



## **SURVEY INSTRUCTIONS**

Thank you for taking the time to complete this Survey of Earned Doctorates questionnaire. Directions for filling it out are provided with each question.

- Follow all appropriate skip instructions after marking a box. If no skip instruction is provided, you should continue to the next question.
- If you have any questions or concerns, please email us at [sed@rti.org](mailto:sed@rti.org) or call us toll-free at 1-877-256-8167.

**Thank you for your help. We really appreciate it.**

## Part A1 - Research Doctoral Degree

**A1. When did you start your research doctoral degree and when was the degree awarded or when is it expected to be awarded?**

	Month	Year
Degree <u>started</u> :	<input type="text"/>	<input type="text"/>
Degree <u>awarded</u> or <u>expected to be awarded</u> :	<input type="text"/>	<input type="text"/>

**A2. Which department (or interdisciplinary committee, center, institute, etc.) of the university supervised your doctoral degree?**

*Please use the full department name and avoid acronyms.*

Department/Committee/Center/Institute/Program

**A3. What was the primary field of study for your research doctoral degree?**

Primary Field Name

**A4. Was your dissertation research interdisciplinary?**

*Use X to mark one answer.*

- 1  Yes → **Go to question A5 in the next column**
- 2  No → **Go to question A6 in the next column**

**A5. (If Yes to interdisciplinary research) Please list the fields of study for your dissertation research.**

Primary Field Name

Field 2 Name

Field 3 Name

**Go to question A7 below**

**A6. (If No) What was the name of the primary field of study for your dissertation research?**

Primary Field Name

**A7. Did you receive full or partial tuition remission (waiver) for your doctoral studies?**

*Mark one answer.*

- 1  No, I did not receive any tuition remission
- 2  Yes, I received remission for less than 1/3 of tuition
- 3  Yes, I received between 1/3 and 2/3 of tuition
- 4  Yes, I received remission for more than 2/3 of tuition, but less than full
- 5  Yes, I received full tuition remission

## Part A2 - Educational History

**A9. Have you ever earned college credit from a community or 2-year college?**

- 1  Yes
- 2  No

### ASSOCIATE'S DEGREE(S)

**A10. Have you received an associate's degree (e.g., AA, AS) or equivalent?**

- 1  Yes
- 2  No → *Go to question A11 on page 3*

**MOST RECENT ASSOCIATE'S DEGREE**

**a. (If Yes) From which academic institution did you receive your MOST RECENT associate's degree?**

Institution Name
Department
City/Town
State/Foreign Country

**b. What was the field of study for your MOST RECENT associate's degree?**

Field Name

**c. When did you start this associate's degree and when was the degree awarded?**

	Month		Year		
Degree <u>started</u> :					
Degree <u>awarded</u> :					

**d. Did you receive more than one associate's degree (e.g., AA, AS) or equivalent?**

- 1  Yes
- 2  No → *Go to question A11 on page 3*

**FIRST ASSOCIATE'S DEGREE**

**e. (If Yes) From which academic institution did you receive your FIRST associate's degree?**

Institution Name
Department
City/Town
State/Foreign Country

**f. What was the field of study for your FIRST associate's degree?**

Field Name

**g. When did you start this associate's degree and when was the degree awarded?**

	Month		Year		
Degree <u>started</u> :					
Degree <u>awarded</u> :					



## MASTER'S DEGREE(S)

**A12. Have you received a master's degree (e.g., MS, MA, MBA) or equivalent?**

1  Yes

2  No → *Go to question A13 on page 5*

### MOST RECENT MASTER'S DEGREE

**a. (If Yes) From which academic institution did you receive your MOST RECENT master's degree?**

Institution Name
Department
City/Town
State/Foreign Country

**b. What was the field of study for your MOST RECENT master's degree?**

Field Name

**c. When did you start this master's degree and when was the degree awarded?**

	Month		Year		
Degree <u>started</u> :					
Degree <u>awarded</u> :					

**d. Which of the following best describes this master's degree?**

1  Degree was required to enter or continue in my doctoral degree

2  Degree was not required and did not fulfill any credits for my doctoral degree

3  Degree was not required, but it fulfilled credits for my doctoral degree

→ *Go to question A12f in the next column*

→ *Go to question A12e in the next column*

**e. About how many of the credits from this master's degree counted toward your doctoral degree?**

*Mark one answer.*

1  Some

2  Most

3  All

**f. Did you receive more than one master's degree (e.g., MS, MA, MBA) or equivalent?**

1  Yes

2  No → *Go to question A13 on page 5*

### FIRST MASTER'S DEGREE

**g. (If Yes) From which academic institution did you receive your FIRST master's degree?**

Institution Name
Department
City/Town
State/Foreign Country

**h. What was the field of study for FIRST master's degree?**

Field Name

**i. When did you start this master's degree and when was the degree awarded?**

	Month		Year		
Degree <u>started</u> :					
Degree <u>awarded</u> :					

**A13. In what month and year did you first enter any graduate program, even if you did not earn a degree?**

	Month	Year
Graduate program first entered:	<input type="text"/>	<input type="text"/>

**A14. In addition to your current research doctoral degree, have you earned or are you earning a professional doctoral degree, such as MD, DDS, DVM, JD, PsyD, PharmD, or EdD?**

- 1  Yes, I am currently earning a professional doctoral degree
- 2  Yes, I have already earned a professional doctoral degree
- 3  No → **Go to question A15 below**

**a. (If Yes) What type of professional doctoral degree have you earned or are you earning?**

Professional Doctorate Type

**b. From which academic institution?**

Institution Name

Department

City/Town

State/Foreign Country

**c. When did you start your professional doctoral degree and when was the degree granted or when is it expected to be granted?**

	Month	Year
Degree started:	<input type="text"/>	<input type="text"/>
Degree granted or expected to be granted:	<input type="text"/>	<input type="text"/>

**A16. Please indicate whether each of the following was a source of financial support for your educational and living expenses during graduate school.**

*Include sources of support for all graduate-level degree programs (master's and doctorate).*

Mark Yes or No for each.

- |  | Yes                        | No                         |
|--|----------------------------|----------------------------|
|  | ↓                          | ↓                          |
| a Fellowship, scholarship .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b Dissertation grant .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c Teaching assistantship .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d Research assistantship .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e Other assistantship .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f Traineeship .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g Internship, clinical residency .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h Loans (from any source) .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i Personal savings .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j Personal earnings during graduate school (other than sources listed above) ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| k Spouse's, partner's, or family's earnings or savings .....                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| l Employer reimbursement/assistance .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| m Foreign (non-U.S.) support .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| n Other - Specify ↴ .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**A17. Based on the total amount of financial support provided, which of the sources from A16 were your primary and secondary sources of support?**

Enter letters of primary and secondary sources.

- |                                     | Letter  |
|-------------------------------------|---|
| a Primary source of support .....   | <input style="width: 30px; height: 20px;" type="text"/> |
| b Secondary source of support ..... | <input style="width: 30px; height: 20px;" type="text"/> |

Mark if no secondary source

**A18. When you receive your doctoral degree, how much money will you owe that is directly related to your undergraduate and graduate education?**

Include sources of support for all graduate-level degree programs (master's and doctoral).

Mark one answer in each column.

**a. Undergraduate Debt**

- 1  None
- 2  \$10,000 or less
- 3  \$10,001 - \$20,000
- 4  \$20,001 - \$30,000
- 5  \$30,001 - \$40,000
- 6  \$40,001 - \$50,000
- 7  \$50,001 - \$60,000
- 8  \$60,001 - \$70,000
- 9  \$70,001 - \$80,000
- 10  \$80,001 - \$90,000
- 11  \$90,001 or more

Please specify

\$

**b. Graduate Debt**

- 1  None
- 2  \$10,000 or less
- 3  \$10,001 - \$20,000
- 4  \$20,001 - \$30,000
- 5  \$30,001 - \$40,000
- 6  \$40,001 - \$50,000
- 7  \$50,001 - \$60,000
- 8  \$60,001 - \$70,000
- 9  \$70,001 - \$80,000
- 10  \$80,001 - \$90,000
- 11  \$90,001 - \$100,000
- 12  \$100,001 - \$120,000
- 13  \$120,001 - \$140,000
- 14  \$140,001 - \$160,000
- 15  \$160,001 or more

Please specify

\$

## Part B - Postgraduation Plans

**B1. Where do you intend to live in the year after graduation?**

Mark one answer.

- 1  In the United States

State or U.S. Territory

- 2  Outside the United States

Foreign Country

**B2. What best describes the status of your postgraduate plans?**

Mark one answer.

- 1  I accepted or began a postdoc, residency or other training position  
(A "postdoc" is a temporary position primarily for gaining additional education and training in research, awarded in academe, industry, government, or a nonprofit organization.)
- 2  I am returning to, or continuing in, predoctoral employment
- 3  I accepted or am employed in a position other than a postdoc or training position
- 4  I am negotiating an offer of employment with one or more specific organization
- 5  I am seeking a position but currently have no offer of employment
- 6  I am enrolling in a full-time degree program (e.g., PhD, MD, DDS, JD, MBA)
- 7  I do not plan to work or study (e.g., family commitments, etc.)
- 8  Other - Specify

Go to question B3 on page 7

Go to question B10 on page 8

Go to question B20 on page 10

Go to question C1 on page 11



## POSTDOC OR OTHER TRAINING (if you checked Box 1 in B2)

**B3. What best describes the nature of your postdoc or other training?**

Mark one answer.

- 1  Postdoc fellowship or research associateship
- 2  Traineeship
- 3  Internship, clinical residency
- 4  Other - Specify ↴

**B4. What one type of employer will you be working for on your postdoc or other training?**

Mark one answer.

**EDUCATION**

- 1  U.S. 4-year college or university other than medical school
- 2  U.S. medical school (including university-affiliated hospital or medical center)
- 3  U.S. university-affiliated research institute
- 4  U.S. community or 2-year college
- 5  Foreign educational institution
- 6  U.S. preschool, elementary, middle, secondary school or school system

**GOVERNMENT (other than educational institution)**

- 7  Foreign government
- 8  U.S. federal government
- 9  U.S. state government
- 10  U.S. local government

**PRIVATE SECTOR (other than educational institution)**

- 11  Nonprofit organization (including tax-exempt, charitable organization and private foundation)
- 12  For profit company or organization

**OTHER**

- 13  Self-employed
- 14  Other - Specify ↴

**B5. What is the organization and geographic location where you will work or train?**

Please use the full organization name and avoid acronyms.

If an university-affiliated research center or hospital, please report the affiliated university name.

**a. Organization name:**

**b. Geographic location:**

Mark one answer.

- 1  In the United States

State or U.S. Territory

- 2  Outside the United States

Foreign Country

**c. Is this a college or university?**

- 1  Yes
- 2  No

**B6. What will be your primary and secondary work activities?**

Mark one in each column.

a. Primary    b. Secondary

Research and development ..... 1                       1

Teaching ..... 2     2

Management or administration ..... 3                       3

Professional services (e.g., health care, counseling, financial services, legal services, consulting)..... 4                       4

Other - Specify ↴ ..... 5     5

No secondary work activities ..... 6

**B7. What will be the main source of financial support for your postdoc or other training?**

Mark one answer.

- 1  U.S. government
- 2  Industry/business
- 3  College or university
- 4  Private foundation
- 5  Nonprofit, other than private foundation or college
- 6  Foreign government
- 7  No financial support (unpaid position)
- 8  Other - Specify ↴
- 9  Not sure/unknown

**B8. What will be your basic annual salary for this postdoc or other training?**

Do not include bonuses or additional compensation for summertime teaching or research. If you are not salaried, please estimate your earned income.

\$ , , , , .00

**In which currency did you report your salary above?**

- 1  U.S. dollars
- 2  Another currency - please specify ↴

**B9. How many months does this salary cover?**

Number of Months (1–12)

**Go to question C1 in Part C on page 10**

**EMPLOYED OTHER THAN POSTDOC OR OTHER TRAINING (if you checked Box 2 or 3 in B2)**

**B10. Is your employment considered military service?**

- 1  Yes
- 2  No

**B11. What one type of employer will you be working for?**

Mark one answer.

**EDUCATION**

- 1  U.S. 4-year college or university other than medical school
- 2  U.S. medical school (including university-affiliated hospital or medical center)
- 3  U.S. university-affiliated research institute
- 4  U.S. community or 2-year college
- 5  Foreign educational institution
- 6  U.S. preschool, elementary, middle, secondary school or school system

**GOVERNMENT (other than educational institution)**

- 7  Foreign government
- 8  U.S. federal government
- 9  U.S. state government
- 10  U.S. local government

**PRIVATE SECTOR (other than educational institution)**

- 11  Nonprofit organization (including tax-exempt, charitable organization and private foundation)
- 12  For profit company or organization

**OTHER**

- 13  Self-employed
- 14  Other - Specify ↴

Go to question B13 on page 9

**B12. (If Education) Will you be holding a faculty position?**

Mark one answer.

- 1  Yes, a tenure-track faculty position
- 2  Yes, a non-tenure-track faculty position
- 3  No

**B13. What is the organization and geographic location where you will work?**

*Please use the full organization name and avoid acronyms.*

*If an university-affiliated research center or hospital, please report the affiliated university name.*

**a. Organization name:**

**b. Geographic location:**

*Mark one answer.*

1  In the United States

State or U.S. Territory

2  Outside the United States

Foreign Country

**c. Is this a college or university?**

1  Yes

2  No

**B14. What will be your primary and secondary work activities?**

*Mark one in each column.*

a. Primary    b. Secondary

Research and development ..... 1                       1

Teaching ..... 2     2

Management or administration ..... 3                       3

Professional services (e.g., health care, counseling, financial services, legal services, consulting)..... 4                       4

Other - Specify ↴..... 5     5

No secondary work activities ..... 6

**B15. What will be your basic annual salary for this principal job?**

*Do not include bonuses or additional compensation for summertime teaching or research. If you are not salaried, please estimate your earned income.*

\$  ,  ,  ,  ,  .00

**In which currency did you report your salary above?**

1  U.S. dollars

2  Another currency - please specify ↴

**B16. How many months does this salary cover?**

Number of Months (1–12)

**Go to question C1 in Part C on Page 10**



**C4. What is the highest educational attainment of your parents or guardians?**

Mark one answer for each parent or guardian.

	a. Mother/ female guardian	b. Father / male guardian
Less than high school/secondary school graduate .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
High school/secondary school graduate .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Some college .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Associate's degree .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Bachelor's degree .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Master's degree (e.g., MA, MS, MBA, MSW) .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Professional degree (e.g., MD, DDS, DVM, JD, PsyD) .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Research doctoral degree (e.g., PhD) .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Not applicable/unknown .....	9 <input type="checkbox"/>	9 <input type="checkbox"/>

**C5. Where is your place of birth?**

Mark one answer.

- 1  In the United States  
 State or U.S. Territory
- 2  Outside the United States  
 Foreign Country

**C6. What is your date of birth?**

Month   Day   Year

**C7. What is your citizenship status?**

Mark one answer.

**U.S. CITIZEN**

- 1  Since birth  
 2  Naturalized
- } → Go to question C9 below

**NON-U.S. CITIZEN**

- 3  With a Permanent U.S. Resident Visa (Green Card)  
 4  With a Temporary U.S. Visa

**C8. (If a non-U.S. citizen) Of which country are you a citizen?**

Country of Citizenship

**C9. In what state or country was the high school/secondary school that you last attended?**

Mark one answer.

- 1  In the United States  
 State or U.S. Territory
- 2  Outside the United States  
 Foreign Country

**C10. Are you Hispanic or Latino?**

Mark one answer.

- 1  No, I am not Hispanic or Latino  
 2  Yes, I am Mexican or Chicano  
 3  Yes, I am Puerto Rican  
 4  Yes, I am Cuban  
 5  Yes, I am Other Hispanic or Latino - Specify ↴

**C11. What is your racial background?**

Mark one or more answer.

- 1  American Indian or Alaska Native  
 Specify tribal affiliation(s) ↴

- 2  Native Hawaiian or Other Pacific Islander  
 3  Asian  
 4  Black or African American  
 5  White

**C12. The following questions are designed to help us better understand the educational paths of individuals with specific functional limitations.**

**What is the USUAL degree of difficulty you have with..**

Mark one answer in each row.

	None	Slight	Moderate	Severe	Unable to do
1 SEEING words or letters in ordinary newsprint ( <i>with glasses/contact lenses, if you usually wear them</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2 HEARING what is normally said in conversation with another person ( <i>with hearing aid, if you usually wear one</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3 WALKING without human or mechanical assistance or using stairs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4 LIFTING or carrying something as heavy as 10 pounds, such as a bag of groceries.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5 CONCENTRATING, REMEMBERING, or MAKING DECISIONS because of a physical, mental, or emotional condition.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**C13.**  Mark this box if you answered “NONE” to all the activities in question C12, and go to question C15.

**C14. What is the earliest age at which you first began experiencing any difficulties in any of these areas?**

Age   or  Since birth

**C15. Please fill in the last four digits of your Social Security number.**

X  X  X  X —  X  X —

NOTE: The partial Social Security number is used for quality control by the survey contractor and for statistical reporting and program evaluation by the SED federal sponsors. Specifically: (1) the SED contractor uses it to make sure there are no duplicate records in the historical data file and to cross reference individuals completing a second research doctorate; and (2) the federal agencies that sponsor the SED may match information to data on federal funding support for graduate education.

**C16. Please provide the best contact information where you can be reached for possible additional research follow-up.**

Current Street Address

---

City/State/Country/ZIP or Postal Code

---

E-mail Address

---

Daytime or Cell Telephone Number (Including Area or Country Code)

**C17. Please provide the name and contact information of a person who is likely to know where you can be reached (in case your contact information changes)**

Name of Contact Person

---

Relationship (e.g., Family, Work Colleague, Adviser, Friend)

---

City/State/Country/ZIP or Postal Code

---

E-mail Address

---

Telephone Number (Including Area or Country Code)



**To the Doctorate Recipient:**

*Congratulations on earning a doctoral degree!*

Your accomplishment is significant for both this nation and others, as the new knowledge generated by research doctorates enhances the quality of life in this country and throughout the world. Because of the importance of persons earning research doctorates, several federal agencies—listed on the cover—sponsor this Survey of Earned Doctorates.

The basic purpose of this survey is to gather objective data about doctoral graduates. These data play an important role in local, regional, and national initiatives concerning graduate education. Through outreach meetings with our constituents, we have learned that decision makers in universities, private organizations, and government agencies use data from the Survey of Earned Doctorates when developing new programs and allocating resources to current programs. If you have any comments about the survey, please provide them on page 13.

On behalf of the sponsoring federal agencies, I thank you for your participation in this survey.

Best wishes,

Emilda B. Rivers  
 Director,  
 National Center for Science and Engineering Statistics  
 National Science Foundation



**OFFICE USE ONLY**

Case ID:	Instit. Code:	Grad Date:	Main Disp.:
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**PROCESSING**

Receipt		Editing		CADE	
Initials	Date	Initials	Date	Initials	Date
Ver. Adjust		Retrieval		Updates	
Initials	Date	Initials	Date	Initials	Date