

# AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

## 2013-2014 Academic Year Survey of Graduating Seniors

**TO THE STUDENTS:** Your opinions and attitudes about your medical education, your plans for medical practice, and information about your debt are very important as the colleges and the osteopathic profession develop and plan for the future of osteopathic medical education. Please take some time to complete the following questionnaire to help in planning the future of osteopathic medical education. The information you provide in this survey will be reported only in aggregate or summary form; individually identifiable information will not be made available to the colleges or other organizations. The reason we ask for your identification is to allow for longitudinal studies linking your responses when you took a similar survey as a first-year medical student to your responses as a graduating medical student.

**Please use the survey's navigation buttons (e.g. BACK, NEXT) to move throughout the survey. Do not use your web browser's forward and back buttons to move through the survey. Please do not complete this survey more than once.**

**Last Name**

**First Name**

**Middle Name** (or other/alternative last name)

**Suffix**

## Osteopathic School

--Click Here--

[A.T. Still University-Kirksville College of Osteopathic Medicine, MO](#)

[A.T. Still University-School of Osteopathic Medicine in Arizona, AZ](#)

[Arizona College of Osteopathic Medicine of Midwestern University, AZ](#)

[Chicago College of Osteopathic Medicine of Midwestern University, IL](#)

[Des Moines University College of Osteopathic Medicine, IA](#)

[Edward Via College of Osteopathic Medicine - Virginia Campus, VA](#)

[Kansas City University of Medicine and Biosciences College of Osteopathic Medicine, MO](#)

[Lake Erie College of Osteopathic Medicine, PA](#)

[Lake Erie College of Osteopathic Medicine Bradenton Campus, FL](#)

[Lincoln Memorial University-DeBusk College of Osteopathic Medicine, TN](#)

[Michigan State University College of Osteopathic Medicine, MI](#)

[New York College of Osteopathic Medicine of New York Institute of Technology, NY](#)

[Nova Southeastern University College of Osteopathic Medicine, FL](#)

[Ohio University Heritage College of Osteopathic Medicine, OH](#)

[Oklahoma State University Center for Health Sciences College of Osteopathic Medicine, OK](#)

[Pacific Northwest University of Health Science College of Osteopathic Medicine, WA](#)

[Philadelphia College of Osteopathic Medicine, PA](#)

[Georgia Campus - Philadelphia College of Osteopathic Medicine, GA](#)

[Rocky Vista University College of Osteopathic Medicine, CO](#)

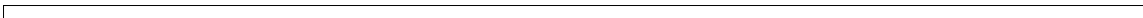
[Rowan University School of Osteopathic Medicine](#)

[Touro College of Osteopathic Medicine - New York, NY](#)

[Touro University College of Osteopathic Medicine - California, CA](#)

[Touro University Nevada College of Osteopathic Medicine, NV](#)

[University of New England College of Osteopathic Medicine, ME](#)



Please rate your overall satisfaction with the quality of your medical education.

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

At this time, how satisfied are you that you selected Osteopathic Medicine as a career?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If given the opportunity to begin your medical education again, would you prefer to enroll in:

- The osteopathic medical school from which you are about to graduate
- Another osteopathic medical school
- An allopathic medical school
- Would not have gone to medical school at all

Please indicate your agreement with the following statement below:

I believe my medical school values diversity in its faculty, administration and student body.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please evaluate the amount of instruction provided in each of the areas listed below.

Appropriate

Inadequate

Excessive

Basic medical science



Behavioral science



Biostatistics



Bioterrorism



Care of ambulatory patients



Care of elderly (geriatrics)



Care of hospitalized patients



Care of patients with HIV/AIDS



Clinical decision-making



Clinical pharmacology



Clinical science



Cost-effective medical practice



Diagnostic skills



Drug and alcohol abuse



Family/domestic violence



Genetics



Health promotion & disease prevention



Human sexuality



Independent learning & self-evaluation



Infection control/health care setting



Infectious disease prevention



Integrative medicine



Legal medicine



Literature analysis skill



Medical care cost control



Medical ethics



Medical record-keeping



Medical socioeconomics



Neuromusculoskeletal med./OMT



Nutrition



Pain management



<b>Patient education</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Patient follow-up</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Patient interviewing skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Physician-patient relationship</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Practice management</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Primary care</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Public health &amp; community medicine</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Rehabilitation</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Research techniques</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Role of medicine in community</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Screen for diseases</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Teamwork with other health professionals</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Therapeutic management</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Use of computers</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Utilization review &amp; quality assurance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate whether you agree or disagree with the following statements about your first two years of medical education.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Basic & clinical science course objectives were made clear to students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic science courses were sufficiently integrated with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic science courses were sufficiently integrated with clinical training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course objectives & examination content matched closely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course work adequately prepared students for clerkships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The first two years of medical school were well organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students were provided with timely feedback on performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate exposure to patient care during the first two years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic principles were adequately integrated into course work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An appropriate amount of training was provided in OMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In your view how appropriate was your osteopathic medical school involvement in your clerkship years?**

- Excessive involvement**
- Outstanding involvement**
- Adequate involvement**
- Some, but inadequate involvement**
- Not involved**



Please indicate whether you agree or disagree with the following statements about your REQUIRED Clerkships during the last two years of medical education.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Clear goals and objective were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to design own goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear performance objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clerkships were well-organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rounds were conducted as scheduled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely feedback was provided on performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was too large a role by residents in teaching and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate diversity of patients and their health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was an appropriate number of inpatient experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each clerkship had an osteopathic orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic principles & practice (OPP) were well-integrated in each clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate technology usage for situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to work on a personal basis with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending modeled excellent patient relationship skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support staff was friendly and supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage hours were set and finished on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt free to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending seemed interested in my opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal concerns were addressed by the attending while on rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss progress on rotation with attending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending critically evaluated me during rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss the final rotation evaluation with the attending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending based the evaluation on direct observation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to meet and discuss areas of concern with the attending outside of the clinical setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lived a reasonable distance from rotation sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rotations prepared me for examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing was provided at end of each rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-CE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-PE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate whether you agree or disagree with the following statements about your SELECTIVE/ELECTIVE Clerkships during the last two years of medical education.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Clear goals and objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to design own goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear performance objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clerkships were well-organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rounds were conducted as scheduled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely feedback was provided on performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was too large a role by residents in teaching and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate diversity of patients and their health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was an appropriate number of inpatient experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each clerkship had an osteopathic orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic principles & practice (OPP) were well-integrated in each clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate technology usage for situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to work on a personal basis with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending modeled excellent patient relationship skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support staff was friendly and supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage hours were set and finished on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt free to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending seemed interested in my opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal concerns were addressed by the attending while on rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss progress on rotation with attending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending critically evaluated me during rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss the final rotation evaluation with the attending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending based the evaluation on direct observation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to meet and discuss areas of concern with the attending outside of the clinical setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lived a reasonable distance from rotation sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rotations prepared me for examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing was provided at end of each clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-CE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-PE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Did you apply for elective rotations at MD programs through the Visiting Student Application Service (VSAS)?**

- Yes**
- No**
- Unsure**

**If "Yes" How many elective rotations did you apply to through VSAS? Enter number.**

**If "Yes" How many elective rotations were you offered through VSAS? Enter number.**

**If "Yes" How many did you accept and complete? Enter number**

**If "Yes"**

**Please comment on your experiences with the Visiting Student Application Service.**

**Please note that there is a 1,000 maximum character length for the comment section.**

Indicate the type of involvement your osteopathic school had in your third- and fourth-year education? Check all that apply.

- COMLEX Level 2-CE preparation
- COMLEX Level 2-PE preparation
- Distance learning
- E-mail
- Faculty visit
- Newsletter

## National Examinations - COMLEX-USA

Did you pass COMLEX-USA Level 1 on your first attempt?

- Yes
- No

Did you pass COMLEX-USA Level 2 PE on your first attempt?

- Yes
- No

Did you pass COMLEX-USA Level 2 CE on your first attempt?

- Yes
- No



## National Examinations - USMLE

Did you take USMLE Step 1?

- Yes
- No

**IF "Yes" If you did take the USMLE Step 1, did you pass on your first attempt?**

**Yes**

**No**

**Did you take USMLE Step 2 CK?**

**Yes**

**No**

**IF "Yes" If you did take the USMLE Step 2 CK, did you pass on your first attempt?**

**Yes**

**No**

Did you take USMLE Step 2 CS?

Yes

No

**IF "Yes" If you did take the USMLE Step 2 CS, did you pass on your first attempt?**

**Yes**

**No**

**During your medical education, have you participated in organized interprofessional educational activities where you learned with students from different health professions (for example, dentistry, pharmacy, nursing, podiatry, physician assistant, physical therapy, and other)?**

- Yes**
- No**
- Unsure**

**IF IMEPART is "Yes or Unsure" Please indicate when these activities occur during your medical education. Check all that apply.**

- Preclinical education**
- Clinical education**

**With which other profession(s) have you experienced these educational activities?  
Check all that apply.**

- Dentistry**
- MD Medicine**
- Nursing**
- Occupational Therapy**
- Pharmacy**
- Physical Therapy**
- Physician Assistant**
- Podiatry**
- Psychology**
- Public Health**
- Social Work**
- Veterinary Medicine**
- Other**

**Please specify the "other" profession(s).**



**What kinds of educational experiences did you have with other health professions students? Check all that apply.**

- Lecture (basic science)**
- Lecture (clinical subject)**
- Patient-centered case studies**
- Clinical simulations**
- Active engagement with patients (rotations of any kind, clinics)**
- Community projects or service learning**
- Skills training in team settings**
- Other**

**Please specify the "other" educational experience(s).**

Indicate your level of agreement with each of the following statements:

The learning experiences with other health professionals helped me to better understand the roles of other health professionals in patient care.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I believe the learning experiences with other health professionals will contribute to/improve my performance as an osteopathic physician.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

**Please use this space to comment on your interprofessional medical education experiences.**

**Please note that there is a 1,000 maximum character length for the comment section.**

Please indicate how confident you are in your ability to perform the following examinations.

	Completely Confident	Mostly Confident	Fairly Confident	Not at all Confident	No Opportunity to Perform
General adult examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General pediatric examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well-baby examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast and pelvic examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate and testicular examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic structural examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports participation examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate your level of satisfaction with the following.

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Academic counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of student problems by administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer resource center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic communication (e-mail, Internet/Intranet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial aid administration services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation of students on key medical school committees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student relaxation space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student study space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutorial help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enter percentage amounts without percent signs or decimals. If none, enter 0.

Please estimate the percentage of time you devoted to the following activities during the third and fourth years. Please be sure the sum of all equals 100.

Please make sure that the sum of your entries in the above seven boxes equals 100.

**Inpatient care, including reading x-ray films & laboratory work**

%

**Outpatient care**

%

**Extended/long-term care**

%

**Research**

%

**Other**

%

**Total Percentage (must equal 100%)**

%

Please indicate your agreement with the following statements regarding your training in Osteopathic Manipulative Treatment, Principles and Practice.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Well prepared to diagnose structural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well prepared to treat structural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well prepared to document findings in a structural examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during first two years in medical school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during in-hospital rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during ambulatory primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during ambulatory non-primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during the first two years in medical school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during required in-hospital rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during ambulatory primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during ambulatory non-primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during selectives/electives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate whether you agree or disagree with the following statements about your geriatrics and gerontology education during medical school

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I can identify situations where co-morbid conditions, life expectancy, and/or functional status should modify (or override) standard recommendations for screening tests in older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can anticipate and identify hazards of hospitalization for older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can identify those medications that should be avoided or used with caution in older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can differentiate the clinical presentations of delirium, dementia, and depression in older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can assess a patient's self-care/functional capacity, e.g. ADLs & IADLs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can assess an older adult patient's fall risk, identify underlying causative factors, and make recommendations for further evaluation and initial management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can describe the differences in the presenting signs, symptoms, and laboratory findings of common conditions in older, as compared to younger, adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**What percentage of your training was delivered by allopathic physicians?**

	<b>None</b>	<b>1 - 25%</b>	<b>26 - 50%</b>	<b>51 - 75%</b>	<b>76 - 100%</b>
<b>During the first two years of medical school</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>During required in-hospital rotations</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>During required ambulatory primary care rotations</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>During required ambulatory non-primary care rotations</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>During selectives/electives</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The questions on this page are being piloted by the AACOM to understand the value of asking students about the competencies expected of medical school graduates who will soon be entering residency. Your responses to these questions will not be reported to your school; they will be analyzed by the AACOM to learn whether such questions may be useful to include in a future Graduation Questionnaire.**

How confident are you in your current ability to perform the following activities?

(5) Very  
Confident

(4)

(3)

(2)

(1) Not  
at All C  
onfiden  
t

Perform an accurate, complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient.



Integrate patient data to formulate an assessment and develop a list of potential diagnoses that can be prioritized, leading to a selection of a working diagnosis.



Select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles when approaching a patient in any setting.



Write safe and indicated orders and prescribe therapies or interventions in a variety of setting (e.g. inpatient, ambulatory, urgent or emergent care) without direct supervision.



Provide accurate, focused and context-specific documentation of a clinical encounter in either written or electronic formats.



Present a concise oral summary of a patient encounter to achieve a shared understanding of the patient's condition.



Identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions.



Perform safe and effective transitions of responsibility for patient care from one health care team or practitioner to another.

Participate as a contributing and integrated member of an interprofessional team and fully embrace the value of teamwork in patient care.

Promptly recognize a patient who requires urgent or emergent care, initiate evaluation and treatment, and seek help.

Obtain consent for tests and/or procedures for which I know the indications, contraindications, alternatives, risks and benefits.

Understand systems, identify system failures, and intervene in systems to improve quality and safety in health care.

How confident you are in your current ability to perform the following skills without direct supervision (i.e., with no supervisor in the room)?

(5) Very  
Confident

(4)

(3)

(2)

(1) Not  
at All C  
onfiden  
t

Intravenous (IV) line insertion

Phlebotomy

Bag-valve-mask (BVM) ventilation

Cardiopulmonary (CPR)

**Please offer any comments that may help the AACOM determine the usefulness of these questions for benchmarking and improving medical education at the local and national levels.**

**Please note that there is a 1,000 maximum character length for the comment section.**

**Please submit suggestions for improvement or positive comments on your medical education. Your comments will be fed back to the schools ANONYMOUSLY in the spirit of helping to improve osteopathic medical education.**

**Please note that there is a 1,000 maximum character length for the comment section.**

## Part II: CAREER PLANS

Please indicate your plans immediately following graduation.

- Internship
- Osteopathic residency
- ACGME residency
- Dual approved AOA/ACGME residency
- Governmental/military service residency
- Undecided

**If ACGME or AOA/ACGME Please give ALL the reasons why you plan to pursue an allopathic or AOA/ACGME dual approved residency.**

- Desire specialty training not available in osteopathic program**
- Believe better training and educational opportunities available**
- Located in more suitable geographic location(s)**
- Located in larger institutions**
- Better chance of being accepted in program**
- Allows ABMS board certification**
- Opens more career opportunities**
- Military or government service obligation**
- Shorter training period**
- Higher pay**
- Other**



Please select ONE item that best describes your plans for board certification.

- Osteopathic AOA boards
- Allopathic ABMS boards
- Both AOA and ABMS boards
- Not planning board certification
- Undecided or Indefinite
- Other

If CERT is "All" or "Both" Please give ALL the reasons why you plan to pursue ABMS boards or both boards.

- ABMS board certification is more widely recognized
- ABMS board certification has more colleague acceptance
- ABMS board certification carries more prestige
- ABMS board certification provides more opportunities (career, residencies, etc.)
- Personal desire for dual certification
- Hospital privileges more readily obtained with ABMS board certification
- Licenses more readily obtained with ABMS board certification
- It is a requirement of the residency program
- Other

**Area of Interest: Select ONE specialty in which you are most likely to work or seek training.**

- |   |   |  |
|---|---|--|
| <input type="radio"/> Family Practice                       | <input type="radio"/> Medical Genetics                        | <input type="radio"/> Preventive Medicine including subspecialties |
| <input type="radio"/> General Internal Medicine             | <input type="radio"/> Neurology including subspecialties      | <input type="radio"/> Proctology                                   |
| <input type="radio"/> Internal Medicine Subspecialty        | <input type="radio"/> Psychiatry including subspecialties     | <input type="radio"/> Radiology including subspecialties           |
| <input type="radio"/> OMT and Neuromusculoskeletal Medicine | <input type="radio"/> Nuclear Medicine                        | <input type="radio"/> Sports Medicine                              |
| <input type="radio"/> General Pediatrics                    | <input type="radio"/> Ob/Gyn including subspecialties         | <input type="radio"/> General Surgery                              |
| <input type="radio"/> Pediatrics Subspecialty               | <input type="radio"/> Ophthalmology                           | <input type="radio"/> Colon Rectal Surgery                         |
| <input type="radio"/> Allergy and Immunology                | <input type="radio"/> Otolaryngology                          | <input type="radio"/> Orthopedic Surgery                           |
| <input type="radio"/> Anesthesiology                        | <input type="radio"/> Pathology including subspecialties      | <input type="radio"/> Surgery subspecialty                         |
| <input type="radio"/> Critical Care                         | <input type="radio"/> Physical Medicine and Rehabilitation    | <input type="radio"/> Thoracic Surgery                             |
| <input type="radio"/> Dermatology                           | <input type="radio"/> Plastic Surgery /Reconstructive Surgery | <input type="radio"/> Vascular Surgery                             |
| <input type="radio"/> Emergency Medicine                    |   | <input type="radio"/> Urology/Urological Surgery                   |
| <input type="radio"/> Geriatrics                            |   | <input type="radio"/> Undecided or Indefinite                      |

**Long-Range Plans: Select ONE item that best describes your intended activity five years AFTER internship and residency training.**

- Practice in an HMO
- Self-employed with or without a partner
- Employed in group or other type of private practice-salary
- Enter governmental service-e.g. military, NHS Corps, Indian Health Service, V.A., state/local health dept.
- Other professional activity-e.g. teaching, research, administration, fellowship
- Undecided

Please indicate the importance of each of the following factors affecting your specialty choice decision.

	Major Influence	Strong Influence	Moderate Influence	Minor Influence	No Influence /NA
Intellectual content of the specialty (type of work, diagnostic programs, diversity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Like dealing with people (type of person, type of patient) more than techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prestige/income potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifestyle (predictable working hours, sufficient time for family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Like the emphasis on technical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role models (e.g., physicians in the specialty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer influence (encouragement from practicing physicians, faculty, or other students)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills/abilities (possess the skills required for the specialty or its patient population)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debt level (level of debt, length of residency, high malpractice insurance premiums)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic environment (courses, clerkships in the specialty area)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity for research/creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire for independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Where do you expect to locate after the completion of your internship and residency?

--Click Here--

- ALABAMA
- ALASKA
- ARIZONA
- ARKANSAS
- CALIFORNIA
- COLORADO
- CONNECTICUT
- DELAWARE
- DISTRICT OF COLUMBIA
- FLORIDA
- GEORGIA
- GUAM
- HAWAII
- IDAHO
- ILLINOIS
- INDIANA
- IOWA
- KANSAS
- KENTUCKY
- LOUISIANA
- MAINE
- MARYLAND
- MASSACHUSETTS
- MICHIGAN
- MINNESOTA
- MISSISSIPPI
- MISSOURI
- MONTANA
- NEBRASKA
- NEVADA
- NEW HAMPSHIRE
- NEW JERSEY
- NEW MEXICO
- NEW YORK
- NORTH CAROLINA
- NORTH DAKOTA
- OHIO
- OKLAHOMA
- OREGON
- PALAU
- PENNSYLVANIA
- PUERTO RICO
- RHODE ISLAND
- SOUTH CAROLINA

Where do you expect to locate after the completion of your internship and residency?

SOUTH DAKOTA  
TENNESSEE  
TEXAS  
UTAH  
VERMONT  
VIRGIN ISLANDS  
VIRGINIA  
WASHINGTON  
WEST VIRGINIA  
WISCONSIN  
WYOMING  
OTHER

What is the population of the city/town/area of legal residence where you plan to be employed or in practice after completion of internship or residency?

- Major metropolitan area 1,000,001 or more
- Metropolitan area (500,001 to 1,000,000)
- City (100,001 to 500,000)
- City (50,001 to 100,000)
- City or town (10,001 to 50,000)
- City or town (2,501 to 10,000)
- Area 2,500 or less
- Undecided

Are you planning to practice in any underserved or shortage areas?

- Yes
- No
- Unsure

If 'Yes' In what type of underserved or shortage area do you plan to practice?

- Rural community
- Inner-city community
- Other

The following question relates to your expected income after internship and residency.

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

What annual net income do you expect to earn before taxes during:

First year in practice after internship and residency?

\$

Fifth year in practice after internship and residency?

\$

Tenth year in practice after internship and residency?

\$



### Part III: FINANCIAL AID

The following section relates to debt you have incurred to complete your education.

When completing the following questions please refer to the National Student Loan Data System (NSLDS) for your loan information [www.nslds.ed.gov/nslds\\_SA/](http://www.nslds.ed.gov/nslds_SA/)

To access the NSLDS you will need your social security number and your PIN (issued by the Department of Education). If you have lost or can't remember your PIN please click here to retrieve your PIN [www.pin.ed.gov/PINWebApp/pinindex.jsp](http://www.pin.ed.gov/PINWebApp/pinindex.jsp)

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

When you started medical school, how much did you owe from undergraduate or graduate education? Do NOT include osteopathic medical school debt.

\$

How much of the previous amount of  $\${DBTUND}$  is debt from graduate education? Do NOT include osteopathic medical school debt.

\$

When completing the following questions please refer to the National Student Loan Data System (NSLDS) for your loan information [www.nslds.ed.gov/nslds\\_SA/](http://www.nslds.ed.gov/nslds_SA/)

To access the NSLDS you will need your social security number and your PIN (issued by the Department of Education). If you have lost or can't remember your PIN please click here to retrieve your PIN [www.pin.ed.gov/PINWebApp/pinindex.jsp](http://www.pin.ed.gov/PINWebApp/pinindex.jsp)

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

Indicate the principal amount you borrowed from each loan source listed below to finance your osteopathic medical education. Exclude loans to finance your undergraduate or previous graduate education and non-educational debt.

**Unsubsidized Stafford Loan (FFEL or Direct)**

\$

*\*Note: As of 4/18/2008 the aggregate (subsidized plus unsubsidized) Stafford Loan limit for students enrolled in approved health profession programs is \$224,000 (before then the limit was \$189,125). No more than \$65,500 of this amount may be in subsidized loans. This maximum total includes Stafford Loans received for undergraduate study.*

*Source: The United States Department of Education Federal Student Aid Program as of February 2, 2010.*

**Subsidized Stafford Loan (FFEL or Direct)**

\$

*\*Note: No more than \$65,500 of Stafford Loans may be in Subsidized Stafford Loans. This maximum includes Stafford Loans received for undergraduate study.*

*Source: The United States Department of Education Federal Student Aid Program as of February 2, 2010.*

**Graduate PLUS Loan Program**

\$

**Perkins Loan in whole dollars**

\$

*\*Note: The aggregate Perkins Loan limit for graduate studies is \$60,000 which includes amounts borrowed for undergraduate study.*

*Source: The United States Department of Education Federal Student Aid Program as of November 25, 2009.*

**Loans for Disadvantaged Students (LDS)**

\$

**Primary Care Loan (PCL)**

\$

**Other loans insured by a state government**

\$

**Osteopathic association loans (For example: AOA, state or local osteopathic society)**

\$

**Alternative loan (For example: Robert Wood Johnson, student loan program, PEP, StillLoan, MedFunds, CitiAssist, MedEXCEL, Med-Cap, Med-Achiever, Signature Health)**

\$

**Any other loans for your osteopathic medical education in your name**

\$

**Total Osteopathic Medical School Debt (awarded through financial aid)**

\$

**Family Loans:** If your parents or other family members borrowed to help finance your osteopathic education, please indicate the total amount of their loan(s). Omit any loans in your name.

**Total loans taken out by family members**

\$

**How much of the previous amount of  $\${LNTOTFAM}$  for loans taken out by family is to be repaid by you?**

\$

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

Indicate the total amount you received as scholarship/grant, fellowship funds from the sources listed below to finance your osteopathic medical education. Exclude any scholarships or grants received to finance your undergraduate or previous graduate education.

**National Health Service Corps Scholarship**

\$

**Armed Forces Health Professions Scholarship**

\$

**State government scholarship/grant**

\$

**Scholarship/grant/fellowship from osteopathic school or its parent university (For example: EFN, FADHPS, SDS, etc.)**

\$

**Tuition waiver**

\$

**Osteopathic association scholarships (For example: AOA, state or local osteopathic society)**

\$

**Other sources (For example: IHS, etc.)**

\$

**Total Scholarship/Grant**

\$

This question relies on your previous responses to the survey. If you need to change your response please do so by using the “Back” button below.

Enter percentage amounts without percent signs or decimals. If none, enter 0.

Estimate the percentage of the total cost of your medical education that was paid by each of the following sources. Please be sure the total equals 100.

Please make sure that the sum of your entries in the above seven boxes equals 100.

Loans - Total from your previous response  $\${LNTOT}$

%

Scholarships/grants - Total from your previous response  $\${SCTOT}$

%

Your savings

%

Earnings - (Only include monies earned by you or your spouse during your 4 years of medical school.)

%

Parents

%

Other relatives

%

Others

%

**Total Percentage (must equal 100%)**

**%**

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

How much non-educational consumer debt (such as car loans, credit card, and medical expenses) did you incur while in medical school?

\$

How many years do you expect to take to repay the indebtedness for your osteopathic education?

--Click Here-- ▼

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
More than 30

**Do you anticipate participating in a student loan consolidation program for repayment?**

- Yes**
- No**
- Undecided**

**Do you plan to enter a loan-forgiveness program?**

- Yes**
- No**



**If 'Yes' Please list the type of loan-forgiveness program you plan on participating in:**

- Department of Education's Public Service Loan Forgiveness (PSLF)**
- Armed Services (Navy, Army, Air Force)**
- National Health Service Corps**
- State loan forgiveness program**
- Hospital program (e.g. sign-on bonus)**
- Other**

**If 'Other' Please specify the type of loan-forgiveness program for which you chose "other" in the previous question.**

## Part IV: DEMOGRAPHIC DATA

This information is for classification purposes only and is considered confidential. Information will only be used by AACOM and affiliated organizations in totals or averages.

Date of Birth (MM/DD/YYYY):

Sex:

- Male  
 Female

Marital Status

- Married/cohabiting  
 Single

SSN (xxx-xx-xxxx):

*AACOM asks for your Social Security Number so that we can track data longitudinally--a similar survey was administered during your first year, and this number allows us to analyze changes in responses. AACOM provides reports to the COMs only in aggregate or summary form and does not include any individual identifiers.*

Dependents: Including yourself, how many dependents do you support financially?

--Click Here-- ▼
1
2
3
4
5 or more

**Race/Ethnicity: Indicate your race and/or ethnicity from the categories provided. If you are selecting Hispanic or Latino ethnicity and/or Asian or Native Hawaiian or Other Pacific Islander race, you must check one or more of the sub-categories.**

**Ethnicity - Check all that apply**

**Hispanic or Latino**

- Mexican, Mexican American, Chicano/Chicana
- Cuban
- Puerto Rican
- Other Hispanic or Latino

**Race - Check all that apply**

**American Indian/Alaskan Native**

- American Indian/Alaskan Native

**Asian**

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Pakistani
- Vietnamese
- Other Asian

**Black/African-American**

- Black/African-American

**Native Hawaiian or Other Pacific Islander**

- Guamanian or Chamorro
- Native Hawaiian
- Samoan
- Other Native Hawaiian or Pacific Islander

**White/Caucasian**

- White/Caucasian

**Citizenship Status**

- U.S. Citizen**
- Permanent Resident**
- Temporary Resident**

**What is your current state of legal residence?**

**--Click Here--** ▼

- ALABAMA**
- ALASKA**
- ARIZONA**
- ARKANSAS**
- CALIFORNIA**
- COLORADO**
- CONNECTICUT**
- DELAWARE**
- DISTRICT OF COLUMBIA**
- FLORIDA**
- GEORGIA**
- GUAM**
- HAWAII**
- IDAHO**
- ILLINOIS**
- INDIANA**
- IOWA**
- KANSAS**
- KENTUCKY**
- LOUISIANA**
- MAINE**
- MARYLAND**
- MASSACHUSETTS**
- MICHIGAN**
- MINNESOTA**
- MISSISSIPPI**
- MISSOURI**
- MONTANA**
- NEBRASKA**
- NEVADA**
- NEW HAMPSHIRE**
- NEW JERSEY**
- NEW MEXICO**
- NEW YORK**
- NORTH CAROLINA**
- NORTH DAKOTA**
- OHIO**
- OKLAHOMA**
- OREGON**
- PALAU**
- PENNSYLVANIA**
- PUERTO RICO**
- RHODE ISLAND**
- SOUTH CAROLINA**

**What is your current state of legal residence?**

**SOUTH DAKOTA  
TENNESSEE  
TEXAS  
UTAH  
VERMONT  
VIRGIN ISLANDS  
VIRGINIA  
WASHINGTON  
WEST VIRGINIA  
WISCONSIN  
WYOMING  
OTHER**

**What is the population of the city/town/area of legal residence ?**

- Major metropolitan area-1,000,001 or more**
- Metropolitan area (500,001 to 1,000,000)**
- City (100,001 to 500,000)**
- City (50,001 to 100,000)**
- City or town (10,001 to 50,000)**
- City or town (2,501 to 10,000)**
- Area 2,500 or less**

**Father's Education: Select the highest level of education your father attained. Complete this item even if he is deceased.**

- Professional Degree (DO/MD, JD, DDS, etc.)**
- Doctorate (Ph.D. Ed.D. etc.)**
- Master's**
- Bachelor's**
- Associate Degree/Technical Certificate**
- High School Graduate**
- Less than High School**

If 'Professional...'What is your father's professional degree, please select one of the following:

- DO/MD
- Other Health Professions
- Other



**Mother's Education: Select the highest level of education your mother attained. Complete this item even if she is deceased.**

- Professional Degree (DO/MD, JD, DDS, etc.)
- Doctorate (Ph.D. Ed.D. etc.)
- Master's
- Bachelor's
- Associate Degree/Technical Certificate
- High School Graduate
- Less than High School

If 'Professional...'What is your mother's professional degree, please select one of the following:

- DO/MD
- Other Health Professions
- Other

**Parent's Income: Give your best estimate of your parents' combined income before taxes for the prior year.**

- Less than \$20,000**
- \$20,000 - \$34,999**
- \$35,000 - \$49,999**
- \$50,000 - \$74,999**
- \$75,000 - \$99,999**
- \$100,000 - \$199,999**
- \$200,000 or more**
- Deceased/Unknown**

**Financial Independence: Do you consider yourself financially independent from your parents?**

- Yes**
- No**