

Thank You for Participating in this Survey!

Thank you for providing feedback on your experience reviewing applications to The NIH Brain Research through Advancing Innovative Neurotechnologies® (BRAIN) Initiative that require a Plan for Enhancing Diverse Perspectives (PEDP). NINDS is conducting this survey of reviewers to assess the clarity of this new requirement; to understand how consideration of the PEDP integrates with assessment of the scientific and technical merit of applications; to gain insight into the impact of the PEDP; and to obtain feedback relevant to program improvement.

Your participation in this survey is voluntary. Please note that your responses will not be identified with you personally or with your organization; survey results will be reported only in aggregate or deidentified form. NINDS does not plan to publish results of this survey but will use the responses received to inform future program improvements. If you have questions about the survey, or if you have any technical difficulty accessing or responding to the survey, please contact Dr. Ryan Richardson (ryan.richardson@nih.gov).

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Public reporting burden for this collection of information is estimated to average 10 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.

Reviewer Experience

* 1. Including your most recent experience participating in a review of NIH BRAIN Initiative applications that contain a PEDP requirement, please indicate the number of **times you have participated in the following:**

	1	2-5	6-10	>10
Any NIH review panel within the last 5 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIH review panels for BRAIN Initiative applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIH review panels for BRAIN Initiative applications that require a PEDP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 2. Have you previously **applied** to a funding opportunity announcement with a PEDP requirement?

- Yes
- No
- I don't know

PEDP Review Guidance

The following questions relate to your most recent experience participating in a review of NIH BRAIN Initiative applications that require PEDPs.

* 3. Was guidance (e.g. during reviewer orientation, in meeting materials, or other correspondence etc.) provided by NIH staff regarding peer review of the PEDP?

- Yes
- No
- I don't know

PEDP Review Guidance

The following questions relate to your most recent experience participating in a review of NIH BRAIN Initiative applications that require PEDPs.

4. Did you view the provided guidance regarding peer review of the PEDP?

- Yes
- No
- I don't know

PEDP Review Guidance

The following questions relate to your most recent experience participating in a review of NIH BRAIN Initiative applications that require PEDPs.

5. How clear was the provided guidance regarding peer review of the PEDP?

Very unclear

Unclear

Moderately clear

Clear

Very Clear

6. How could the PEDP review guidance be improved?

PEDP Review Process

The following questions relate to your most recent experience participating in a review of NIH BRAIN Initiative applications that require PEDPs.

* 7. How well did the content of PEDPs in application you reviewed align with your expectations?

Not at all aligned

Poorly aligned

Moderately aligned

Well aligned

Fully aligned

8. Please describe any areas of misalignment and what, if anything, was unexpected in the content of the PEDPs you reviewed.

* 9. How difficult was it to **evaluate** the PEDP?

Very difficult

Difficult

Neutral

Easy

Very Easy

* 10. How difficult was it to **integrate** the PEDP evaluation into the review of the full application?

Very difficult

Difficult

Neutral

Easy

Very Easy

11. Please describe any challenges you experienced while reviewing applications with PEDPs.

* 12. To what extent did the quality of the PEDPs affect your overall impact score?

Not at all

Very little

Somewhat

Quite a bit

A great deal

PEDP Impact

* 13. Based on the applications you have reviewed, please indicate your **level of agreement** with the following statements:

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

The BRAIN Initiative's
PEDP requirement is
likely to enhance
inclusivity of proposed
research

The BRAIN Initiative's
PEDP requirement is
likely to enhance the
scientific impact of
proposed research

14. Please elaborate on your position for these statements.

Additional Feedback

15. Please provide any additional feedback about your recent experience reviewing NIH BRAIN Initiative applications that require PEDPs.