. Do you currently describe yourself as female, male, or transgender?**

- Female
- Male
- Transgender
- None of These

**3. What is your race?**

**(select all that apply)**

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

**4. What is your ethnicity?**

- Hispanic or Latino
- Not Hispanic or Latino
- None of the Above

**5. Which university/institution are you affiliated with? (Drop down list of institutions)**

**6. What is your university/institute department or university/institute program name?**

**7. What is your current educational status?**

- Undergraduate student
- Masters student (MS/MA)
- Professional degree student (e.g., Med, Dental, Law)
- Ph.D. or doctoral student
- Postdoctoral trainee
- Other, Please specify

**8. Indicate the extent to which the following statements are true for you.**

|                                                                                            | True<br>Nearly<br>All the<br>Time | Often<br>True         | Sometimes<br>True     | Rarely<br>True        | Not<br>True at<br>All |
|--------------------------------------------------------------------------------------------|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I am able to adapt when changes occur.                                                     | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can deal with whatever comes my way.                                                     | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I try to see the humorous side of things when I am faced with problems.                    | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Having to cope with stress can make me stronger.                                           | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I tend to bounce back after illness, injury or other hardships.                            | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe I can achieve my goals, even if there are obstacles.                             | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Under pressure, I stay focused and think clearly.                                          | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am not easily discouraged by failure.                                                    | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think of myself as a strong person when dealing with life's challenges and difficulties. | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am able to handle unpleasant or painful feelings like sadness, fear, and anger.          | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**9. Indicate how often the following statements are true for you at work/school. In completing this section, focus on stress that's a result of your work/school, not on stress from elsewhere (e.g., home).**

|                                                                               | All the<br>Time       | Often                 | Sometimes             | Rarely                | Never                 |
|-------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I'm unable to concentrate on my job because of work-related stress            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I spend a significant proportion of my workday coping with work stress        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Work stress distracts my attention away from my job tasks                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental energy I'd otherwise devote to my work is squandered on work stressors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I delay starting on new projects at work because of stress                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I spend time talking to co-workers about stressful work situations            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**10. The questions below ask you about your feelings and thoughts during the last month. In each case, indicate how often you felt or thought a certain way.**

|                                                                                                                  | Very Often            | Fairly Often          | Sometimes             | Almost Never          | Never                 |
|------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| In the last month, how often have you felt that you were unable to control the important things in your life?    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In the last month, how often have you felt confident about your ability to handle your personal problems?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In the last month, how often have you felt that things were going your way?                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**11. Indicate the extent to which you agree with the statements below.**

|                                                    | Strongly Agree        | Slightly Agree        | Mixed or Neither Agree | Slightly Disagree     | Strongly Disagree     |
|----------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|
| I am engaged and interested in my daily activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| I am optimistic about my future                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |

**12. On an average week, how often do you feel bothered by the following problems?**

|                                                        | Nearly Every Day      | Over Half the Days    | A Day or Two          | Not at All            |
|--------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Feeling anxious                                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not being able to stop or control worrying             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Becoming easily annoyed or irritable                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling down, depressed, or hopeless                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Little interest or pleasure in doing things            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trouble falling or staying asleep or sleeping too much | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Poor appetite or overeating                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### 13. General Resilience Questions

|                                                                                                                                 | Very High             | High                  | Neither High Nor Low  | Low                   | Very Low              |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How high is your current Stress-load (i.e., Current work demands, work/home-front stressors, challenges).                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How is your morale at work/school?                                                                                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Being as honest as possible, how would you rate your job/work performance (i.e., Meeting demands on time, accomplishing tasks)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### 14. How often do you engage in the following behaviors as a stress coping strategy? (Select all that apply)

|                                                       | Frequently            | Occasionally          | Rarely                | Never                 |
|-------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Work out/exercise                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Journal                                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Seek out resources available on my campus             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Professional therapy                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Read articles or watching talks on coping with stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reach out to a friend                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mindfulness activities (e.g., meditation)             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eating a healthy diet                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 or more hours of sleep                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Setting boundaries                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cognitively reframing                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Only worrying about what I can control                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Practicing gratitude                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asserting myself when appropriate                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reaching out mentors                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Increasing helpful self-talk                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**15. Post Series Question.**

**Did the following behaviors help as a stress coping strategy?**

|                                                       | Helped<br>a Lot       | Helped<br>Moderately  | Helped<br>a Little    | Didn't<br>Help at<br>All | Don't<br>Use /<br>Didn't<br>Use |
|-------------------------------------------------------|-----------------------|-----------------------|-----------------------|--------------------------|---------------------------------|
| Work out/exercise                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Journal                                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Seek out resources available on my campus             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Professional therapy                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Read articles or watching talks on coping with stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Reach out to a friend                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Mindfulness activities (e.g., meditation)             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Eating a healthy diet                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| 7 or more hours of sleep                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Setting boundaries                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Cognitively reframing                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Only worrying about what I can control                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Practicing gratitude                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Asserting myself when appropriate                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Reaching out to mentors                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |
| Increasing helpful self-talk                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>           |

**16. Rate how well the following statements describe you:**

|                                                                | A Lot                 | Some                  | A Little              | Not at All            |
|----------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I feel my life has a sense of purpose                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My life feels worthwhile                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe that there is a larger reason or purpose for my life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel my life is going nowhere                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**17. Next you will see a list of things that people sometimes do, think, or feel when something stressful happens. Everybody deals with problems in their own way. Rate how much you do each of the following things when something stressful happens in your life.**

**When something stressful happens in my life...**

|                                                                                  | A Lot                 | Some                  | A Little              | Not at All            |
|----------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I think about what I can learn from the situation                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I work to change or fix the problem                                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I try not to think about it, to forget about it                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think about the positive aspects, or the good that can come from the situation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I start to act without thinking                                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In life, things don't always go the way that we want.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**18. Everyone has different preferences for how they deal with situations in which something doesn't turn out the way that they want, and they are not able to change it. Rate how much you do each of the following.**

**When something doesn't turn out the way that I want...**

|                                                              | A Lot                 | Some                  | A little              | Not at all            |
|--------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Little things upset me easily                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think about what good things could come from the situation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I find it hard to stop thinking about what happened          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I start working on other new goals                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think about what I can learn from the situation            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. Below is a list of statements about your general experiences. Indicate how frequently you experience or engage in each of them.

There is no “right” or “wrong” answer as everyone is different, so simply answer according to your own experience. Think about school as work, if needed.

|                                                                       | Almost                |                       |                       |                       |                       |
|-----------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                                                       | Always                | Frequently            | Occasionally          | Rarely                | Never                 |
| I "observe" myself                                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have insight into myself                                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I look at why people act the way they do                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have learnt about myself and how I see the world                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am continuing to work on and develop myself                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I focus on ways of amending my behavior that would be useful          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel generally positive about self-awareness                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I reassess my own and others' responsibilities                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I'm aware of my abilities and limitations                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am reflective.                                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am realistic about myself                                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I see my work life as something I have power to affect*               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I recognize the stress and worry in my current work.*                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can “take a step back” from situations to understand them better*   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think about how as colleagues or peers we interact with each other* | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have changed the way I work*                                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



**20. Rate the degree to which you agree or disagree with each of the following statements**

|                                                                          | Strongly<br>Agree     | Agree                 | Neither<br>Agree<br>Nor<br>Disagree | Disagree              | Strongly<br>Disagree  |
|--------------------------------------------------------------------------|-----------------------|-----------------------|-------------------------------------|-----------------------|-----------------------|
| I will be able to achieve most of the goals that I set for myself.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| When facing difficult tasks, I am certain that I will accomplish them.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| In general, I think that I can obtain outcomes that are important to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| I believe I can succeed at most any endeavor to which I set my mind.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| I will be able to successfully overcome many challenges.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| I am confident that I can perform effectively on many different tasks.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| Compared to other people, I can do most tasks very well.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |
| Even when things are tough, I can perform quite well.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |

**21. (Post-series only) Which session(s) did you participate in either live or viewing the posted recordings?**

- Part I. An Introduction to Resilience and Wellness
- Part II. Exploring our Self-Talk: Cognitive Distortions and Imposter Fears
- Part III. Emotions and Emotional Intelligence in the Workplace
- Part IV. Self-Advocacy and Assertiveness for Scientists
- Part V. Developing Feedback Resilience
- Part VI. Managing Up to Maximize Mentoring Relationships

**22. (Post-series only) Overall, how would you rate this series?**

| Excellent             | Very good             | Good                  | Fair                  | Poor                  |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**23. (Post-series only) How likely are you to recommend this series to a friend or a colleague?**

| Very likely           | Somewhat likely       | Neither likely or<br>unlikely | Somewhat unlikely     | Very unlikely         |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/> |

**24. (Post-series only) Rate the extent to you agree or disagree with the following statements:**

|                                                                                                                         | Strongly<br>Agree     | Agree                 | Neither<br>Agree or<br>Disagree | Disagree              | Strongly<br>Disagree  |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------------|-----------------------|-----------------------|
| This series was valuable to me.                                                                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> |
| How well did you understand topics covered in Becoming a Resilient Scientist Series BEFORE participating in the summer? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> |
| How well did you understand topics covered in Becoming a Resilient Scientist Series AFTER participating in the summer?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> |
| Since participating in the resilience series, I have become more resilient in my work and/or life.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> |
| Since participating in the resilience series, I have become a better scientist.                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> |
| Since participating in the resilience series, I have learned to manage conflict better.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> |
| Since participating in the resilience series, I have learned to manage my stress better.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> |
| Since participating in the resilience series, I have gained important skills that will help my work/life.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> |

**25. How can we make the series better?**