



**Attachment 18:
NRMN Student/Mentee Follow-up Survey
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NRMN Annual Follow-up Survey

You have previously participated in a program associated with the National Research Mentoring Networks (NRMN), perhaps through mentoring, training regarding mentorship or grant-writing, or affiliated programs such as IRACDA or ROCC.

NRMN programs are part of a large National Institutes of Health (NIH) funded initiative for those pursuing biomedical, behavioral, clinical, and social science research careers. This effort, the NIH Diversity Program Consortium (DPC), has been tasked with understanding what programs and strategies benefit those interested in these careers.

The University of California, Los Angeles (UCLA) is collecting information about these programs on behalf of the Consortium and NIH.

NRMN has provided UCLA your name and contact information because you have participated in activities that are part of the NIH Diversity Program Consortium's work. All of the information you provide will be protected and secured to the extent permitted by law.

Through this survey, we will gain understanding of your professional activities, including any mentoring/coaching practices, research, scholarly productivity, and other academic activities.

Public reporting burden for this collection of information is estimated to average 25 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 (0925-0747). Do not return the completed form to this address.



Professional Development/Training

According to our records, you have participated in the following NRMN programs:

1. Have you continued contact with any of the people you met through the program(s) listed above?

- No Yes

2. In the past year, have you participated in any professional development or training of **4 hours or longer not through NRMN** to improve your skills as a biomedical researcher? This can include training to be a mentor, a mentee, about grant writing, or about other research skills.

- No Yes

a. What was the focus of the training (**Select all that apply**)

- Mentoring relationships
- Conducting research
- Grant writing
- Other career development topics (e.g., applying to graduate school, publishing, gaining tenure)
- Other (specify):

b. Mode of training (**Select all that apply**)

- In-person
- On-line that occurs in scheduled, real-time method (synchronous)
- On-line or other virtual that you can take at any time that provides feedback or interaction with others (asynchronous)
- Self-study (by any means, but no interaction or feedback)
- Other (specify):

Mentoring

This next section concerns your experiences with mentoring in a variety of contexts.

A **mentor** is someone who provides guidance, assistance, and encouragement on professional and academic issues. A mentor can be either someone who is more experienced (or senior) than you or someone who is at a level similar to you (a “peer”). It can also be someone who serves as an academic “coach.”

A **mentee** is someone who receives guidance or assistance from a mentor. A mentee can be someone less experienced (or junior) than you or someone who is your peer.

A mentoring relationship can be formal (with established responsibilities and perhaps arranged by your institution) or informal.

3. Do you consider yourself a mentor or coach?

- No Yes

4. Do you consider yourself a mentee or trainee?

- No Yes

5. Have you ever regularly mentored students, post-docs or fellows, junior researchers, junior faculty, or peers on biomedical career or research issues?

- No Yes

6. How many different people do you regularly mentor currently? (Enter 0 if you do not mentor anyone in a category.)

- | | |
|---------------------------------|----------------------|
| a. Undergraduate Students: | <input type="text"/> |
| b. Post-baccalaureate Students: | <input type="text"/> |
| c. Graduate Students: | <input type="text"/> |
| d. Post-docs: | <input type="text"/> |
| e. Faculty: | <input type="text"/> |
| f. Others: | <input type="text"/> |



10. We would like to understand more about your mentoring relationship. For the two mentees with whom you work most closely on research who are from under-represented groups, please use the following private weblink to provide their names and emails. If you do not have any mentees who are from under-represented groups, please indicate the two mentees with whom you work most closely on research

Weblink will not allow anyone to view their names or email addresses. The information will be used to email a request to these mentees to complete a brief survey regarding their mentored experience.

Mentees' names and emails are only available to our research office if the mentees respond to the email request by going to the website and completing the survey. Their information will be deleted from the system after 3 months if they do not respond to the requests to participate.



16. How did you find this mentor?

- They sought you out
- You sought out your mentor independently
- They were assigned in some other way by your department or campus
- You were matched/linked through the National Research Mentoring Network (NRMN)
- Matched/linked through some other formal program
- Other (specify):



19. Indicate the importance to you personally of each of the following:

	Not important	Somewhat important	Very important	Essential	I choose not to answer
a. Obtaining recognition from col- leagues for contributions to my special field.	<input type="radio"/>				
b. Making a theoretical contribution to science.	<input type="radio"/>				
c. Becoming an authority in my field.	<input type="radio"/>				



We would like to get information about your current position.

20. What is your current primary position? **(Please indicate all that apply)**

- Working (including internships and significant volunteer positions)
- Retired
- Unemployed, looking for work
- Otherwise not in labor force
- Other (specify):

a. Paid Employment **(check all that apply)**:

- Full Time
- Part Time
- Internship or student placement
- Seasonal (full-time or part-time)
- No paid employment

Position:
Institution or Company:

b. Is this paid position related to biomedical research?

- No Yes

c. Volunteer / Unpaid

Position:
Institution or Company:

- No volunteer position

d. Is this volunteer position related to biomedical research?

- No Yes



21. Have you been enrolled in school at any time during the past year?

- No
- Yes and I am still enrolled
- Yes, but I am not still enrolled

a. Expected completion date (year):

Expected degree:

b. Status:

- Full time
- Part time

c. Institution:

d. Major:

e. Please tell us your current status

- I graduated from my previous institution
- I did not graduate but do have plans to attend school in the next 2 years
- I did not graduate and do NOT have plans to attend school in the next 2 years

f. Please indicate the following:

Degree / certificate:

Major / area of study:

From which institution or school:

Date awarded /

22. During the past year, did you complete any certificate program?

- No
- Yes

If yes, please indicate the following:

a. certificate:

b. Major / area of study:

d. From which institution or school:

d. Date awarded /



23. During the past year, did you apply to any degree or certificate program?

Note: If you completed a program above, please indicate here any other program applications.

- No Yes

If yes, please indicate the following:

a. Degree / certificate the program awards:

b. Major / area of study:

c. From which institution or school:

d. Date awarded /

e. Status of application:

- Accepted and will attend
- Accepted and will not attend
- Waitlisted
- Pending
- Not accepted

24. During the past year, did you receive any scholarships or grants for education expenses that you do not need to repay?

- No Yes

a. Name of scholarship/grant:

b. Amount (total value including value of any fee/tuition waivers):

- Less than \$1,000
- \$1,000-\$4,999
- \$5,000-\$9,999
- \$10,000 or more

c. Period of award: to

d. Was this award based on:

- Need
- Merit
- Need and Merit
- Other (specify):



25. Do you have any education debt?

- No Yes

a. Total amount that you owe:

- Less than \$5,000
- \$5,000-\$9,999
- \$10,000-\$19,999
- \$20,000 or more
- I don't know how much i owe

b. How much you borrowed during the past year:

- None
- Less than \$1,000
- \$1,000-\$4,999
- \$5,000-\$9,999
- \$10,000 or more



26. Please **attach** your most recent academic vita (such as a CV). Later in the survey we ask about publications and grants. Uploading your CV may allow you to skip those items.

Upload now

Defer for now

I do not want to upload my CV

Below is a list of all grants and submissions you have provided to us in the past.

27. Have you applied for any grant funding or other financial support for your research (either as Principal Investigator or as Co-Investigator or other paid position) in the past year?

- No Yes

28. Please complete or update information for each grant or proposal:

NOTE: if this information is already provided in your CV that you uploaded, you do not complete this item.

Please check here if you want us to refer to your CV.

a. Funding Agency Type:

- NIH
 Other federal (e.g. NSF)
 Nonfederal governmental
 Nonprofit (e.g. foundations)
 For-profit/Industry
 Other (specify):

b. Agency/Foundation/Company Name:

c. Project Title:

d. Role:

- Principal Investigator
 Co-PI
 Investigator
 Other (specify):

e. Your percent effort: % or calendar months



f. Submission status:

- Submitted (first time for this proposal)
- Re-submitted with revisions
- Not funded Impact score (if applicable):
- Funded NIH Impact score (if applicable):

g. Grant funding mechanism:

- K (any type)
- P (any type)
- R01
- R03 or R21
- Other R series
- T (any type)
- U (any type)
- Other (e.g., supplements, etc.) (specify):

h. Annual direct cost (average across all years of entire project award, even if you are associated only with a subcontract):

- Less than \$50,000
- \$50,000-\$99,999
- \$100,000-\$249,999
- \$250,000-\$499,999
- \$500,000 or more

i. Full grant number if available

 e.g., 10 e.g., K01 e.g., AG e.g., 000000 (6 digits) optional

j. Start Date (e.g., 07/2015) /

k. End Date (e.g., 07/2015) /

l. What was the main purpose of the funding?

- Research
- Training of others (e.g., students, peers, workforce)
- Your career development
- Other (specify):



29. Have you conducted research that is not covered by the grants listed above, whether it is your own research or under the direction of someone else?

- No Yes

a. What type of research was this? **(select all that apply)**

- Literature review, synthesis of existing knowledge, and/or conceptual (ie., not involving data analysis)
- Analysis of existing (secondary) data
- Analysis of data you collect (primary analysis)
- Collection of data, either in the lab or elsewhere

b. What was your role? **(select all that apply)**

- PI /Co-PI or Project Lead
- Investigator or collaborator
- Other (specify):
- Worked in a laboratory in a college/university
- Worked on research in a non-academic location
- Designed your own research experience
- Conducted research that had an unknown outcome
- Contributed to research that advanced knowledge (even if it was a very small advancement)
- None of the above

30. Do you have any peer-reviewed publications accepted, in-press, or published in the past year? This may include peer-reviewed abstracts included in conference proceedings.

- No Yes

Below is a list of publications you have provided to us in the past.



If yes, please answer the following questions:

NOTE: If this information is already provided on your CV that you uploaded, you do not complete this item.

Please check here if you want us to refer to your CV.

- a. Title:
- b. PMID # if available:
- c. List all Authors (Last FM, comma separated):
- d. Journal Name:
- e. Year Published (or indicate "in press" or "epub ahead"):
- f. Volume:
- g. Issue:
- h. Page Numbers:
- i. DOI or URL for epubs:

31. Are there other scientific publications of yours to add to this list? (e.g. book chapters, books, reports, non-peer reviewed journal articles, working papers, other)

- No Yes

a. Publication Type:

- Chapter
- Book
- Other, (specify):

b. List all Authors (Last FM, comma separated):

Complete the applicable information below depending on publication type:

- c. Book/Anthology Title:
- d. Book Editors:
- e. Year Published:
- f. Edition:
- g. Publisher:
- h. City:
- i. State:
- j. Page Numbers:
- k. DOI or URL for epubs:



32. Have you presented at a scientific conference in the last year (including posters)?

- No Yes

33. Have you had any of the following technology transfer activities completed since last December?

- | | | |
|---|---------------------------|--------------------------|
| Issued patents | <input type="radio"/> Yes | <input type="radio"/> No |
| Completed licenses | <input type="radio"/> Yes | <input type="radio"/> No |
| Drug, device, or diagnostic approvals | <input type="radio"/> Yes | <input type="radio"/> No |
| Result of basic research commercialized in other ways | <input type="radio"/> Yes | <input type="radio"/> No |

Below is a list of technology transfer activities (including issued patents, completed licenses, and drug, device, or diagnostic approvals you have provided to us in the past.

Please review the list. Are there any to add to this list?

- No Yes

a. If yes, what type (check all that apply)

- New patent issued
- License completed
- Drug, device, or diagnostic received regulatory approval
- Result of basic research commercialized

34. In the past year, have you been formally recognized, honored, or awarded in recognition of your teaching, research, or other professional activity?

- No Yes

If yes, please list any honors or awards you received in the past year in recognition of your teaching, research, or other professional activity. If you provided this information already on your CV, you may skip this item:

35. Have you held office in any professional organization in the past year?

- No Yes

If yes, please list any offices you have held in professional organizations in the past year. If you provided this information already on your CV, you may skip this item:



36. Have you provided service to any federal agencies (e.g. reviewer for NIH/NSF/CDC or similar proposals, member of federal agency advisory council, etc.) in the past year? If you provided this information already on your CV, you may skip this item:

- No Yes

If yes, please list any service to federal agencies you have performed in the past year (e.g. reviewer for NIH/NSF/CDC or similar proposals, member of federal agency advisory council, etc.): If you provided this information already on your CV, you may skip this item:

37. Have you provided service to any non-federal agencies such as state agencies or foundations in the past year?

- No Yes

If yes, please list any service to non-federal agencies you have performed in the past year: If you provided this information already on your CV, you may skip this item:

38. Please indicate if any of the following are an ongoing or long-term situation for you:

	Yes	No
Are you deaf or do you have serious difficulty hearing?	<input type="radio"/>	<input type="radio"/>
Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<input type="radio"/>	<input type="radio"/>
Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>
Do you have difficulty dressing or bathing?	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="radio"/>	<input type="radio"/>

39. Do you have someone at a similar educational level as you (i.e. a peer) who you consider an academic/career mentor?

- No
- Yes

a. How many different peer mentors do you have?

b. Which of the following do your peer mentors help you with?
(Choose all that apply)

- Research issues
- Social and emotional needs (e.g. sharing concerns about school)
- Tangible help (e.g. advice about faculty and classes, help with writing)
- Networking assistance (e.g. helping you meet other people in your field)
- Career planning (e.g. giving advice, helping find opportunities)
- Other (specify):

c. How do you usually communicate with your primary peer mentor?

- In-person
- Phone/Skype
- Email/Text
- Other (specify):

d. How often do you usually communicate with your primary peer mentor?

- Weekly
- Monthly
- Several times a year
- Annually or less

e. How did you find this mentor?

- They were assigned in some other way by your department or campus
- You were matched through the National Research Mentoring Network (NRMN)
- Matched through some other formal program
- You sought out your mentor independently
- Other (specify):

40. Do you have anyone who you currently mentor about academic issues who is junior to you?

- No
 Yes

a. How many different people do you regularly mentor currently?

b. At what education level are the people you mentor? (Choose all that apply)

- College students
 High school students
 Middle or elementary school students

c. Which of the following do help your mentees with? (Choose all that apply)

- Research issues
 Social and emotional needs (e.g. sharing concerns about school)
 Tangible help (e.g. advise about faculty and classes, help with writing)
 Networking assistance (e.g. helping you meet other people in your field)
 Career planning (e.g. giving advice, helping find opportunities)
 Other (specify):

d. How do you communicate with your mentees?

- In-person
 Phone/Skype
 Email/Text
 Other (specify):

e. On average, how often do you usually communicate with your mentees?

- Weekly or more often
 Monthly
 Several times a year
 Annually or less

f. How did you first connect with your mentees? (Choose all that apply)

- They were assigned in some other way by your department or campus
 You were matched through the National Research Mentoring Network) (NRMN)
 Matched through some other formal program
 They sought you out independently
 Other (specify):