NIH TRAINEE ONBOARDING SURVEY

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Burden Time: 10 minutes

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Completion of this collection form is voluntary and there are no penalties for not participating or withdrawing at any time. The collection information will be kept private to the extent provided by law. Information provided will be covered by the following SORNs: OPM/GOVT-1, OPM/GOVT-5, 09-90-0020, 09-25-0014, 09-25-0108, 09-25-0140, 09-25-0158, and 09-25-0165.

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 (0925-0299). Do not return the completed form to this address.

1. What is your NIH Badge ID Number?

2. What is your legal first name (given name)?

3. What is your legal last name (family name)?

4. What is your ORCID (if you have an account)?

5. What is your LinkedIn webpage?

6. What will your training level be at the NIH?
   - o Academic Intern
   - o Postbaccalaureate (BS, BA)
   - o Master Student (MS, MPH)
   - o Doctorate Student (PhD)
   - o Medical Student (MD)
   - o Dental Student (DDS)
   - o Postdoctoral: MD
   - o Postdoctoral: DDS
   - o Postdoctoral: DVM
   - o Postdoctoral: PhD
   - o Postdoctoral: MD/PhD
   - o Postdoctoral: DVM/PhD
   - o Other, specify:

7. What is your personal US phone number?

8. Who is your emergency contact (complete name)?

9. What is your emergency contact phone number

10. What academic degrees have you been awarded? (select all that apply)
    - o High school graduate (diploma, GED, or equivalent)
    - o Some college but no degree
    - o Associate (2-year)
    - o Bachelor (BA or BS, 4-year)
    - o Master (MA, MS, MEd)
    - o Dental (DDS)
    - o Medical (MD)
    - o Veterinary (DVM)
    - o Graduate (PhD)
    - o Other, Specify_____

11. Graduation year of your last degree: <menu>

12. Name of the last degree granting institution name (no abbreviations):

13. Your last degree granting institution city:

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

15. [If outside of the US] What country was your institution in? <menu: country list>

16. [If postdoc] Is this your first Postdoc?:
    - o Yes
    - o No

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

- o 1
- o 2
- o 3
- o 4
- o 5
- o More than 5

18. [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

19. If you are a PhD or MD/PhD or DVM/PhD graduate student what is the name of your university?

20. Do you have clear goals or aspirations for your education, research, or career path?
    - o Yes, very clear
    - o Yes, somewhat clear
    - o Neither clear nor unclear
    - o No, not very clear
    - o No, not at all clear
    - o Prefer not to answer

21. Before the age of 18 years, was your family enrolled in or receiving benefits from any assistance programs (such as SNAP, Medicaid, WIC, housing assistance, or free/reduced school meals)?
    - o Yes
    - o No
    - o Not sure
    - o Prefer not to answer

22. What is your sex?
    - o Female
    - o Male

23. What is your marital status?
    - o Single
    - o Partnered
    - o Married
    - o Widowed
    - o Divorced
    - o Separated
    - o Prefer not to answer

24. Which category best describes you? (Check all that apply) – Asked Project Clearance Branch for Feedback
    - American Indian or Alaska Native - *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 - *Example: Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.*
    - Black or African American - *Example: African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
    - Hispanic or Latino - *Example: Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.*
    - Middle Eastern or North African - *Example: Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.*
    - Native Hawaiian or Pacific Islander - *Example: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.*
    - White - *Example: English, German, Irish, Italian, Polish, Scottish, etc.*

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