AMERICAN ASSOCIATION OF COLLEGES OF
OSTEOPATHIC MEDICINE
2022-2023 Academic Year Entering Student Survey

Identifiable Info

TO THE STUDENTS: Your opinions and attitudes regarding your osteopathic medical education, plans for medical practice and debt information are very important as both the colleges and osteopathic profession develop and plan for the future of osteopathic medical education. Please take a moment to complete the following questionnaire to assist in planning for the future of osteopathic medical education. This year, we have added important questions to assess baseline well-being of incoming osteopathic medical students; the information collected will help AACOM and your individual COMs assess the impact of medical school and wellness initiatives on all our students. The data collected in this survey will be either aggregated or summarized; individual identifiable
information will neither be made available to colleges nor other organizations. The purpose for requesting your identification is to allow for longitudinal studies linking your responses as first-year medical students with other information, such as when this survey is re-administered in your fourth year.

The following instructions will ensure successful completion of this survey: 1. Use the survey's navigation buttons (e.g. BACK, NEXT) instead of your web browser's "forward" and "back" buttons to move throughout the survey. 2. Only complete this survey ONCE. 3. An "*" indicates a required response.

* Last Name

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

Suffix

Please enter your email address:

* Osteopathic Medical School
Resilient Mindset

Part I: RESILIENT MINDSETS IN MEDICINE

* Have you started attending medical school classes? (If are currently or have only attended orientation, please select "No")

○ Yes
○ No
Please respond to the following items:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can learn new things, but you cannot really change your basic intelligence.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>You have a certain amount of intelligence, and you really cannot do much to change it.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Your intelligence is something about you that you cannot change very much.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The faculty at my medical school seem to believe students have a certain intelligence level, and they really cannot do much to change it.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The faculty at my medical school seem to believe that students can learn new things, but they cannot really change their basic intelligence,</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The faculty at my medical school seem to believe that students either &quot;have it&quot; or they don’t.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Please respond to the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think the classes I am taking this term are important.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What I'm learning in my medical school classes is useful to me currently.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What I am learning in my medical school classes will be useful to me in the future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My faculty believe that what I am learning in my medical school classes is useful to me currently.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My faculty believe that what I am learning in my medical school classes will be useful to me in the future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My faculty believe I often connect this class material to patient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My faculty believe I find my medical school classes interesting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often connect what I learn in this class to my ideas of patient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please respond to the following items:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>When something bad happens, I feel that maybe I don't belong in medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sometimes I feel that I belong in medical school, and sometimes I feel that I don't belong in medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I sometimes feel like other students on campus have stronger academic skills than me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I belong at this medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel like this medical school is a good fit for me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel more academically prepared than other students at this medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My faculty believe that I belong in medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Please respond to the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Slight Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I lead a purposeful and meaningful life</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My social relationships are supportive and rewarding</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am engaged and interested in my daily activities</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I actively contribute to the happiness and well-being of others</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am competent and capable in the activities that are important to me</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am a good person and live a good life</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am optimistic about my future</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>People respect me</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Please indicate how for each item, how true the statement is in describing you

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not true at all</th>
<th>Rarely true</th>
<th>Sometimes true</th>
<th>Often true</th>
<th>True nearly all the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to adapt when changes occur.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I can deal with whatever comes my way.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I try to see the humorous side of things when I am faced with problems.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Having to cope with stress can make me stronger.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I tend to bounce back after illness, injury or other hardships.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I believe I can achieve my goals, even if there are obstacles.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Under pressure, I stay focused and think clearly.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am not easily discouraged by failure.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I think of myself as a strong person when dealing with life's challenges and difficulties.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am able to handle unpleasant or painful feelings like sadness, fear and anger.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Overall, based on your own definition of burnout, how would you rate your level of burnout?

- I enjoy my work. I have no symptoms of burnout.
- Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out.
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot.
- I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.
Please respond to the following items:

<table>
<thead>
<tr>
<th></th>
<th>Disagree strongly</th>
<th>Disagree slightly</th>
<th>Neutral</th>
<th>Agree slightly</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Events in my transition to medical school affect my life in an emotionally unhealthy way.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel burned out from the transition to medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel fatigued when I get up in the morning and have to face another day transitioning to medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel frustrated by transition to medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel I am working too hard transitioning to medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Events in medical school affect my life in an emotionally unhealthy way.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel burned out from medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel fatigued when I get up in the morning and have to face another day in medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel frustrated by medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel I am working too hard in medical school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Please indicate how frequently you have experienced the following since transitioning to medical school:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always or nearly always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble falling asleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling tense or high strung</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling irritable or angry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling down, depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling inferior to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please indicate how much each of these statements are like you:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all like me</th>
<th>Not much like me</th>
<th>Somewhat like me</th>
<th>Mostly like me</th>
<th>Very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>I finish whatever I begin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setbacks don't discourage me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am a hard worker.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am diligent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When thinking about medical school, how often, if ever, do you wonder, 'Maybe I don't belong here?'

- Never
- Rarely
- Sometimes
- Usually
- Always

Enrollment
Part II: MEDICAL SCHOOL ENROLLMENT

Given your choice, would you prefer to enroll in:

- The osteopathic medical school you are beginning
- Another osteopathic medical school
- An allopathic medical school
- Another career direction (e.g. medicine as a second choice career)

Career Plans

Part III: CAREER PLANS
Please indicate your plans immediately following graduation.

☐ Transitional year/preliminary year
☐ Residency
☐ Government/military service residency
☐ Undecided

Have you been adequately informed about Osteopathic Recognition?

☐ Yes
☐ No
☐ Somewhat informed

In the single GME environment, residency programs can choose to integrate osteopathic medicine as part of graduate level training in all specialties. Theses programs can even choose to apply for a designation with the ACGME called "Osteopathic Recognition". Learn more by clicking here.
Do you plan to seek a GME program that integrates osteopathic medicine as part of the training within your specialty of choice?

- Yes
- No
- Undecided

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

- AOA boards
- ABMS boards
- Both AOA and ABMS boards
- Not planning board certification
- Undecided or indefinite
- Other
Please give all the reasons why you plan to pursue the selected board certification.

☐ Board certification carries more prestige
☐ Board certification has more colleague acceptance
☐ Board certification is more widely recognized
☐ Board certification provides more opportunities (career, residencies, etc.)
☐ Hospital privileges more readily obtained with selected board certification
☐ It is a requirement of the residency program
☐ Licenses more readily obtained with selected board certification
☐ Personal desire for selected board certification
☐ Other
Area of Interest: Select ONE specialty in which you are most likely to work or seek training.

- Allergy and Immunology
- Anesthesiology
- Child Neurology
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Interventional Radiology
- Medical Genetics and Genomics
- Neurodevelopmental Disabilities
- Neurological Surgery
- Neurology
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic Surgery
- Osteopathic
- Neuromusculoskeletal Medicine
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry
- Radiation Oncology
- Surgery
- Thoracic Surgery
- Urology
- Vascular Surgery
- Undecided or Indefinite
Please indicate the importance of each of the following factors affecting your specialty choice decision.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Major Influence</th>
<th>Strong Influence</th>
<th>Moderate Influence</th>
<th>Minor Influence</th>
<th>Infuence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual content of the specialty (type of work, diagnostic programs, diversity)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Like dealing with people (person or type of patient) more than techniques</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prestige/income potential</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Debt (level of debt, length of residency, high malpractice insurance premiums)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifestyle (predictable working hours, sufficient time for family)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Like the emphasis on technical skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program has Osteopathic Recognition</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Role models (e.g., physicians in the specialty)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer influence (encouragement from practicing physicians, faculty, or other students)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills/abilities (possess the skills required for the specialty or its patient population)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influence</td>
<td>Influence</td>
<td>Influence</td>
<td>Influence</td>
<td>Influence</td>
<td>Influence</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
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<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Academic environment (courses, clerkships in the specialty area)</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
</tr>
<tr>
<td>Opportunity for research/creativity</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
</tr>
<tr>
<td>Desire for independence</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
</tr>
<tr>
<td>Previous experience</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
<td>&lt;circle/&gt;</td>
</tr>
</tbody>
</table>

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

- <circle/> Practice in an HMO
- <circle/> Employed in a hospital or physician group
- <circle/> Self-employed with or without a partner in private practice
- <circle/> Governmental service (e.g. military, NHS Corps, Indian Health Service, V.A., state/local health department)
- <circle/> Fellowship
- <circle/> Academic Medicine
- <circle/> Other professional activity (e.g. teaching, research, administration)
- <circle/> Undecided
Do you plan, at some point in your career, to work as a hospitalist (i.e., full-time care of hospitalized patients)?

- Yes
- No
- Unsure

If you plan to work as a hospitalist, do you anticipate providing patient care full-time or part-time?

- Full-time (at least 36 hours a week)
- Part-time (less than 36 hours a week)
- Unsure
If you plan to work as a hospitalist, to what extent do you expect to participate in research?

- Full-time
- Significantly involved
- Involved in a limited way
- Unsure

Where do you expect to locate after completing your GME?
What is the population of the city/town/area of legal residence where you plan to be employed or in practice after completion of GME?

- 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 after completion of GME?

- Yes
- No
- Unsure
In what type of underserved or shortage area do you plan to practice?

- Rural community
- Inner-city community
- Suburban/urban but shortage of my specialty
- Other

The following question relates to your expected income after GME.

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

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

First year in practice after GME?
Fifth year in practice after GME?

Tenth year in practice after GME?

Fin Aid/Climate

Part IV: 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 by clicking here. To access the NSLDS you will need your username and password. If you do not have an FSA ID, you will
need to create one to log in.

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

Upon entering medical school, how much did you owe from your undergraduate education? Do NOT include osteopathic medical school debt.

Upon entering medical school, how much did you owe from your graduate education? Do NOT include undergraduate or osteopathic medical school debt.
When completing the following questions, please refer to the National Student Loan Data System (NSLDS) for your loan information by clicking here. To access the NSLDS you will need your username and password. If you do not have an FSA ID, you will need to create one to log in.

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

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

<table>
<thead>
<tr>
<th>Loan Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsubsidized Stafford Loan (FFEL or Direct)</td>
<td>$0</td>
</tr>
<tr>
<td>Federal Graduate PLUS Loan</td>
<td>$0</td>
</tr>
<tr>
<td>Loans for Disadvantaged Students (LDS)</td>
<td>$0</td>
</tr>
<tr>
<td>Primary Care Loan (PCL)</td>
<td>$0</td>
</tr>
<tr>
<td>Other loans issued by a state government</td>
<td>$0</td>
</tr>
<tr>
<td>Osteopathic association loans (For example: AOA, state or local)</td>
<td>$0</td>
</tr>
</tbody>
</table>
Alternative loan (For example: Robert Wood Johnson, student loan program, PEP, StillLoan, MedFunds, CitiAssist, MedEXCEL, Med-Cap, Med-Achiever, Signature Health) $ 0

Any other loans for your osteopathic medical education in your name $ 0

Total $ 0

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

Total loans expected to be taken out by family members

How much of the previous amount of $$\{q://QID227/ChoiceTextEntryValue\} for loans expected to be
taken out by family is to be paid 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 expect to receive as scholarship, grant or 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/concurrent graduate education.

<table>
<thead>
<tr>
<th>Scholarship Program</th>
<th>$ 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Health Service Corps Scholarship Program</td>
<td></td>
</tr>
<tr>
<td>Armed Forces Health Professions Scholarship Program (HPSP)</td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs Health Professionals Scholarship Program (HPSP)</td>
<td></td>
</tr>
<tr>
<td>Post-9/11 GI Bill</td>
<td></td>
</tr>
<tr>
<td>Department of Defense Tuition Assistance Program</td>
<td></td>
</tr>
<tr>
<td>Indian Health Service Scholarship Program</td>
<td></td>
</tr>
<tr>
<td>Scholarships for Disadvantaged Students Program</td>
<td></td>
</tr>
<tr>
<td>Diversity/Minority Scholarship</td>
<td></td>
</tr>
<tr>
<td>State government scholarship/grant</td>
<td></td>
</tr>
<tr>
<td>Scholarship/grant/fellowship from osteopathic medical school or its parent university</td>
<td></td>
</tr>
<tr>
<td>Tuition waiver</td>
<td></td>
</tr>
</tbody>
</table>
Osteopathic association scholarships (For example: AOA, state or local osteopathic society) $0

Other sources $0

Total $0

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 osteopathic medical education that will be paid by each of the following sources. Please be sure the total equals 100.

Loans – Based on your previous total loan response 0%

Scholarships/grants/fellowship – Based on your previous scholarships/grants total response 0%

Personal savings 0%

Personal earnings – (Only include you and/or your spouse’s earnings during your four years of medical school.) 0%

Parents 0%
How much non-educational consumer debt (such as car loans, credit card, and medical expenses) do you expect to incur while in osteopathic medical school? Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

How many years do you expect it will take to repay your osteopathic medical education debt?

Do you anticipate participating in a student loan consolidation program (Federal or non-Federal) for repayment?

- Yes
- No
- Undecided
Do you plan to enter a loan forgiveness or repayment program?

- Yes
- No

Please select the type of loan forgiveness or repayment program you might be interested in pursuing:

- Department of Education’s Public Service Loan Forgiveness Program (PSLF)
- Armed Services (Navy, Army, Air Force)
- National Health Service Corps Loan Repayment Program
- Indian Health Service Loan Repayment Program
- National Institutes of Health Loan Repayment Program
- Health Resources and Services Administration Faculty Loan Repayment Program
- State loan forgiveness program
- Hospital program (e.g. sign-on bonus)
- Other
Part V: DIVERSITY, EQUITY, and INCLUSION

Please rate how likely you are to experience the following climate/environment factors at your osteopathic medical institution.

I will be able to openly express all my identities at my college of osteopathic medicine.  

Neither Agree or Disagree

Strongly Agree  Agree  Disagree

I will be able to connect with someone I consider a trusted friend or at least one person that can help me with struggles.

Neither Agree or Disagree

Strongly Agree  Agree  Disagree

My college of osteopathic medicine is committed to creating a campus climate that respects individuals and groups with cultural differences.

Neither Agree or Disagree

Strongly Agree  Agree  Disagree

My peers and I will be afforded equitable opportunities for success under the same set of standards.

Neither Agree or Disagree

Strongly Agree  Agree  Disagree

I anticipate my college of osteopathic medicine will have a safe and inclusive environment.

Neither Agree or Disagree

Strongly Agree  Agree  Disagree

My college of osteopathic medicine will have a visible culture that supported me while I was on campus.

Neither Agree or Disagree

Strongly Agree  Agree  Disagree
Part VI: 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):

Assigned sex at birth: What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
Current Gender Identity: How do you describe yourself?

- Male
- Female
- Transgender female
- Transgender male
- Intersex
- Gender variant/non-conforming
- Not listed
- Decline to answer

Martial Status

- Married/cohabiting
- Single
Dependents: Including yourself, how many dependents do you support financially?

- 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 or Alaskan Native

☐ American Indian or Alaskan Native
Asian

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

Black or African-American

☐ Black or African-American

Native Hawaiian or Other Pacific Islander

☐ Guamanian or Chamorro
☐ Native Hawaiian
☐ Samoan
☐ Other Native Hawaiian or Pacific Islander
White

White

Ethnic Description:

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central America, or Spanish culture or origin, regardless of race.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Citizenship Status

〇 U.S. Citizen
〇 Permanent Resident
〇 Temporary Resident
〇 Non Resident
〇 None

Was English your first language?

〇 Yes
〇 No

What is your current state of legal residence?

[Dropdown]
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 (PhD, EdD etc.)
- Master's
- Bachelor's
- Associate Degree/Technical Certificate
- High School Graduate
- Less than High School
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 (PhD, EdD etc.)
- Master's
- Bachelor's
- Associate Degree/Technical Certificate
- High School Graduate
- Less than High School
What is your mother's professional degree, please select one of the following:

- [ ] DO/MD
- [ ] Other Health Professions
- [ ] Other

Parent's Income: Provide 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