NSF I-Corps Pre-Course Survey Overview

Pursuant to 5 CFR 1320.5(b), an agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a valid OMB control number. The OMB control number for this collection is 3145-0267.

The survey collects information on the I-Corps Program participants and their team's technologies that are being evaluated in the I-Corps Projects. Public reporting burden for this collection of information is estimated as 5-10 minutes per response, including the time for reviewing instructions.

Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing this burden, to: Suzanne H. Plimpton, Reports Clearance Officer, National Science Foundation, 2415 Eisenhower Ave., Suite W18200, Alexandria, VA 22314; telephone (703) 292-7556; or send email to splimpto@nsf.gov.

Section I. Program Participant

1. What is your name?

Last Name: First Name:

• Others (please specify)

II. Your Team.

2. Wha	at is your role in the I-Corps team? Select one.
•	Entrepreneurial Lead Technical Lead/Principal Investigator Mentor
3. Wh	ich best describes your current occupation? Select one.
•	Graduate student Undergraduate student Postdoctoral researcher/scientist Faculty member Startup employee/management Other (please specify)
4. Hov	v did you first learn about the NSF I-Corps program? Select one.
	University/Academic Department/Technology Transfer Office NSF.gov NSF Outreach Activities Conferences/Seminars Personal or Professional Networks Industry (host) Organizations Web Search Social Media Other (please specify)
5. Hav	re you participated in any of the I-Corps Programs before? Select all that apply.
•	Yes, the National I-Corps Program Yes, the Regional I-Corps Program No, I have not participated in any I-Corps Program before
6. Whi	ch of the following best describe your familiarity with entrepreneurship? Select all that apply.
•	I am/was a (co-)founder of a startup company I have taken at least one university course on entrepreneurship I have participated in an accelerator/incubator program I have no experience with entrepreneurship

7. The name we have associated with your team is Is this correct?						
• Yes						
• No						
8. [If 'No' to Question 7] Please provide the name of your team/project.						
Team/Project name:						
9. What is the URL of your team's website, if any?						
Website URL:						

This section pertains to the <i>technology</i> that is currently being evaluated in your i-corps Project.
10. Has the team disclosed the <i>technology</i> to an University Technology Transfer Office?
YesNo
11. Have any patent applications been filed based on this technology?
 Yes No → Proceed to Question 14
12. [If 'Yes' to Question 11] How many patent applications have been filed?
 Number of patent applications filed: Patent application numbers (optional):
13. [If 'Yes' to Question 11] How many patents have been issued based on this technology?
 Number of patents issued: Patent number (optional):
14. Has this technology been licensed to a company that either you and/or your team formed?
 Yes → Proceed to Question 17 No
15. [If 'No' to Question 14] Has this technology been licensed to another company?
 Yes → Proceed to Question 17 No
 16. [If 'No' to Question 15] How likely will your team license the technology in the next 12 months? Very unlikely Unlikely Neither unlikely nor likely Proceed to Question 17
LikelyVery likely
17. Have any peer-reviewed articles been published under this technology?
 Yes No → Proceed to Section IV
18. [If 'Yes' to Question 17] How many peer-reviewed articles have been published?
Number of peer-reviewed articles published:

IV. Company.

19. Has a company been founded based on this technology?
 Yes → Proceed to Question 21
• No
20. [If 'No' to Question 19] Within the next 12 months, how likely will your team start a company based on this <i>technology</i> ?
 Very unlikely Unlikely Neither unlikely or likely Proceed to Section V
LikelyVery likely
21. [If 'Yes' to Question 19] What is the name and website (if any) of the company?
Company name:
Company URL:
22. [If 'Yes' to Question 19] In which year was the company founded?
Year founded:
23. [If 'Yes' to Question 19] How many employees (including yourself) draw a salary from the company?
Number of employees drawing a salary:
24. [If 'Yes' to Question 19] Has the company received any investments for the development of this technology?
 Yes No → Proceed to Section V
25. [If 'Yes' to Question 24] What kind of investment has the company received?
Select all that apply.
Private InvestmentPublic Investment

V. Participant's Demographics.

26. What is your sex? Select one.

- Male
- Female
- Do not wish to provide

27. Are you of Hispanic, Latino, or Spanish origin? Select one.

- Yes
- No
- Do not wish to provide

28. What is your race? Select all that apply.

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or other Pacific Islanders
- White
- Do not wish to provide

29. What is the USUAL degree of difficulty you have with...

Select one in each row.

	None	Slight/Moderate	Severe	Unable to do	Do not wish to provide
SEEING words or letters in ordinary					
newsprint (with glasses/contact lenses, if					
you usually wear them)					
HEARING what is normally said in					
conversation with another person					
(with hearing aid, if you usually wear one)					
WALKING without human or mechanical					
assistance or using stairs					
LIFTING or carrying something as heavy as					
10 pounds, such as a bag of groceries					
CONCENTRATING, REMEMBERING, or					
MAKING DECISIONS because of a physical,					
mental or emotional condition					

30. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Select one.

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Currently on active duty
- On active duty in the past, but not now
- Do not wish to provide