

## Attachment 2 – Exit Survey Part 1 Screenshots

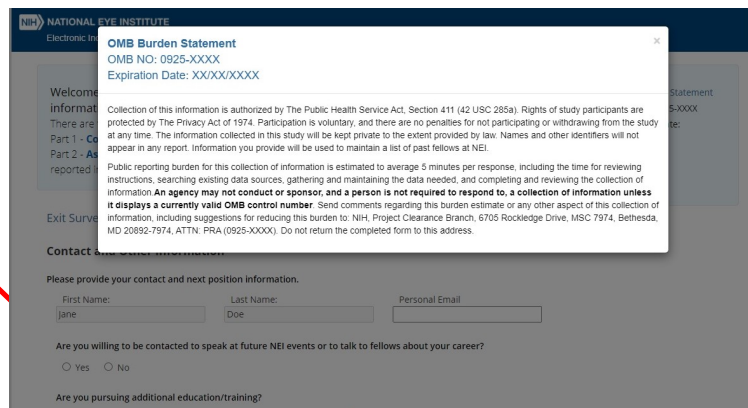
The Exit Survey consists of 2 parts: Part 1 Contact & Next Position Information shown here and Part 2 Exit Feedback about the Training Experience (see Attachment 3).

### 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" with the following content:

**OMB Burden Statement**  
OMB NO: 0925-XXXX  
Expiration Date: XX/XX/XXXX

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report. Information you provide will be used to maintain a list of past fellows at NEI.

Public reporting burden for this collection of information is estimated to average 5 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: FRA (0925-XXXX). Do not return the completed form to this address.

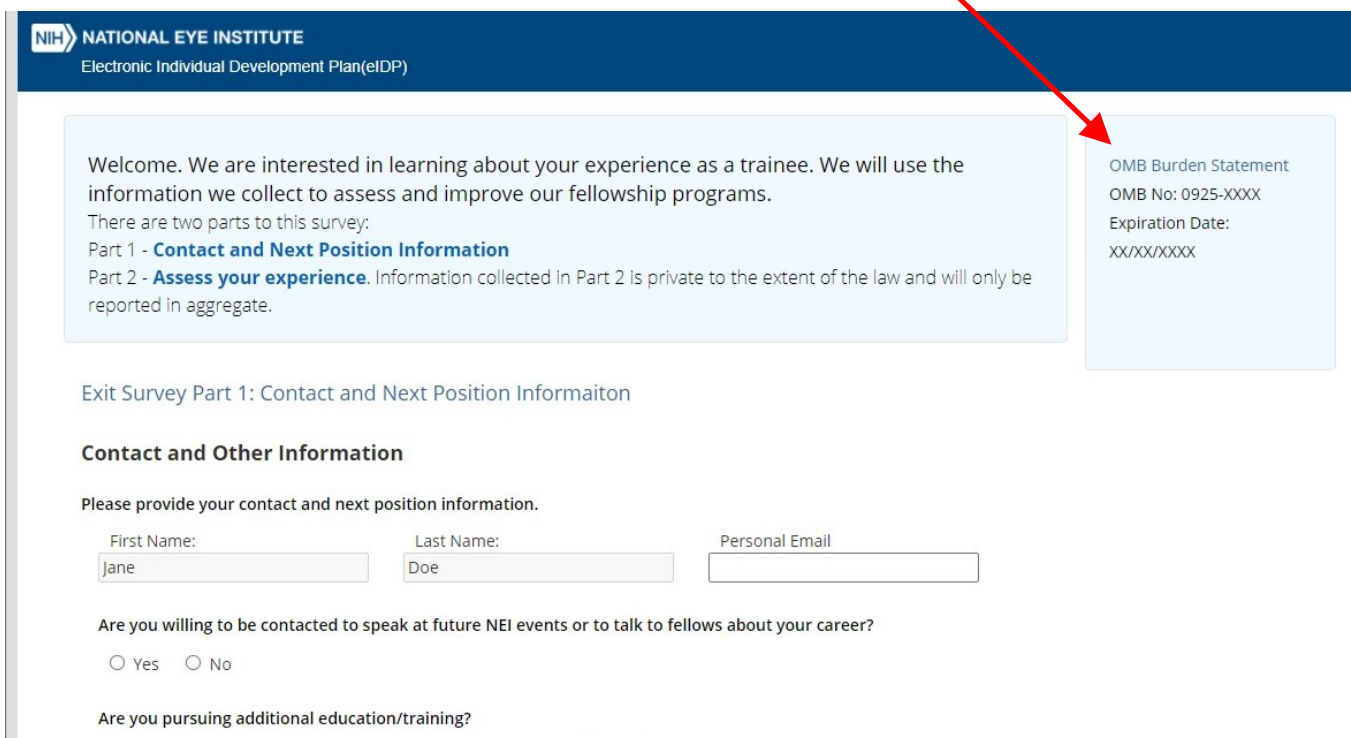
**Contact and Next Position Information**

Please provide your contact and next position information.

First Name:  Last Name:  Personal Email:

Are you willing to be contacted to speak at future NEI events or to talk to fellows about your career?  
 Yes  No

Are you pursuing additional education/training?



The screenshot shows the main survey page with the following content:

**NATIONAL EYE INSTITUTE**  
Electronic Individual Development Plan(eIDP)

Welcome. We are interested in learning about your experience as a trainee. We will use the information we collect to assess and improve our fellowship programs.

There are two parts to this survey:  
Part 1 - **Contact and Next Position Information**  
Part 2 - **Assess your experience**. Information collected in Part 2 is private to the extent of the law and will only be reported in aggregate.

[OMB Burden Statement](#)  
OMB No: 0925-XXXX  
Expiration Date: XX/XX/XXXX

Exit Survey Part 1: Contact and Next Position Information

**Contact and Other Information**

Please provide your contact and next position information.

First Name:  Last Name:  Personal Email:

Are you willing to be contacted to speak at future NEI events or to talk to fellows about your career?  
 Yes  No

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