

# GENERIC CLEARANCE FOR GENERIC CLEARANCE FOR THE COLLECTION OF ROUTINE CUSTOMER FEEDBACK (OMB#: 0925-0648 EXP., DATE: 06/30/2024)

## ATTACHMENT 1

*On behalf of the Chief Officer for Scientific Workforce Diversity (COSWD), we would like to thank you for supporting our efforts to communicate information about scientific workforce diversity. To continually improve our activities to meet your professional interests and workplace needs, we are hoping to learn more about our current audiences.*

*The survey will take about ten minutes to complete. Your responses will be anonymous and will be stored in aggregate on password-protected computer files. Responses to all questions are optional, and you may close the survey at any time.*

*If you have any questions about the survey, please contact us at [COSWDevents@nih.gov](mailto:COSWDevents@nih.gov).*

*Thank you for sharing your feedback.*

*Sincerely,*

*Marie A. Bernard, M.D.*

*Chief Officer for Scientific Workforce Diversity*

*National Institutes of Health*

*OMB No.: 0925-0648*

*Expiration Date: 06/30/2024*

*Public reporting burden for this collection of information is estimated to average no more than 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, MCS 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.*

**1. What is your level of interest in learning more about COSWD's mission towards increasing scientific workforce diversity? (5-pt Likert scale)**

Uninterested

Somewhat  
uninterested

Neither interested  
nor uninterested

Somewhat  
interested

Interested

2. **Please indicate how strongly you agree or disagree with the following statements.**<sup>1</sup> (5-pt Likert scale: 1- Strongly Disagree to 5- Strongly agree)
- I am satisfied with the COSWD's efforts towards improving diversity in the scientific workforce.
  - The information provided by COSWD is informative.
  - COSWD provides me with accurate information about scientific workforce diversity when I need it.
  - COSWD activities present research that is relevant to all underrepresented groups within the scientific workforce.
  - COSWD is good at explaining the benefits of science behind workforce diversity.
  - COSWD communicates clear action steps for organizations to improve scientific workforce diversity.
  - COSWD activities are easy to access.
  - COSWD's promotional activities make it easy to learn about new activities.
3. **Indicate the best reflection of your current position.** (5-pt Likert scale: 1- Strongly Disagree to 5- Strongly agree)
- I am someone who can change policy within my organization.
  - I have the authority to implement policies that would help to improve workforce diversity within my organization.
  - My current position in my organization hinders my ability to implement policies that would help to improve workforce diversity within my company.
  - My current position allows me to implement policies that would help to improve workforce diversity within my company.
  - Leadership or management is likely to implement suggestions I have towards creating an inclusive work culture for underrepresented groups.
  - Implementing policies to increase workforce diversity would directly impact my current work.
  - Implementing policies to increase diversity in my organization would have little or no impact on my current work.
4. **How frequently do you engage with COSWD office or COSWD office activities (e.g., seminars, newsletter, webpage, contacting COSWD)?**
- Two to three times per month
  - Once per month
  - Once per quarter, or less than that
5. **What types of information and research are you most interested in seeing from COSWD office?**  
[Select all that apply]
- Information about the benefits of DEIA in the scientific workforce
  - Information about how to sustain scientific workforce diversity
  - Evidence on scientific workforce DEIA issues and practices
  - Information about COSWD collaborations or partnerships
  - Promising practices related to scientific workforce diversity
  - Seminars and other events hosted by COSWD
  - Information about training opportunities related to scientific workforce diversity
  - Other: [write in]

<sup>1</sup> Adapted from Laumer, S., Maier, C., & Weitzel, T. (2017). Information quality, user satisfaction, and the manifestation of workarounds: a qualitative and quantitative study of enterprise content management system users. *European Journal of Information Systems*, 26(4), 333-360.

6. **Please indicate how motivated you are to seek out activities from the COSWD office, such as blogs and newsletters, based on the options below.** (5-pt Likert scale: 1- Strongly Disagree to 5- Strongly agree)

I am motivated to seek out activities from the COSWD office because I want to...

- Learn about the benefits of scientific workforce diversity
- Learn actionable steps to improve scientific workforce diversity
- Show support for the COSWD office and colleagues
- Obtain resources for increasing scientific workforce diversity
- Gain an understanding on NIH's perspective on scientific workforce diversity
- Ensure that all underrepresented groups are being included in the conversation about scientific workforce diversity
- Obtain career development insights

7. **Please indicate any additional motivators not listed above.**

- [write in]

8. **Which category best describes the organization in which you work?**

- NIH
- Federal government (not NIH)
- University or college
- Other public sector (not federal government or university/college)
- Non-profit/non-governmental organization
- Private sector (not university or college)
- Other: \_\_\_\_\_

9. **[Skip Logic: If “University or college” was selected for question 8] How would you best classify your current job role? You can select multiple if they apply.**

- Academic Administrator (e.g., Dean, Provost, Department Head)
- Distinguished or Endowed Professor
- Full Professor
- Associate Professor
- Assistant Professor
- Emeritus or Retired Professor
- Lecturer/ Instructor/ Visiting Professor
- Adjunct instructor / Professor of Practice
- Postdoctoral Researcher
- Student
- Other, please specify:

10. **[Skip Logic: If “University or college” was selected for question 8] What types of responsibilities are included in your academic job role? [Select all that apply]**

- Research
- Teaching
- Administrative
- Other, please specify:

11. **[Skip Logic: If any option other than “University or college” were selected for question 8] How would you classify your current job role? [select only one]**
- Individual contributor (i.e., professionals without management/supervisory responsibilities)
  - Executive or senior management
  - Consultant
  - Owner/partner
  - Retired
  - Postdoctoral researcher
  - Trainee
  - Other, please specify:
12. **Have you previously or are you currently receiving funding from NIH for research?**
- Yes
  - No
13. **[Skip Logic: If yes to questions 12 or 13 about NIH funding] Which funding mechanisms have you received?**
- K Award Funding
  - T Award Funding
  - F Award Funding
  - R01 Award Funding
  - Other NIH-funded project
  - I have not had NIH funding
14. **What is your ethnicity?**
- Hispanic or Latino
  - Not Hispanic or Latino
15. **What is your race?**
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
16. **Do you currently describe yourself as male, female, or transgender? [check all that apply]**
- Male
  - Female
  - Transgender male
  - Transgender female
  - Another gender identity
  - Refused
17. **What sex were you assigned at birth, on your original birth certificate? [choose one] (required)**
- Female
  - Male
  - Refused
18. **Do you have a disability?**
- Yes

- No
- I prefer not to answer