TRAINEE ONBOARDING SURVEY

OMB Number: 0925-0299
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Burden Time: 10 minutes

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 fulfilling as possible. If you have any questions, please reach out to us at oite@nih.gov. We are here to support you throughout your training.

Q2 <Note: the name will be pulled from the NIH trainee database>

Before we get started, we need to confirm:
Are you <name from the database>?
(This is the legal name we have in the system, we will ask about your preferred name later)

O Yes

O No

Q3 Is your preferred name different than your legal name?

O Yes

O No

Q4 [if different preferred name] What is your preferred name?
_____

Q5 What will your training level be at the NIH?

O Academic Intern

O Post-Baccalaureate

O Graduate Student: Master

O Graduate Student: Doctorate

O Graduate Student: Visiting Fellow

O Medical Student

O Dental Student

O Postdoctorate: IRTA/CRTA

O Postdoctorate: Clinical Fellow

O Postdoctorate: Research Fellow

O Postdoctorate: Visiting Fellow

Q6 What is your personal phone number?
(US number only in XXX-XXX-XXXX format. If you do not have a phone number yet put in 000-000-0000)

This information will only be house in OITE and will be used only in case of emergencies.

_____

Q7 Emergency contact:
Who should we contact in case of an emergency?
Emergency contact name:
_____

Q8 Emergency contact phone number (xxx-xxx-xxxx format):
_____

Q9 What is the highest level of education or degree you've completed?

○ High school graduate (high school diploma or equivalent including GED)

○ Some college but no degree

○ Associate degree in college (2-year)

○ Bachelor's degree (e.g, BA or BS, 4-year)

○ Master's degree (e.g., MA, MS, MEd)

○ Doctorate or Advanced Professional degree or equivalent (e.g., PhD, JD, MD, EdD, DDS)

○ Other, please specify _____

○ Not Applicable (10)

○ Prefer not to answer (11)

Q10 Graduation year of your last degree:
(Note: pulldown of years from 1950-2023)

▼ Click to write Choice 1 ... Click to write Choice 3

Q11 Your last degree granting institution name:
Do not use abbreviations - write out the entire name (e.g., National Institutes of Health NOT NIH)
_____

Q12 Your last degree granting institution city:
_____

Q13 Your last degree granting institution state (if not in the US, select outside of US)

▼ Alabama ... School outside of United States

Q14 [If outside of the US] What country was your institution in?
(note: Pull down is list of all countries)

▼ Afghanistan ... Zimbabwe

Q15 [If postdoc] Is this your first Postdoc?

O Yes

O No

Q16 [If no, not first postdoc] How many postdoc positions have you completed before starting at NIH?

O 1

O 2

O 3

O More than 3

Q17 [If more than one postdoc] How many years prior to NIH have you been a postdoc?

O 1

O 2

O 3

O 4

O 5

O More than 5

Q18 [If GPP] What is your host University or College? (Do not abbreviate - write out your full institution name)

_____

Q19 Omit this Question

Q20 Omit This Question

Q21 Omit This Question

Q40 What is your sex?

O Female

O Male

Q22 What is your marital status?

O Single

O Partnered

O Married

O Widowed

O Divorced

O Separated

O Prefer not to answer

Q23 Which category best describes you? *(Check all that apply)*

☐ American Indian or Alaska Native (Ex. Navajo Nation, Blackfeet Tribe of Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)

☐ Asian (Ex. Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)

☐ Black or African American (Ex. African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)

☐ Native Hawaiian or Pacific Islander (Ex. Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)

☐ White (Ex. English, German, Irish, Italian, Polish, Scottish, etc.)

☐ Middle Eastern or North African (Ex. Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)

☐ Hispanic or Latino (Ex. Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)

☐ Prefer not to answer

Q24 Do you have any disabilities?

O No

O Yes

O Prefer not to answer

Q25 You have indicated that you have a disability. Can you please specify? (If you prefer not to answer, just put NA)

_____

Q26 Is English your first (or native) language?

O Yes

O No

O Prefer not to answer

Q27 Are/were you a first-generation college student?

O Yes

O No

Q28 Do you have an ORCID ID? (will have a hover over of orchid ID)

O Yes

O No

Q29 [If yes, ORCID ID] What is your ORCID ID?

_____

Q30 Do you have a LinkedIn Account?

O Yes

O No

Q31 [If yes, linkedin] What is your LinkedIn link?

_____

Q32 [If on Question #2, if they say the name is not them] What is your name?

_____

Q33 [If on Question #2, if they say the name is not them] Who is your NIH principal investigator (PI)?

_____