

EIAP Mentor Satisfaction Survey Screenshots

Overview

This document contains screenshots of each page within the survey titled “EIAP Overall Program Satisfaction – Mentors”. The page header containing the survey title is repeated on each page. To save space in this document, the header is omitted from Figures 2 – 14. The OMB number and expiration date are displayed at the top of the survey launch page (Figure 1), before the respondent accesses the first question in the survey.

Page Screenshots

OMB No.: 0925-0642
Expiration Date: 03/31/2023

Public reporting burden for this collection of information is estimated to average 5 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 (0925-0642). Do not return the completed form to this address.

EIAP Overall Program Satisfaction - Mentors

Thank you for taking the time to provide feedback regarding your experience with EIAP. The information you provide will remain secure to the extent permitted by law. Your responses are not associated with your name. Responses will be used to make improvements to the program as appropriate and possible. If you have any questions, you may contact Dan Eckstein, program analyst at Daniel.Eckstein@nih.gov.

By continuing with this survey, you agree to participate in providing feedback related to your EIAP Overall Program Satisfaction as a mentor.

[Click here to launch the EIAP Overall Program Satisfaction - Mentors Survey](#)

Figure 1. Survey launch page, with OMB information.

Instructions: Please select the answer that best describes your EIAP experience.

Next Question

Figure 2. Initial Survey Instructions

Mentor Experience

My experience as a mentor has enhanced me professionally and/or personally.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

- ☐ Prefer not to Answer

Previous Question

Next Question

Figure 3. Question 1

I attended the mentor training

- ☐ Yes
- ☐ No

- ☐ Prefer not to Answer

Previous Question

Next Question

Figure 4. Question 2

Please describe how the training provided value to your mentoring experience:

- ☐ Prefer not to Answer

Previous Question

Next Question

Figure 5. Question 2 - Follow-up (If Q2=Yes)

Please describe your mentor/mentee relationship.

☐ Prefer not to Answer

[Previous Question](#)

[Next Question](#)

Figure 6. Question 3

My mentee and I intend to maintain our relationship post EIAP.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

☐ Prefer not to Answer

[Previous Question](#)

[Next Question](#)

Figure 7. Question 4

If asked to serve as a mentor again, I would agree.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

☐ Prefer not to Answer

[Previous Question](#)

[Next Question](#)

Figure 8. Question 5

EIAP Program Management

The EIAP Program provided sufficient guidance to me as a mentor.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

- ☐ Prefer not to Answer

[Previous Question](#)

[Next Question](#)

Figure 9. Question 6

I received the appropriate amount of communication from the EIAP Management Team.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

- ☐ Prefer not to Answer

[Previous Question](#)

[Next Question](#)

Figure 10. Question 7

The EIAP management team was responsive to my questions and/or concerns.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

- ☐ Prefer not to Answer

[Previous Question](#)

[Next Question](#)

Figure 11. Question 8

How many times did you and your mentee communicate with one another (email, telephone, in-person, online meeting, etc.)?

- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6 or more times
-
- ☐ Prefer not to Answer

Previous Question

Next Question

Figure 12. Question 9

How can the EIAP improve the mentorship experience?

- ☐ Prefer not to Answer

Previous Question

Submit

Figure 13. Question 10

Survey Complete!

Thank you for completing the survey! Your responses have been saved.

May we contact you to discuss this program in more detail?

If so, please provide your contact information below. Your survey data have been saved to a secure database that will not include your contact information. If you agree to be contacted, your name and email address will be sent by email to the EIAP mailbox so that someone from the Program may follow up with you.

Name:

Email Address:

Submit Contact Information

If not, you may close your browser window now.

Figure 14. Survey Complete Screen – Collects information for follow-up interview