TRAINEE ONBOARDING SURVEY

OMB Number: 0925-0299 Expiration Date: 31 March 2027 Burden Time: 10 minutes

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Q1

NIH Office of Intramural and Education Onboarding Survey

Welcome to the National Institutes of Health (NIH)!

On behalf of the NIH Office of Training and Education (OITE), we are thrilled to extend a warm and enthusiastic welcome as you embark on your journey as a trainee at one of the world's leading research institutions. At NIH/OITE, we believe that every individual brings a unique set of experiences and talents, and we are committed to ensuring that your time here is both enriching and supportive. To help us achieve this goal and tailor our resources to meet your needs, we kindly request that you take a few moments to complete our Onboarding Survey.

This survey is designed to gather essential information about you, your background, and your expectations. Rest assured that your responses will be kept confidential, and you have the option to skip any question or select "prefer not to answer" if you are uncomfortable providing certain details. We understand that your time is valuable, and we've designed the survey to be straightforward and concise, taking less than 10 minutes to complete.

Once again, welcome to NIH! We look forward to getting to know you better and working together to make your time at NIH as

ulfilling as possible. If you have any questions, please reach out to us at oite@nih.gov. We are here to support you throughout raining.	: your
22 <note: be="" database="" from="" name="" nih="" pulled="" the="" trainee="" will=""></note:>	
sefore we get started, we need to confirm: Are you <name database="" from="" the="">? This is the legal name we have in the system, we will ask about your preferred name later) O Yes ONO</name>	
Q3 Is your preferred name different than your legal name? O Yes O No	
04 [if different preferred name] What is your preferred name?	

	il your training level be at the NIH?
- Doc	idemic Intern
	t-Baccalaureate
	duate Student: Master
	duate Student: Doctorate
	duate Student: Visiting Fellow
	dical Student
	ntal Student
o Pos	tdoctorate: IRTA/CRTA
Pos	tdoctorate: Clinical Fellow
Pos	tdoctorate: Research Fellow
o Pos	tdoctorate: Visiting Fellow
(US number	your personal phone number? only in XXX-XXX-XXXX format. If you do not have a phone number yet put in 000-000-0000) ation will only be house in OITE and will be used only in case of emergencies.
	ocy contact: we contact in case of an emergency? contact name:
HighSon	the highest level of education or degree you've completed? h school graduate (high school diploma or equivalent including GED) ne college but no degree
	ociate degree in college (2-year)
	chelor's degree (e.g, BA or BS, 4-year)
	ster's degree (e.g., MA, MS, MEd)
o Doc	ctorate or Advanced Professional degree or equivalent (e.g., PhD, JD, MD, EdD, DDS)
	i
	ner, please specify
o Not	Applicable (10)
o Not	
o Not	Applicable (10)
o Not o Pre	t Applicable (10) fer not to answer (11)
NotPreQ10 Graduat	t Applicable (10) fer not to answer (11) tion year of your last degree:
NotPreQ10 Graduat	t Applicable (10) fer not to answer (11)
O Not O Pre	t Applicable (10) fer not to answer (11) tion year of your last degree:
O Not O Pre	t Applicable (10) fer not to answer (11) tion year of your last degree: own of years from 1950-2023) write Choice 1 Click to write Choice 3
O Not O Pre	t Applicable (10) fer not to answer (11) tion year of your last degree: own of years from 1950-2023)
o Not o Pre Q10 Graduat (Note: pulldo ▼ Click to w	t Applicable (10) fer not to answer (11) tion year of your last degree: own of years from 1950-2023) write Choice 1 Click to write Choice 3
o Not o Pre O Pre O O O O O O O O O O O O O O O O O O O	t Applicable (10) fer not to answer (11) tion year of your last degree: own of years from 1950-2023) write Choice 1 Click to write Choice 3
o Not o Pre O Pre O O O O O O O O O O O O O O O O O O O	t Applicable (10) fer not to answer (11) tion year of your last degree: own of years from 1950-2023) rite Choice 1 Click to write Choice 3 st degree granting institution name:
o Not o Pre O Pre O O O O O O O O O O O O O O O O O O O	the Applicable (10) fer not to answer (11) tion year of your last degree: town of years from 1950-2023) write Choice 1 Click to write Choice 3 st degree granting institution name: the breviations - write out the entire name (e.g., National Institutes of Health NOT NIH)
o Not o Pre O10 Graduat (Note: pulldo ▼ Click to w O11 Your las	t Applicable (10) fer not to answer (11) tion year of your last degree: own of years from 1950-2023) rite Choice 1 Click to write Choice 3 st degree granting institution name:
o Not o Pre O10 Graduat (Note: pulldo ▼ Click to w Q11 Your las Do not use a	the Applicable (10) fer not to answer (11) tion year of your last degree: town of years from 1950-2023) write Choice 1 Click to write Choice 3 st degree granting institution name: the breviations - write out the entire name (e.g., National Institutes of Health NOT NIH)

Q13 Your last degree granting institution state (if not in the US, select outside of US)			
▼ Alab	ama School outside of United States		
Q14 [If	outside of the US] What country was your institution in?		
	Pull down is list of all countries)		
▼ Afgh	nanistan Zimbabwe		
, , ,			
O1E [If			
Q15 [II	postdoc] Is this your first Postdoc? Yes		
0	No		
Q16 [If	no, not first postdoc] How many postdoc positions have you completed before starting at NIH? 1		
0	2		
0	3		
0	More than 3		
O17 [If	more than one postdoc] How many years prior to NIH have you been a postdoc?		
0	1		
0	2		
0	3		
0	4		
0	5		
0	More than 5		
Q18 [If	GPP] What is your host University or College? (Do not abbreviate - write out your full institution name)		
O19 W	nat is your gender (Check all that apply)?		
	Male		
	Female		
	Transgender		
	Non-binary		
	Two-Spirit		
	I don't know		
	I use a different term: (please specify)		
	Prefer not to answer		
040 \	nat sex were you assigned at birth, on your original birth certificate?		
Q40 W	Female		
0	Male		

Q20 Wh	hich of the following best represents how you think of yourself?		
0	Straight, that is heterosexual (not gay or lesbian)		
0	Gay or Lesbian		
0	Bisexual		
0	Two spirit		
0	I am not sure yet		
0	Something else: (please specify) Prefer not to answer		
O	rielei iiot to answei		
∩21 W/h	nat is your preferred pronoun? Select all that apply		
	He/Him/His		
	She/Her/Hers		
	They/Them/Theirs		
	Other, please specify		
	Prefer not to answer		
	rielei iiot to answei		
022 Wh	nat is your marital status?		
0	Single		
0	Partnered		
0	Married		
0	Widowed		
0	Divorced		
0	Separated		
0	Prefer not to answer		
_	ich category best describes you? (Check all that apply)		
	American Indian or Alaska Native		
	For example: Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow		
	Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc		
	Asian		
	For example: Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc		
	Black or African American		
	For example: African American, Jamaican, Hatian, Nigerian, Ethiopian, Somali, etc		
	Hispanic or Latino		
_	For example: Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc		
	Middle Eastern or North African		
U	For example: Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc		
	roi example. Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc		
_			
	Native Hawaiian or Pacific Islander		
	For example: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc		
	White		
	For example: English, German, Irish, Italian, Polish, Scottish, etc		

	0	No
	0	Yes
	0	Prefer not to answer
Disp	lay	This Question:
,		Do you have any disabilities? = Yes
Q25	Υοι	u have indicated that you have a disability. Can you please specify? (If you prefer not to answer, just put NA)
Q26	ls E	inglish your first (or native) language?
	0	Yes
	0	No
	0	Prefer not to answer
027	Δ	de construir de finat a constituir de lle se atoule et 2
Q27		e/were you a first generation college student?
	0	Yes No
	0	
Q28	Do	you have an ORCID ID? (will have a hover over of orchid ID)
	_	Vos
	0	Yes No
	0	NO .
Disp		This Question:
	IJ L	Do you have an ORCID ID? (will have a hover over of orchid ID) = Yes
Q29	[If v	yes, ORCID ID] What is your ORCID ID?
	_	
Q30		you have a LinkedIn Account?
	0	Yes
	0	No
Q31	[If v	yes, linkedin] What is your LinkedIn link?
Q32	[If	on Question #2, if they say the name is not them] What is your name?
033	[If	on Question #2, if they say the name is not them] Who is your NIH principal investigator (PI)?
ر د د	r., ,	

Q24 Do you have any disabilities?