



SED

Survey of Earned Doctorates

July 1, 2020 to June 30, 2021

Conducted by



**NATIONAL
ENDOWMENT
FOR THE
HUMANITIES**

Data collection activities contracted to



First Name	Middle Name	Last Name	Suffix (e.g., Jr.)
Birth name or former name, if legally changed		Today's Date	
Doctoral Institution		City or Branch	
Type of Research Doctoral Degree (e.g., PhD, EdD, etc.)			

This information is solicited under the authority of the National Science Foundation Act of 1950, as amended. All information you provide is protected under the NSF Act and the Privacy Act of 1974, and will be used only for research or statistical purposes by your doctoral institution, the survey sponsors, their contractors and collaborating researchers for the purpose of analyzing data, preparing scientific reports and articles and selecting samples for a limited number of carefully defined follow-up studies. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the federal information systems that transmit your data. The last four digits of your Social Security number are also solicited under the NSF Act of 1950, as amended; provision of it is voluntary. It will be kept confidential. It is used for quality control, to assure that we identify the correct persons, especially when data are used for statistical purposes in federal program evaluation. Any information publicly released (such as statistical summaries) will be in a form that does not personally identify you or other respondents. Your response is voluntary and failure to provide some or all of the requested information will not in any way adversely affect you.

The time needed to complete this form varies according to individual circumstances, but the average time is estimated to be 20 minutes. If you have comments regarding this time estimate, you may write to the National Science Foundation, 2415 Eisenhower Avenue, Alexandria, VA 22314, Attention: NSF Reports Clearance Officer. A federal agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number.

For more information about the Survey of Earned Doctorates, go to www.sedsurvey.org

Part A1 - RESEARCH DOCTORAL DEGREE

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

Month/year degree started: Month Year

Month/year degree granted
or expected: Month Year

A2. What is the name of the department that supervised your doctoral studies?

This could be interdisciplinary committee, center, institute, etc. 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?

Do not use acronyms or abbreviations.

Field Name

A4. Was your dissertation research (or performance, project report, or music or literary composition) interdisciplinary?

☐ Yes

☐ No → **GO TO A6**

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

Primary Field:

Field Name

Field 2:

Field Name

Field 3:

Field Name

GO TO A7

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

Primary Field:

Field Name

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

Select one.

☐

No, I did not receive any tuition remission

☐

Yes, I received remission for less than 1/3 of tuition

☐

Yes, I received between 1/3 and 2/3 of tuition

☐

Yes, I received remission for more than 2/3 of tuition, but less than full

☐

Yes, I received full tuition remission

Part A2 - EDUCATIONAL HISTORY

A8. The next few questions ask about your educational experiences prior to entering your research doctoral degree.

Please select below all other degrees you have received after high school, and indicate the month and year each degree was started and awarded. DO NOT include your research doctoral degree you reported already.

Degree type (Select one per row).	Month started	Year started	Month awarded	Year awarded
<input type="checkbox"/> Another research doctoral degree (e.g., PhD, DSc) <input type="checkbox"/> Professional doctoral degree (e.g., MD, DDS, DVM, JD, PsyD) <input type="checkbox"/> Master's degree (e.g., MS, MA, MBA, MSW) or equivalent <input type="checkbox"/> Bachelor's degree (e.g., BS, BA, AB) or equivalent <input type="checkbox"/> Associate's degree (e.g., AS, AA) or equivalent <input type="checkbox"/> Other postsecondary degree - Specify: <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Another research doctoral degree (e.g., PhD, DSc) <input type="checkbox"/> Professional doctoral degree (e.g., MD, DDS, DVM, JD, PsyD) <input type="checkbox"/> Master's degree (e.g., MS, MA, MBA, MSW) or equivalent <input type="checkbox"/> Bachelor's degree (e.g., BS, BA, AB) or equivalent <input type="checkbox"/> Associate's degree (e.g., AS, AA) or equivalent <input type="checkbox"/> Other postsecondary degree - Specify: <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Another research doctoral degree (e.g., PhD, DSc) <input type="checkbox"/> Professional doctoral degree (e.g., MD, DDS, DVM, JD, PsyD) <input type="checkbox"/> Master's degree (e.g., MS, MA, MBA, MSW) or equivalent <input type="checkbox"/> Bachelor's degree (e.g., BS, BA, AB) or equivalent <input type="checkbox"/> Associate's degree (e.g., AS, AA) or equivalent <input type="checkbox"/> Other postsecondary degree - Specify: <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Another research doctoral degree (e.g., PhD, DSc) <input type="checkbox"/> Professional doctoral degree (e.g., MD, DDS, DVM, JD, PsyD) <input type="checkbox"/> Master's degree (e.g., MS, MA, MBA, MSW) or equivalent <input type="checkbox"/> Bachelor's degree (e.g., BS, BA, AB) or equivalent <input type="checkbox"/> Associate's degree (e.g., AS, AA) or equivalent <input type="checkbox"/> Other postsecondary degree - Specify: <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Another research doctoral degree (e.g., PhD, DSc) <input type="checkbox"/> Professional doctoral degree (e.g., MD, DDS, DVM, JD, PsyD) <input type="checkbox"/> Master's degree (e.g., MS, MA, MBA, MSW) or equivalent <input type="checkbox"/> Bachelor's degree (e.g., BS, BA, AB) or equivalent <input type="checkbox"/> Associate's degree (e.g., AS, AA) or equivalent <input type="checkbox"/> Other postsecondary degree - Specify: <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

A9. *(If you did not receive a professional doctorate)* In addition to your doctoral degree, are you currently earning a professional doctoral degree, such as an MD, DDS, DVM, JD, or PsyD?

☐ Yes
☐ No

A10. *(If you did not receive an associate's degree)* Have you ever earned college credit from a community or 2-year college?

☐ Yes
☐ No

A11. In what month and year did you first enter any graduate program, even if you did not earn a degree?

Month:
Year:

EDUCATION HISTORY DEGREE LOOP STARTS

In the web instrument, degrees reported in Questions A8 and A9 go through the loop for each degree. Up to 9 degrees are allowed, and multiple degrees of same type are looped through that degree type section each time.

ASSOCIATE'S DEGREE LOOP STARTS

A12. Please indicate the geographic location of the institution for your associate's degree in [year awarded].

☐ Inside the United States or U.S. Territory
☐ Outside of the United States

A13. Please type the institution name where you received your associate's degree in [year awarded].

Institution Name:
City/Town:
State/Foreign Country:

A14. What was the field of study for your associate's degree in [year awarded]?

Do not use acronyms or abbreviations.

Field Name

ASSOCIATE'S DEGREE LOOP ENDS

BACHELOR'S DEGREE LOOP STARTS

A15. Please indicate the geographic location of the institution for your bachelor's degree in [year awarded].

- ☐ Inside the United States or U.S. Territory
☐ Outside of the United States

A16. Please type the institution name where you received your bachelor's degree in [year awarded].

Institution Name:

City/Town:

State/Foreign Country:

A17. What was the field of study for your bachelor's degree in [year awarded]?

Do not use acronyms or abbreviations.

Field Name

A18. Did you complete a double major for your bachelor's degree that you received in [year awarded]?

☐ Yes

☐ No → **GO TO A20**

→ **A19. (If Yes) What was the second major field of study for your bachelor's degree in [year awarded]?**

Do not use acronyms or abbreviations.

Field Name

BACHELOR'S DEGREE LOOP ENDS

MASTER'S DEGREE LOOP STARTS

A20. Please indicate the geographic location of the institution for your master's degree in [year awarded].

- ☐ Inside the United States or U.S. Territory
☐ Outside of the United States

A21. Please type the institution name where you received your master's degree in [year awarded].

Institution Name:

City/Town:

State/Foreign Country:

A22. What was the field of study for your master's degree in [year awarded]?

Do not use acronyms or abbreviations.

Field Name

A23. Which of the following best describes your master's degree in [year awarded]?

- ☐ This master's degree was required to enter or continue in my doctoral program _____
- ☐ This master's degree was not required and it did not fulfill any credits for my doctoral program _____ → GO TO A25
- ☐ This master's degree was not required, but it fulfilled credits for my doctoral program _____

A24. About how many of the credits from your master's degree awarded in [year awarded] counted toward your doctoral degree?

Select one.

- ☐ Some
- ☐ Most
- ☐ All

MASTER'S DEGREE LOOP ENDS

SECOND RESEARCH DOCTORAL DEGREE LOOP STARTS

A25. Please indicate the geographic location of the institution for your second doctoral degree in [year awarded].

- ☐ Inside the United States or U.S. Territory
- ☐ Outside of the United States

A26. Please type the institution name where you received your second doctorate in [year awarded].

Institution Name:

City/Town:

State/Foreign Country:

A27. What was the field of study for your second doctoral degree in [year awarded]?

Do not use acronyms or abbreviations.

Field Name

SECOND RESEARCH DOCTORAL DEGREE LOOP ENDS

PROFESSIONAL DOCTORAL DEGREE LOOP STARTS

A28. Please indicate the type of professional doctoral degree you have earned in [year awarded].

- ☐ MD
- ☐ DDS
- ☐ DVM
- ☐ JD
- ☐ PsyD
- ☐ DDiv
- ☐ Other professional doctorate - *Specify:* _____

A29. Please indicate the geographic location of the institution from which you have earned your professional doctoral degree in [year awarded].

- ☐ Inside the United States or U.S. Territory
☐ Outside of the United States

A30. Please type the institution name where you have earned your professional doctoral degree in [year awarded].

Institution Name:
 City/Town:
 State/Foreign Country:

PROFESSIONAL DOCTORAL DEGREE LOOP ENDS

OTHER POSTSECONDARY DEGREE LOOP STARTS

A31. Please indicate the geographic location of the institution for your other postsecondary degree.

- ☐ Inside the United States or U.S. Territory
☐ Outside of the United States

A32. Please type the institution name where you received your other postsecondary degree.

Institution Name:
 City/Town:
 State/Foreign Country:

A33. What was the field of study for your other postsecondary degree?

Do not use acronyms or abbreviations.

Field Name

OTHER POSTSECONDARY DEGREE LOOP ENDS

CURRENT PROFESSIONAL DOCTORAL DEGREE LOOP STARTS

A34. Please indicate the type of professional doctoral degree you are currently earning.

- ☐ MD
☐ DDS
☐ DVM
☐ JD
☐ PsyD
☐ DDiv
☐ Other professional doctorate - Specify:

A35. Please indicate the geographic location of the institution from which you expect to earn your professional doctoral degree.

- ☐ Inside the United States or U.S. Territory
- ☐ Outside of the United States

A36. Please type the institution name where you are earning your professional doctoral degree.

Institution Name:

City/Town:

State/Foreign Country:

A37. When did you start the professional doctoral degree that you are currently earning and when is the degree expected to be granted?

Month/year degree started: Month Year

Month/year degree expected: Month Year

CURRENT PROFESSIONAL DOCTORAL DEGREE LOOP ENDS

END OF EDUCATION HISTORY DEGREE LOOP

A38. 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).

Select Yes or No for each.

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

A39. Based on the total amount of financial support provided, which of sources from A38 were your primary and secondary source of support?

Enter **letters** of primary and secondary sources.

- ☐ Primary source of support
- ☐ Secondary source of support ☐ Select if no secondary source

A40. When you receive your doctoral degree, how much money will you owe that is directly related to your undergraduate and graduate education?

Select one in each column.

UNDERGRADUATE

- ☐ None
- ☐ \$10,000 or less
- ☐ \$10,001 - \$20,000
- ☐ \$20,001 - \$30,000
- ☐ \$30,001 - \$40,000
- ☐ \$40,001 - \$50,000
- ☐ \$50,001 - \$60,000
- ☐ \$60,001 - \$70,000
- ☐ \$70,001 - \$80,000
- ☐ \$80,001 - \$90,000
- ☐ \$90,001 or more - Specify:

\$

GRADUATE

- ☐ None
- ☐ \$10,000 or less
- ☐ \$10,001 - \$20,000
- ☐ \$20,001 - \$30,000
- ☐ \$30,001 - \$40,000
- ☐ \$40,001 - \$50,000
- ☐ \$50,001 - \$60,000
- ☐ \$60,001 - \$70,000
- ☐ \$70,001 - \$80,000
- ☐ \$80,001 - \$90,000
- ☐ \$90,001 - \$100,000
- ☐ \$100,001 - \$120,000
- ☐ \$120,001 - \$140,000
- ☐ \$140,001 - \$160,000
- ☐ \$160,001 or more - Specify:

\$

Part B1 - POSTGRADUATION PLANS

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

Select one.

- ☐ Inside the United States or U.S. territory
- State or U.S. territory:
- ☐ Outside the United States
- Country:

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

Select one.

- ☐ 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.) → **GO TO POSTDOC OR OTHER TRAINING on PAGE 10**
- ☐ I am returning to, or continuing in, predoctoral employment _____
- ☐ I accepted or am employed in a position other than a postdoc or training position _____
(including self-employment) → **GO TO EMPLOYED OTHER THAN POSTDOC OR TRAINING on PAGE 11**
- ☐ I am negotiating an offer of employment with one or more specific organizations _____ → **GO TO NEGOTIATING OR SEEKING on PAGE 13**
- ☐ I am seeking a position but currently have no offer of employment _____
- ☐ I am enrolling in a full-time degree program (e.g., PhD, MD, DDS, JD, MBA) _____
- ☐ I do not plan to work or study (e.g., family commitments) _____ → **GO TO PART B2 on PAGE 13**
- ☐ Other - Specify:

POSTDOC OR OTHER TRAINING (if you checked Box 1 in B2)**B3. What best describes the nature of your postdoc or other training?**

Select one.

- ☐ Postdoc fellowship or research associateship
- ☐ Traineeship
- ☐ Internship, clinical residency
- ☐ Other training - Specify:

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

Select one.

EDUCATION

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

GOVERNMENT (other than educational institution)

- ☐ U.S. federal government
- ☐ U.S. state government
- ☐ U.S. local government
- ☐ Foreign government

PRIVATE OR NONPROFIT SECTOR

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

OTHER

- ☐ Self-employed
- ☐ Other - Specify:

B5. Please name the organization and geographic location where you will work or train.

Please use the full organization name and avoid acronyms.

a. Organization Name:**b. Geographic location:**

Select one.

- ☐ Inside the United States or U.S. territory

→ State or U.S. territory:

- ☐ Outside the United States

→ Country: **c. Is this a college or university?** ☐ Yes ☐ No**B6. What will be your primary and secondary work activities?**

Select one in each column.

	PRIMARY	SECONDARY
Research and development	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>
Management or administration	<input type="checkbox"/>	<input type="checkbox"/>
Professional services (such as health care, engineering, consulting, counseling, financial, or legal services)	<input type="checkbox"/>	<input type="checkbox"/>
Other - Specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
No secondary work activities		<input type="checkbox"/>

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

Select one.

- ☐ U.S. government
- ☐ Industry/business
- ☐ College or university
- ☐ Private foundation
- ☐ Nonprofit, other than private foundation or college
- ☐ Foreign government
- ☐ No financial support (unpaid position)
- ☐ Other - Specify:
- ☐ Not sure/Unknown

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

If you are not salaried, please estimate your earned income.

Please enter a whole number without any commas, decimals or special characters.

Annual Salary/Earned Income:

In which currency did you report your salary above?

☐ U.S. Dollars

☐ Another currency - *Specify:*

If you prefer not to report an exact amount, please indicate into which range you expect your salary to fall:

Select one.

☐ \$30,000 or less

☐ \$30,001 - \$35,000

☐ \$35,001 - \$40,000

☐ \$40,001 - \$50,000

☐ \$50,001 - \$60,000

☐ \$60,001 - \$70,000

☐ \$70,001 - \$80,000

☐ \$80,001 - \$90,000

☐ \$90,001 - \$100,000

☐ \$100,001 - \$110,000

☐ \$110,001 - \$120,000

☐ \$120,001 - \$130,000

☐ \$130,001 or more

☐ Don't know

B9. Is this salary based on a 12-month year or fewer than 12 months?

☐ 12-month year

☐ Less than 12 months

Number of Months (1-12):

GO TO PART B2 on PAGE 13

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

B10. Is your employment considered military service?

☐ Yes

☐ No

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

Select one.

EDUCATION

☐ U.S. 4-year college or university other than medical school

☐ U.S. medical school (*including university-affiliated hospital or medical center*)

☐ U.S. university-affiliated research institute

☐ U.S. community or 2-year college

☐ U.S. preschool, elementary, middle, secondary school or school system

☐ Foreign educational institution

GOVERNMENT (*other than educational institution*)

☐ U.S. federal government

☐ U.S. state government

☐ U.S. local government

☐ Foreign government

PRIVATE OR NONPROFIT SECTOR

☐ For-profit company or organization

☐ Nonprofit organization (*including tax-exempt, charitable organization and private foundation*)

OTHER

☐ Self-employed

☐ Other - *Specify:*

B12. Please name the organization and geographic location where you will work.

Please use the full organization name and avoid acronyms.

a. Organization Name:

b. Geographic location:

Select one.

☐

Inside the United States or U.S. territory

→ State or U.S. territory:

☐

Outside the United States

→ Country:

c. Is this a college or university?

☐

Yes

☐

No

→ **GO TO B14**

→ B13. (If Yes) At this educational institution, will you be holding a faculty position?

Select one.

☐

Yes, a tenure-track faculty position

☐

Yes, a non-tenure-track faculty position

☐

No

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

Select one in each column.

PRIMARY SECONDARY

Research and development

☐
☐

Teaching

☐
☐

Management or administration

☐
☐

Professional services

☐
☐

(such as health care, engineering, consulting, counseling, financial, or legal services)

Other - Specify: →

☐
☐

No secondary work activities

☐

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

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

Please enter a whole number without any commas, decimals or special characters.

Annual Salary/Earned Income:

In which currency did you report your salary above?

☐

U.S. Dollars

☐

Another currency - Specify:

If you prefer not to report an exact amount, please indicate into which range you expect your salary to fall:

Select one.

☐

\$30,000 or less

☐

\$30,001 - \$35,000

☐

\$35,001 - \$40,000

☐

\$40,001 - \$50,000

☐

\$50,001 - \$60,000

☐

\$60,001 - \$70,000

☐

\$70,001 - \$80,000

☐

\$80,001 - \$90,000

☐

\$90,001 - \$100,000

☐

\$100,001 - \$110,000

☐

\$110,001 - \$120,000

☐

\$120,001 - \$130,000

☐

\$130,001 or more

☐

Don't know

B16. Is this salary based on a 12-month year or fewer than 12 months?

☐

12-month year

☐

Less than 12 months

Number of Months (1-12):

B17. Is your position with the same employer you worked for during your doctoral studies or before you started your doctoral studies?

Select one.

☐

Yes, I first worked for this employer before I started my doctoral studies

☐

Yes, I first worked for this employer during my doctoral studies

☐

No

GO TO PART B2 on PAGE 13

NEGOTIATING OR SEEKING (if you checked Box 4 or 5 in B2)

B18. What type of position(s) are you negotiating or seeking?

Select one or more.

☐ A postdoc 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.)

☐ Employment (other than a postdoc or training position)

☐ Other - Specify:

B19. What type of employer(s) are you negotiating with or seeking?

Select one or more.

☐ a Educational institution

☐ b Government (other than educational institution)

☐ c Business/industry

☐ d Nonprofit organization (including private foundation)

☐ e Other - Specify:

B20. Did you mark more than one response in Question B19?

☐ Yes

☐ No → GO TO B22

B21. Of the employers you selected in B19, which ONE employer would be your top choice?

Enter letter of top choice.

☐ Top Choice

B22. What is your current employment status?

Please include part-time, full-time, and temporary positions.

☐ I am employed in a position related to my field of study

☐ I am employed in a position not related to my field of study

☐ I am not employed → GO TO B24 BELOW

B23. (If employed) Is your position with the same employer you worked for during your doctoral studies or before you started your doctoral studies?

Select one.

☐ Yes, I first worked for this employer before I started my doctoral studies

☐ Yes, I first worked for this employer during my doctoral studies

☐ No

Part B2 - IMPACT OF COVID-19 PANDEMIC

The next questions focus on how the Coronavirus Disease 2019 (COVID-19) may have affected your graduate experiences and career plans.

B24. Did you experience any of the following as a result of the COVID-19 pandemic?

Select Yes or No for each.

	Yes	No
a. The timeline for completing my doctoral degree changed.	<input type="checkbox"/>	<input type="checkbox"/>
b. My research was disrupted.	<input type="checkbox"/>	<input type="checkbox"/>
c. Funding for my doctoral studies was reduced or suspended.	<input type="checkbox"/>	<input type="checkbox"/>
d. My immediate postgraduate employment or education plans changed.	<input type="checkbox"/>	<input type="checkbox"/>
e. My longer term career plans or goals changed (e.g., type of employer, research focus).	<input type="checkbox"/>	<input type="checkbox"/>
f. My plans about where to live in the year after graduation were affected.	<input type="checkbox"/>	<input type="checkbox"/>
g. My graduate experience or career plans changed in other ways.	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask you to provide more detail on the ways COVID-19 affected your graduate experiences and career plans.

B25. (If B24.a=Yes) How did the timeline for completing your doctoral degree change?

B26. (If B24.b=Yes) How was your research disrupted?

B27. (If B24.c=Yes) How was your funding reduced or suspended?

B28. (If B24.d=Yes) How did your immediate employment or education plans change?

B29. (If B24.e=Yes) How did your longer term career plans or goals change?

B30. (If B24.f=Yes) How did it impact your decision on where to live in the year after graduation?

B31. (If B24.g=Yes) In what other ways did your graduate experience or plans change?

Part C - BACKGROUND INFORMATION

C1. Are you male or female?

- ☐ Male
☐ Female

C2. What is your current marital status?

Select one.

- ☐ Married
☐ Living in a marriage-like relationship
☐ Widowed
☐ Separated
☐ Divorced
☐ Never married

C3. Not including yourself or your spouse/partner, do you have any dependents?

Dependents are children or adults who receive at least one-half of their financial support from you.

☐ Yes → Write in number of dependents in each age range.

5 years of age or younger	<input type="text"/>
6 to 18 years	<input type="text"/>
19 years or older	<input type="text"/>

☐ No

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

Select one for each parent or guardian.

	MOTHER/ FEMALE GUARDIAN	FATHER/ MALE GUARDIAN
Less than high school completed	<input type="checkbox"/>	<input type="checkbox"/>
High school diploma or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Some college, vocational, or trade school	<input type="checkbox"/>	<input type="checkbox"/>
Associate's degree (e.g., AS, AA)	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's degree (e.g., BS, BA, AB)	<input type="checkbox"/>	<input type="checkbox"/>
Master's degree (e.g., MA, MS, MBA, MSW)	<input type="checkbox"/>	<input type="checkbox"/>
Professional degree (e.g., MD, DDS, DVM, JD, PsyD)	<input type="checkbox"/>	<input type="checkbox"/>
Research doctoral degree (e.g., PhD, DSc)	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable/Unknown	<input type="checkbox"/>	<input type="checkbox"/>

C5. Where is your place of birth?

Select one.

☐ Inside the United States or U.S. territory

→ State or U.S. territory:

☐ Outside the United States

→ Country:

C6. What is your date of birth?

Month Day Year

C7. What is your citizenship status?

Select one.

U.S. CITIZEN

☐ Since birth → **GO TO C9**

☐ Naturalized → **GO TO C9**

NON-U.S. CITIZEN

☐ With a Permanent U.S. Resident Visa ("Green Card") → **GO TO C8**

☐ With a Temporary U.S. Visa → **GO TO C8**

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

Country of present citizenship: →

C9. What is the geographic location of the high school or secondary school that you last attended?

Select one.

☐ Inside the United States or U.S. territory

→ State or U.S. territory:

☐ Outside the United States

→ Country:

C10. Are you Hispanic or Latino?

Select one.

☐ No, I am not Hispanic or Latino

☐ Yes, I am Mexican or Chicano

☐ Yes, I am Puerto Rican

☐ Yes, I am Cuban

☐ Yes, I am Other Hispanic or Latino - Specify: →

C11. What is your racial background?

Select one or more.

☐ American Indian or Alaska Native - Specify tribal affiliation(s): →

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ Black or African American

☐ 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...

Select one in each row.

	NONE	SLIGHT	MODERATE	SEVERE	UNABLE TO DO
SEEING words or letters in ordinary newsprint (with glasses/contact lenses, if you usually wear them)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEARING what is normally said in conversation with another person (with hearing aid, if you usually wear one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALKING without human or mechanical assistance or using stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIFTING or carrying something as heavy as 10 pounds, such as a bag of groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCENTRATING, REMEMBERING, or MAKING DECISIONS because of a physical, mental or emotional condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C13. ☐ Mark this box (X) 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.

- -

REMINDER: ALL INFORMATION YOU PROVIDE WILL BE TREATED AS CONFIDENTIAL and used only for research or statistical purposes by your doctoral institution, the survey sponsors, their contractors, and collaborating researchers for the purpose of analyzing data, preparing scientific reports and articles, and selecting samples for a limited number of carefully defined follow-up studies.

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

Your 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. Do not include someone in your household.

As with all the information provided in this survey, complete confidentiality will be provided. This person will only be contacted if we have difficulty contacting you.

Name of person who will know where you can be reached

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)


Thank you for completing the survey. Please make any additional comments you may have about this survey in the space provided below.

The results of this survey will be published in an annual report; the annual reports on earlier surveys are available at www.nsf.gov/statistics/sed.

If you have questions or concerns about this survey, you may contact us by email at: sed@rti.org or phone at: 1-877-256-8167.

For more information about the SED, go to: www.sedsurvey.org

Comments about the survey:



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 17.

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

