

Attachment 2 – Exit Survey Part 1 Screenshots

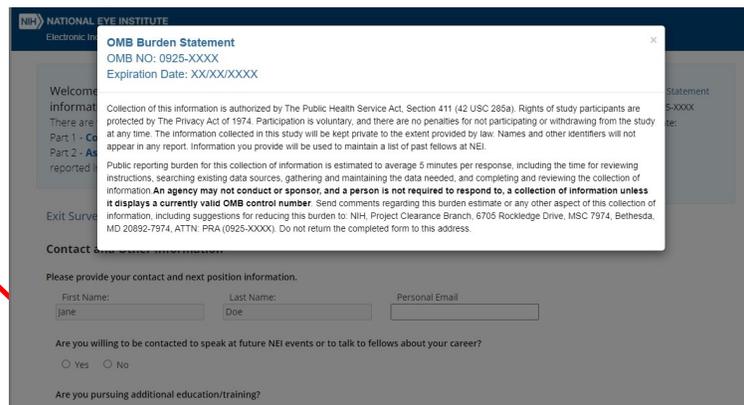
The Exit Survey consists of 2 parts: Part 1 Contact & Next Position Information shown here and Part 2 Exit Feedback about the Training Experience (see Attachment 3).

Part1:Contact & Next Position Information

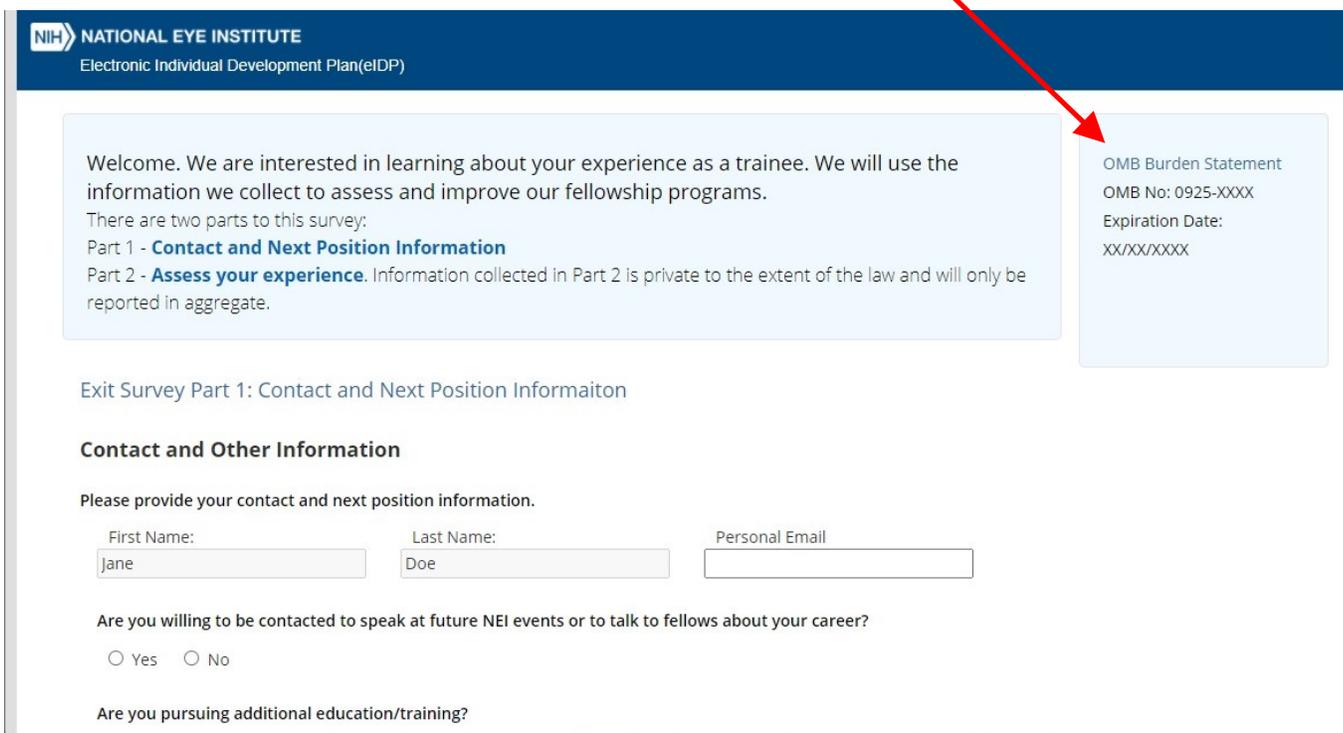
This screenshot shows when a respondent answers the questions and submits.

The “OMB Burden Statement” is to the right of the “Welcome” message.

When the trainee clicks the link, the screenshot to the right is shown.



The screenshot shows a pop-up window titled "OMB Burden Statement" from the National Eye Institute. The window contains the following text: "OMB NO: 0925-XXXX", "Expiration Date: XX/XX/XXXX", and a detailed statement about the collection of information for the survey. Below the text are input fields for "First Name" (Jane), "Last Name" (Doe), and "Personal Email". There are also radio buttons for "Are you willing to be contacted to speak at future NEI events or to talk to fellows about your career?" (Yes/No) and a question "Are you pursuing additional education/training?".



The screenshot shows the main survey page for "Exit Survey Part 1: Contact and Next Position Information". At the top is the NIH logo and "NATIONAL EYE INSTITUTE Electronic Individual Development Plan(eIDP)". The main content area has a light blue background and contains a "Welcome" message, a link to "Part 1 - Contact and Next Position Information", and a link to "Part 2 - Assess your experience". To the right of the welcome message is a box containing the "OMB Burden Statement" information. Below the welcome message is the "Contact and Other Information" section, which includes a form for "Please provide your contact and next position information." with fields for "First Name" (Jane), "Last Name" (Doe), and "Personal Email". There are also radio buttons for "Are you willing to be contacted to speak at future NEI events or to talk to fellows about your career?" (Yes/No) and a question "Are you pursuing additional education/training?".

Are you pursuing additional education/training?

- Master Degree
- Doctoral Degree
- Medical Degree
- Clinical Training
- Not Applicable
- Other (please specify)

If you have taken a new job, at what type of organization will you be working?

- Academia
- Government
- Industry/For-Profit
- Not-for-profit
- Not Applicable
- Other Sector(please specify)

New Position title: (Enter N/A if not applicable)

What duties will your job include? Please mark all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Clinical | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Policy | <input type="checkbox"/> Research | <input type="checkbox"/> Teaching |

If you have taken a new job, at what type of organization will you be working?

- Academia
- Government
- Industry/For-Profit
- Not-for-profit
- Not Applicable
- Other Sector(please specify)

New Position title: (Enter N/A if not applicable)

What duties will your job include? Please mark all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Clinical | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Policy | <input type="checkbox"/> Research | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Other (please specify) | |

Is there anything that you would like to share with your training director about your experience at NEI?

maximum characters 3000

Decline to Answer

Submit