

Supplemental Digital Appendix

SECTION A: JOB AND EDUCATION INFORMATION

1. Please indicate your current academic rank:

- ☐ Professor ☐ Associate Professor ☐ Assistant Professor
☐ Instructor ☐ Fellow/Postdoc/Resident ☐ Other (specify): _____

2. Please indicate your academic rank **on your K award start date**.

- ☐ Professor ☐ Associate Professor ☐ Assistant Professor
☐ Instructor ☐ Fellow/Postdoc/Resident ☐ Other (specify): _____

3. Please list all graduate degrees you hold and the year each was received:

Degree	Year

4. How many years, if any, were you in a faculty position prior to your K award start date? _____

5. Please indicate your clinical specialty : _____

6. What is the nature of your research? Please check all that apply.

- ☐ Laboratory-based ☐ Clinical ☐ Health services ☐ Other (specify): _____

SECTION B: TIME ALLOCATION

We understand that you may have different patterns of work hours or time allocation in different weeks (for example, some individuals spend more time on clinical duties when they are on “ward coverage weeks” versus other weeks). In the questions below, we begin by asking you to think of your “primary working pattern” (your most frequent weekly working pattern); later, we’ll ask you about whether you have other working patterns that differ significantly in time distribution.

1. Think about your **primary working pattern** (your most frequent weekly working pattern). In a typical week for your primary working pattern, how many hours do you work? _____ hours
2. Approximately how many of these hours are spent in

	Hours
Patient Care	
Seeing patients or doing work directly related to patient care (include time spent rounding with students or residents when a primary purpose is patient care)	_____
Research	
Conducting research or performing the administrative duties directly related to that research (include time spent obtaining funding, such as writing grants)	_____
Career Development	
Carrying out specific non-research components of your career development program as specified in your K award grant proposal (such as didactic program components)	_____
Teaching	
Doing formal didactic teaching unrelated to your patient care or research activities (e.g., giving lectures for medical school students or residents), or preparing for this teaching	_____
Administrative Duties	
Performing administrative duties not directly related to your research (e.g. committee work, departmental meetings, etc.)	_____
Other Work-Related Tasks	
Doing any other work-related tasks not included in the categories above	_____

Total hours should equal response to Question B1

3. How many weeks a year are generally like this week? _____ weeks

4. Do you have a secondary working pattern, in which your time allocation is **significantly different** from what you described above, such as heavy clinical weeks or weeks spent staffing the inpatient wards?

☐ No (continue below)

☐ Yes (answer questions in box before proceeding)

- a. In the past year, how many of these work weeks did you have? _____ weeks
b. During these weeks, approximately how many hours did you spend doing:

	Hours
Patient Care	_____
Research	_____
Career Development	_____
Teaching	_____
Administrative Duties	_____
Other Work-Related Tasks	_____

*The next two questions ask about time spent **parenting** and on **domestic tasks**. Please consider “parenting” to include meeting physical needs (such as feeding or bathing), as well as meeting psychosocial needs (such as talking or playing with children, driving them to activities, and attending their recitals or sporting events). Please consider domestic tasks to include cooking, cleaning, laundry, home maintenance, yardwork, shopping for necessities, errands, finances, and other such activities.*

5. How many hours do you spend on **parenting and domestic tasks** on a typical **weekday** (including evening)? _____ hours
6. How many hours do you spend on **parenting and domestic tasks** on a typical **weekend (include both days)**? _____ hours
7. How many hours do you **sleep** in a typical **night**? _____ hours
8. In the past year, how many weeks did you spend on vacation? _____ weeks
9. Of your time spent on research and career development, what percent is spent on activities related to your original K award proposal? _____ %

10. Ideally, would you prefer the time you spent on the following activities be increased, decreased, or remain about the same as your current arrangement?

	Increase	Same	Decrease
Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Work-Related Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Overall, how well do you **feel that your research time is protected?**

☐ Not at all ☐ Poorly ☐ Reasonably well ☐ Very well

12. Do you feel pressure or encouragement from your department/division or K award mentor to change the amount of time you spend on the following activities?

	My Department / Division pressures/encourages me to ...			My K Award Mentor pressures/encourages me to ...		
	Increase Time	No pressure	Decrease time	Increase time	No pressure	Decrease time
Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research directly related to your K award proposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research other than research specified in your K award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Have you ever felt pressure to misrepresent your percent effort, personal months of effort, or work time allocation?

☐ No (continue to section C)

☐ Yes (continue below before proceeding to section C)

a. How? (check all that apply)

☐ To overstate K award-related activities

☐ To understate K award-related activities

☐ Other (specify) _____

b. By whom? (check all that apply)

☐ My K award mentor

☐ My department ☐ My division

☐ Other (specify) _____

SECTION C: CAREER SATISFACTION AND WORK ENVIRONMENT

1. How **satisfied** are you with the following:

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
Opportunity to collaborate with other faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of social interaction with other members of my department/division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of funding for my research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of being valued for my research by other members of my department/division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of contributing to developments in my discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance between competing professional responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance between professional and personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. All things considered, how satisfied are you with your current position?

☐ Very Satisfied
 ☐ Somewhat Satisfied
 ☐ Neither Satisfied nor Dissatisfied
 ☐ Somewhat Dissatisfied
 ☐ Very Dissatisfied

3. Rate the adequacy of **your access** to the following resources:

	More than adequate	Adequate	Some, but inadequate	None at all	Not applicable
Research space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to secretarial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to grants administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to statistical support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have access to a research assistant? (full time equivalent, FTE)?

☐ No
 ☐ Yes (If yes, how many? _____ # of FTEs)

5. How many square feet of laboratory space do you have? _____ sq. ft. or ☐ Not Applicable

6. How well do you understand the criteria for promotion at your institution?

☐
Not At All

☐
Poorly

☐
Reasonably Well

☐
Very Well

7. Do you have formal reviews of your performance?

☐ No ☐ Yes

If yes, by whom?

☐ Mentor

☐ Department/Division Leader

☐ Other

8. In the past two years, have you asked a superior at your institution for:

a. a reduction of clinical hours?

☐ No ☐ Yes

If yes, was your request granted?

☐ No

☐ Partly

☐ Fully

b. a raise?

☐ No ☐ Yes

If yes, was your request granted?

☐ No

☐ Partly

☐ Fully

c. increased lab equipment or research space?

☐ No ☐ Yes

If yes, was your request granted?

☐ No

☐ Partly

☐ Fully

d. increased funding for research?

☐ No ☐ Yes

If yes, was your request granted?

☐ No

☐ Partly

☐ Fully

9. When asked to take on extra clinical responsibilities (e.g. covering an extra clinic session for a colleague), how frequently do you decline?

☐
Always

☐
Almost
always

☐
Most of
the time

☐
Some of the
time

☐
Almost
never

☐
Never

☐
Not
applicable

10. How frequently have you felt you were being treated unfairly in your job?

☐
Regularly

☐
Frequently

☐
Sometimes

☐
Infrequently

☐
Never

11. How frequently have you raised concerns about unfair treatment with a superior?

☐ More than twice a year
 ☐ Twice a year
 ☐ Yearly
 ☐ At least once, but less than yearly
 ☐ Never

12. How much do you **feel a responsibility** to:

	A lot	Quite a Bit	Somewhat	A Little	Not at All
Contribute to the teaching mission of your department/division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct your own research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support the research of your colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribute to the clinical care provided by your department/division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play a role in department/division administrative issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please rate the climate of your primary department (or division, if more relevant) on the following continuum by circling a number:

Racist	1	2	3	4	5	Non-racist
Homogeneous	1	2	3	4	5	Diverse
Non-sexist	1	2	3	4	5	Sexist
Collaborative	1	2	3	4	5	Individualistic
Cooperative	1	2	3	4	5	Competitive
Homophobic	1	2	3	4	5	Non-homophobic
Not supportive	1	2	3	4	5	Supportive

14. Please indicate how important the following possible career goals are to you.

	Not at All Important	Somewhat Important	Quite Important	Very Important
Having a department, school, or national leadership position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a national or international reputation as an expert in my field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publishing high-quality research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publishing prolifically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earning a high salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing excellent patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching the next generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing work and other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: MENTORING

1. How easy has it been for you to identify someone whose career could serve as a model for your own?

☐ Very Easy
 ☐ Easy
 ☐ Difficult
 ☐ Very Difficult

2. How easy has it been for you to develop a relationship with a mentor?

☐ Very Easy
 ☐ Easy
 ☐ Difficult
 ☐ Very Difficult

3. Thinking about all of your mentors, how much have your mentors				
	Not at All	A little bit	Quite a bit	A lot
served as role model(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
promoted your career through networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
advised about preparation for advancement (e.g., promotion, leadership positions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
advised about getting your work published	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
advised about department/division politics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
advised about obtaining the resources you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
advocated for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
advised about balancing work & family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taught you knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
modeled professional and ethical behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Is your **primary designated K award mentor** the person with whom you currently have the most valuable professional mentor-mentee relationship? ☐ No ☐ Yes

5. Do you have more than one designated K award mentor? ☐ No ☐ Yes

Some of the following questions ask about your “primary K award mentor.” If you have more than one designated K-award mentor, please think of the individual who is most directly involved in mentoring you in your K award as your “primary K award mentor.”

6. To what extent is your primary K award mentor:

	A Lot	Quite a Bit	Some	A Little	Not At All
Fault-finding or judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committed to mentoring you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploitative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overprotective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An important contributor to the research in your field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-connected to others of importance in your field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. When you and your primary K award mentor meet, who usually initiates the meeting?

☐ Always me ☐ Mostly me ☐ Half and half ☐ Mostly mentor ☐ Always mentor

8. In a typical month, how long do you spend meeting one-on-one with

a. your primary K award mentor? _____ hours

b. other mentors? _____ hours

9. How often do you communicate in person, via phone, or via email with your primary K award mentor?

☐ Multiple times a day ☐ About once a day ☐ About once a week
☐ About once every couple of weeks ☐ About once a month ☐ Less than monthly

10. Is your current relationship with your primary K award mentor closer to a student-teacher relationship or to a collegial relationship?

☐ Mostly student-teacher ☐ Somewhat more student-teacher ☐ Neither one more than the other ☐ Somewhat more collegial ☐ Mostly collegial

11. Overall, how satisfied are you with your primary K award mentor?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

12. Overall, at the present time, how satisfied are you with the mentoring you receive from all sources?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

13. What is the gender of your primary K award mentor?

☐ Male ☐ Female

14. What is the race/ethnicity of your primary K award mentor? Please check all that apply.

☐ White ☐ Black or African American ☐ American Indian or Alaska Native
☐ Asian ☐ Hispanic/Latino ☐ Native Hawaiian or Pacific Islander
☐ Other (specify): _____

SECTION E: FAMILY RESPONSIBILITIES

1. Do you have children?

☐ Yes (answer questions in box before proceeding)

☐ No (skip box and continue on next page)



a. How many children do you have? _____ How many stepchildren or foster children? _____

b. Please list the ages of your children: _____

c. Please list the ages of your stepchildren or foster children: _____

d. Do your children require adult supervision or care? ☐ Yes ☐ No (if no, continue to next page) →



i. In a typical week, where are your children while you're at work? Check all that apply.

☐ at school or in extracurricular activities

☐ with a nanny/babysitter

☐ in daycare or other group setting

☐ with my spouse/partner

☐ with a family member as caretaker

☐ other (specify) _____

ii. How satisfied are you with your **current** child care arrangements?

☐
Extremely
satisfied, they
couldn't be
better

☐
Very
satisfied,
they are
fine

☐
Sometimes
satisfied,
sometimes
dissatisfied

☐
Dissatisfied,
they could be a
lot better

☐
Very
dissatisfied,
they need to
be changed

iii. When your children are ill, when school or institutional care is closed (e.g., during holidays or vacations), or when other disruptions in your usual child care arrangements occur, who **usually** stays with your children? *Please select only one option.*

☐ I usually do

☐ My spouse/partner usually does

☐ My spouse/partner and I usually alternate

☐ A friend or neighbor usually does

☐ I usually bring my child/children to work

☐ A family member usually does

☐ Other (specify): _____

2. Do you have anyone else at home (i.e., an elder parent) for whom you are responsible? ☐ Yes ☐ No

3. When you have after hours work (e.g., manuscript or grant writing, dinner meetings) to attend to, how easy is it for you to get such work done?

☐
Very easy,
no problem
at all

☐
Easy, very few
problems

☐
So-so, some
problems

☐
Difficult, a lot
of problems

☐
Very difficult, a
great many
problems

☐
Extremely
difficult, I can't
usually do such
work

4. How often does child rearing and/or family responsibility **currently** interfere with your ability to get work-related things done?
☐ Very frequently ☐ Frequently ☐ Some ☐ Infrequently ☐ Never
5. Do you intend to have children (or to have more children) in the future? ☐ Yes ☐ No ☐ Don't know
6. Did you delay (or are you delaying) having children for career-related reasons? ☐ Yes ☐ No
7. When you need to take time off (for example, for one week because of personal illness or to care for a sick child or parents), how flexible is your current job situation?
☐ Extremely flexible ☐ Very flexible ☐ Somewhat flexible ☐ Fairly inflexible ☐ Very inflexible ☐ Extremely inflexible
8. Please indicate the percentage of the time spent on **parenting and domestic tasks** currently performed by:

You	%	} Should total 100%
Spouse/domestic partner	%	
Employed help	%	
Relative	%	
Other	%	

*Please consider “**parenting**” to include meeting physical needs (such as feeding or bathing), as well as meeting psychosocial needs (such as talking or playing with children, driving them to activities, and attending their recitals or sporting events). Please consider **domestic tasks** to include cooking, cleaning, laundry, home maintenance, yardwork, shopping for necessities, errands, finances, and other such activities.*

SECTION F: DEMOGRAPHICS

1. Please indicate your gender: ☐ Male ☐ Female
2. What is your age? _____
3. Which of the following best describe(s) your race/ethnicity? Please mark all that apply.
☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian
☐ Hispanic/Latino ☐ Native Hawaiian or Pacific Islander ☐ Other (specify): _____
4. Is English (one of) your native language(s)? ☐ Yes ☐ No
5. What is your marital status?
☐ Single ☐ Divorced/Separated ☐ Widowed ☐ Married/in a domestic partnership
6. If you are married or in a domestic partnership, is your spouse/partner employed?
☐ Yes, full time ☐ Yes, part time ☐ No ☐ Not applicable
(please specify spouse/partner's occupation: _____)
7. How dependent is your family upon **your income** to maintain an acceptable lifestyle?
☐ Not at all ☐ Somewhat ☐ Moderately ☐ Very much
8. Please indicate your **annual salary last year** (include all compensation from your institution, including that based on clinical work, but do not include fringe benefits, such as pension plans, or income from moonlighting or consulting): US\$_____ (round to nearest \$1000)
9. How much does your compensation depend upon clinical volume or the number of patients you see?
☐ Not at all ☐ Somewhat ☐ Moderately ☐ Very much

10. How much does your compensation depend upon the amount of grant funding you receive?

- ☐ Not at all ☐ Somewhat ☐ Moderately ☐ Very much

11. Were there any periods since completion of your training when you:

 Took a leave of absence (for any reason) greater than one month?

- ☐ No ☐ Yes (How many times? _____; Total duration of these absences? _____)

 Reduced your time to less than a full-time equivalent?

- ☐ No ☐ Yes (How many times? _____; Total duration of these absences? _____)

12. What was the total amount provided last year by your K award **toward your salary** (directs only)?
 US\$_____ (enter zero if you are no longer receiving support from the K award)

13. What is the total amount provided last year by your K award for **research development support***
 (directs only)? US\$_____

14. What percent effort are you supposed to be devoting to your K award-related activities this year?

- ☐ 75% of one full-time equivalent/professional effort (or 9 personal months effort each year)
☐ 50% of one full-time equivalent/professional effort (or 6 personal months effort each year)
☐ Other (please specify): _____

THANK YOU FOR COMPLETING THIS SURVEY!

We are eager to hear any other thoughts you might have regarding the K award program or regarding careers in academic medicine generally. Please feel free to write in the space below or include additional pages of comments.

* As defined by the NIH: “(a) tuition and fees related to career development; (b) research expenses, such as supplies, equipment and technical personnel; c) travel to research meetings or training; and (d) statistical services including personnel and computer time.”

Supplemental Digital Appendix 2

SECTION A: QUALITY OF LIFE (SATISFACTION WITH LIFE SCALE)

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item. Please be open and honest.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
In most ways my life is close to my ideal.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
The conditions of my life are excellent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I am satisfied with my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
So far I have gotten the important things I want in life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
If I could live my life over, I would change almost nothing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

SECTION B: JOB INFORMATION

- Please indicate your **current** academic rank:

<input type="checkbox"/> Professor	<input type="checkbox"/> Associate Professor	<input type="checkbox"/> Assistant Professor	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Instructor	<input type="checkbox"/> Fellow/Postdoc/Resident	<input type="checkbox"/> Other (specify: _____)	
- Were you in a “tenure track” position when you received your K award?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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- Are you in a “tenure track” or tenured position now?

<input type="checkbox"/> Tenure Track	<input type="checkbox"/> Tenured	<input type="checkbox"/> Neither	<input type="checkbox"/> Not Applicable
---------------------------------------	----------------------------------	----------------------------------	-----------------------------------------
- Have you ever held a leadership position at an academic institution? (*Please mark all that apply; do not include interim appointments*)

<input type="checkbox"/> None	<input type="checkbox"/> Department Chair
<input type="checkbox"/> Dean or Associate Dean	<input type="checkbox"/> Clinical Director
<input type="checkbox"/> Division Chief	<input type="checkbox"/> Residency Director
<input type="checkbox"/> Other (specify) _____	
- Have you held a leadership position at the national level in the past 5 years? (*Please mark all that apply*)

- ☐ None ☐ Journal Editor or Editorial Board Member
☐ Specialty Society Officer or National Organization Committee Chair
☐ Other (specify) _____

SECTION C: TIME ALLOCATION

1. In your current job, about how many **hours** do you work **per week**? _____ hours
2. What **percent** of your working time is devoted to...

	%
Patient Care Seeing patients or doing work directly related to patient care (include time spent rounding with students or residents when a primary purpose is patient care)	
Research Conducting research or performing the administrative duties directly related to that research (include time spent obtaining funding, such as writing grants)	
Career Development Carrying out activities that promote your own career development that do not fit into the other categories listed here (such as taking courses or participating in leadership development programs).	
Teaching Doing formal didactic teaching unrelated to your patient care or research activities (e.g., giving lectures for medical school students or residents), or preparing for this teaching	
Administrative Duties Performing administrative duties not directly related to your research (e.g. committee work, departmental meetings, etc.)	
Other Work-Related Tasks Doing any other work-related tasks not included in the categories above	

Total should equal **100%**

The next few questions ask about time spent on **parenting** and **domestic tasks**. Please consider “parenting” to include meeting physical needs (such as feeding or bathing), as well as meeting psychosocial needs (such as talking or playing with children, driving them to activities, and attending their recitals or sporting events). Please consider domestic tasks to include cooking, cleaning, laundry, home maintenance, yard work, shopping for necessities, errands, finances, and other such activities.

3. How many **hours** do you spend on parenting and domestic tasks on a typical **weekday** (including evening)? _____ hours
4. How many **hours** do you spend on parenting and domestic tasks on a typical **weekend** (include both days)? _____ hours
5. How many **hours** do you sleep in a typical **night**? _____ hours
6. How many **hours** do you spend exercising in a typical **week**? _____ hours

7. Ideally, would you prefer the time you spent on the following activities be increased, decreased, or remain about the same as your current arrangement?

	Increase	Same	Decrease
Patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Have you ever felt pressure to misrepresent your percent effort, personal months of effort, or work time allocation?

☐ No (*continue to section D*)



☐ Yes (*continue below before proceeding to section D*)

a. How? (check all that apply)

☐ To overstate grant-related activities

☐ To understate grant-related activities

☐ Other (specify) _____

b. From whom? (check all that apply)

☐ My primary designated K award mentor

☐ My department ☐ My division

☐ Other (specify) _____

SECTION D: WORK ENVIRONMENT AND CAREER SATISFACTION

1. Have you left or seriously considered leaving the institution where you first received your K award?

☐ No (skip box and continue on to Question 2)

☐ Yes

→ Answer the following only if you answered 'Yes' to Question 1

a. What factors influenced your decision to leave or your consideration of leaving? *Mark all that apply.*

- ☐ Dissatisfaction with mentoring
- ☐ Inadequate protected research time
- ☐ Dissatisfaction with work-life balance
- ☐ Unsupportive institutional climate
- ☐ Better opportunity elsewhere
- ☐ Job opportunities for my spouse/partner/significant other
- ☐ Other (specify): _____

b. Where, if anywhere, are you currently working? *Mark all that apply.*

- ☐ The institution where I received my K award
- ☐ Another academic institution
- ☐ Community-based or private medical practice
- ☐ Public Health/Government Service
- ☐ Other (specify): _____
- ☐ Industry
- ☐ Not employed

→ 2. How many square feet of laboratory space do you have? _____ sq. ft. or ☐ Not Applicable

3. To what extent do you agree with the following statements:

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	Not Applicable
My professional goals and my institution's goals coincide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleagues get along well together at my institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the opportunity to advance professionally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what is needed for promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am well paid for the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set my own work pace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have input on decisions that affect my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can initiate changes in the way my work is done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get the help I need from nurses, technicians, and clerical staff in clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On call" duties are reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My clinical workload does not interfere with my other responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teaching workload does not interfere with my other responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My administrative workload does not interfere with my other responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to share responsibilities and workload with other faculty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. To what extent do you agree with the following statements:

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	Not Applicable
There are enough scholarly/research opportunities available at my institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My skills are not sufficient to meet the expectations of my scholarly role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have opportunities to develop my scholarly work skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have sufficient resources for performing scholarly work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My scholarly work is intellectually stimulating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I do not have time to do my scholarly work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

SECTION E: CAREER PROGRESS AND DEVELOPMENT

1. What was the last year in which you received support from your K award?

_____ or ☐ Still receiving support

The next few questions will ask you about applications and funding from R01 or R01-equivalent independent investigator grants. Please consider the R01-equivalent awards to be defined as non-mentored awards providing ≥ \$300,000 in total direct costs (summed over all years of the award) or funding for ≥ 3 yrs, such as V.A. Merit Awards or private foundation research awards, or serving as Project Director on a P01 grant.

2. How many applications have you submitted as the **Primary/Contact Principal Investigator** (*not co-PI*) for an R01 or equivalent independent investigator grant application? *Count each submission to a different funder as a separate application, but re-submissions of the same application to the same funder as part of one application.* _____

3. How many applications have you submitted as **co-PI** for an R01 or equivalent independent investigator grant application? _____

4. Do you **plan** to apply as **Primary/Contact PI** (*not co-PI*) for an R01 or equivalent independent investigator award in the future? ☐ No ☐ Maybe ☐ Yes

5. Overall, since receipt of your K award, approximately how much **total in direct funds** have you received from **extramural** grants on which you have served as **Principal Investigator** (*do not include site PI roles for clinical trials*)?

Include all awards received any time after the commencement of K award funding, but please do not include the amount received from the K award itself.

☐ None or \$_____ (estimated total direct funding as **Primary/Contact PI**)

☐ None or \$_____ (estimated total direct funding as **co-PI**)

6. Currently, what is your total number of peer-reviewed publications (including papers currently accepted for publication)?

Overall? _____ As first author? _____ As senior author? _____

7. In your academic career to date, please *estimate* the total number of ...

- a. Book chapters you have authored _____
- b. Books you have written or edited _____
- c. Review articles you have authored _____
- d. Oral (podium) presentations you have delivered at national conferences _____
- e. Invited lectures you have given _____

8. Compared to your peers, how would you rate your present professional status?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Far above
average | Above average | About average | Slightly below
average | Well below
average |

9. Compared to your peers, has the progress of your career been:

- | | | | | |
|-----------------------------|------------------------------------|----------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Much slower
than average | Somewhat
slower than
average | About average | Somewhat
faster than
average | Much faster
than average |

10. How distressed have you been by delays in your career progress?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Extremely
distressed | Very
distressed | Somewhat
distressed | Not very
distressed | Not
distressed
at all | Did not
experience
any delays |

11. Thinking back over your career until now, how much did each of the following ***slow the progress*** of your career?

(check one for each row)					
	A great deal	A lot	Some	Very little	Not at all
Child-rearing responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Elder-care responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Spouse's career	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Divorce/separation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other family disruptions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Financial problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Moving/relocations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other demands (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION F: MENTORING

1. Mentors are traditionally more experienced and senior in rank than their protégés. Nevertheless, peers and junior colleagues can also provide feedback, support, and resources. How much have you turned to peers and junior colleagues for “*peer mentorship*”?

☐

Not at all

☐

A little bit

☐

Quite a bit

☐

Very much

2. Overall, how satisfied are you with the mentoring you currently receive from **all sources**?

☐

Very satisfied

☐

Somewhat satisfied

☐

Neither satisfied nor
dissatisfied

☐

Somewhat
dissatisfied

☐

Very dissatisfied

3. **Thinking about all of your mentors**, have interactions with your mentors led to any of the following?
Please check all that apply.

Invitation to serve as oral discussant or panelist at a national meeting

☐

Invitation to write an editorial

☐

Invitation to serve on an editorial board

☐

Invitation to serve on a national committee

☐

Other (please specify): _____

☐

Some of the following questions ask about your “primary K award mentor.” If you had more than one designated K-award mentor, please think of the individual who was most directly involved in mentoring you in your K award as your “primary K award mentor.”

4. How often do you **currently** communicate in person, via phone, or via email with your **primary K award mentor**?

☐ At least once a day

☐ About once a week

☐ A couple of times a month

☐ About once a month

☐ About once every few months

☐ About once a year

☐ Less than once a year

☐ We no longer communicate

5. In a typical month, how long do you currently spend meeting in person, one-on-one, with:

a. Your primary K award mentor? _____ hours

b. Other mentors (including informal and peer mentors)? _____ hours

6. Is your relationship **now** with your **primary K award mentor** closer to a student-teacher relationship or to a collegial relationship?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mostly student-teacher	Somewhat more student-teacher	Neither one more than the other	Somewhat more collegial	Mostly collegial	I no longer have a relationship with my primary K award mentor

7. Overall, how satisfied are you with the mentoring you have received from your **primary K award mentor**?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

<i>Please rate your agreement with the following.</i> 8. My primary designated K award mentor....	1 Strongly Disagree	2	3	4 Neutral	5	6	7 Strongly Agree
has helped me attain desirable positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has used his or her influence to support my advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has suggested specific strategies for achieving career aspirations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has given me advice on how to attain recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has shielded me from damaging contact with important people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has assigned tasks that pushed me into developing new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has helped me to be more visible at my institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has created opportunities for me to impress important people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has brought my accomplishments to the attention of important people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has been someone I could confide in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has been like a father/mother to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has served as a role model for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has guided my personal development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has guided my professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sees me as being competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please rate your agreement with the following.</i> 9. My primary designated K award mentor and I have frequently...	1 Strongly Disagree	2	3	4 Neutral	5	6	7 Strongly Agree
socialized one-on-one outside the work setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gotten together informally after work by ourselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G: FAMILY AND WELL-BEING

1. Do you have children?

☐ No (skip box and continue on to Question 2)

☐ Yes (answer questions in box below)



a. How many biological children do you have? ____ How many adopted, foster or step-children? ____

b. Please list the ages of your biological children: _____

c. Please list the ages of your adopted, foster, or step-children: _____

2. How flexible is your job to your need to take time to deal with **planned** family/personal responsibilities?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	Not applicable
Very inflexible				Very flexible	

3. How flexible is your job to your need to take time to deal with **unexpected** family/personal problems?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	Not applicable
Very inflexible				Very flexible	

4. Please rate the following questions.

	Never/ almost never	Seldom	Sometimes	Often	Always
Do you feel worn out at the end of the working day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you exhausted in the morning at the thought of another day at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that every working hour is tiring for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have enough energy for family and friends during leisure time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please rate the following questions.

	To a very low degree	To a low degree	Somewhat	To a high degree	To a very high degree
Is your work emotionally exhausting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your work frustrate you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel burnt out because of your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. To what extent do you **agree** with the following statements?

	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree
It is important to me to feel successful in my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make as many sacrifices as are necessary in order to advance in my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I devote a significant amount of my time to building my career and developing the skills necessary to advance in my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to me to feel I am (will be) an effective parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I devote a significant amount of my time and energy to the rearing of children of my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming involved in the day-to-day details of rearing children involves costs in other areas of my life which I am unwilling to make.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a lot of time and effort into building and maintaining a relationship with a spouse/partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a comfortable and attractive home is of great importance to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I leave most of the day-to-day details of running a home to someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. To what extent do you **agree** with the following statements?

	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree
After work, I come home too tired to do some of the things I'd like to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the job I have so much work to do that it takes away from my personal interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family/friends dislike how often I am preoccupied with my work while I am at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work takes up time that I'd like to spend with family/friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm often too tired at work because of the things I have to do at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My personal demands are so great that it takes away from my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My superiors and peers dislike how often I am preoccupied with my personal life while at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My personal life takes up time that I'd like to spend at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION H: DEMOGRAPHICS

1. Please indicate your **current** marital status. Check all that apply.

☐ Never married ☐ Divorced/Separated ☐ Widowed ☐ Married / In a domestic partnership

2. If you are married or in a domestic partnership, is your spouse/partner employed?

☐ Yes, full time ☐ Yes, part time ☐ Not employed ☐ Not Applicable

Please **specify** your spouse/partner's occupation _____

3. What is your spouse/partner's **preferred** employment status?

☐ Full time ☐ Part time ☐ Not employed ☐ Not Applicable

4. If you are married or in a domestic partnership, whose career is more important in the relationship?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	Not applicable
My Career		Both Equally		Partner's Career	

5. In order to improve your career opportunities, has your spouse/partner ever ...
- a. Reduced his or her work hours? ☐ Yes ☐ No ☐ Not applicable
- b. Changed his or her location of employment? ☐ Yes ☐ No ☐ Not applicable
6. In order to improve your spouse/partner's career opportunities, have you ever ...
- a. Reduced your work hours? ☐ Yes ☐ No ☐ Not applicable
- b. Changed your location of employment? ☐ Yes ☐ No ☐ Not applicable
7. Please indicate your **annual salary last year** (*include all compensation from your institution, including that based on clinical work, but do not include fringe benefits, such as pension plans, or income from moonlighting or consulting*): US\$_____ (round to nearest \$1000)
8. Were there any periods since receiving your K award when you:
- a. Took a leave of absence (for any reason) greater than one month?
☐ No
☐ Yes (How many times? _____ Total duration of these absences? _____)
- b. Reduced your time to less than a full-time equivalent?
☐ No ☐ Yes
9. Do you perceive any gender-specific biases or obstacles to the career success or satisfaction of faculty by gender in your work environment?
- ☐ ☐ ☐ ☐ ☐
1 2 3 4 5
No, never Yes, frequently
10. In your professional career, have you ever been left out of opportunities for professional advancement based on gender?
- ☐₁ ☐₂ ☐₃ ☐₄ ☐₅
Yes Probably Possibly Probably Not No
11. In your professional career, have you had increased opportunities for professional advancement based on gender?
- ☐₁ ☐₂ ☐₃ ☐₄ ☐₅
Yes Probably Possibly Probably Not No

12. In your professional career, have you encountered unwanted sexual comments, attention or advances by a superior or colleague?

☐ No
(you have completed
the survey)

☐ Yes (please continue below)



13. Please indicate “Yes” or “No” for each of the following that you may have encountered:

- | | | |
|------------------------------------------------|-----------------------------|------------------------------|
| a. Sexist remarks/behavior | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Unwanted sexual advances | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Subtle bribery to engage in sexual behavior | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Threats to engage in sexual behavior | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. Coercive advances | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f. Other (please specify) _____ | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

14. To what extent have these experiences had a **negative** effect on your confidence in yourself as a professional?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not at all				Greatly

15. To what extent have these experiences **negatively** affected your career advancement?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not at all				Greatly

THANK YOU FOR COMPLETING THIS SURVEY!

We are also eager to hear any other thoughts you might have regarding the K award program or regarding careers in academic medicine generally. Please feel free to write on the cover or include additional pages of comments.

Supplemental Digital Appendix 3

Supplemental Table 1

Best Multiple Variable Model Predicting Composite Success; Female Respondents Only (n = 480) With Complete Variable Information in a Longitudinal Survey of Recipients of New National Institutes of Health K08 or K23 Awards From 2006–2009, From a Study of Factors Associated With Clinician-Researcher Success

Characteristic	OR	95% CI	P value
K award year			<.001
2006	3.28	1.86 – 5.710	
2007	3.40	2.00 – 5.75	
2008	1.46	0.86 – 2.47	
2009	1		
Funding institute tier			.008
1st	2.38	1.35 – 4.22	
2nd	1		
3rd	1.55	1.00 – 2.39	
Weekly time spent on research			.013
+1 hour	1.02	1.01 – 1.04	
Feel responsibility to play a role in department/division administrative issues			.003
Yes	1.91	1.24 – 2.95	
No	1		
Importance to publish prolifically			.032
Yes	1.58	1.04 – 2.39	
No	1		
Preference to increase, decrease, or remain unchanged the time spent on research			.008
Increase	0.65	0.42 – 1.00	
Remain the same	1		
Decrease	0.35	0.16 – 0.75	

Supplemental Table 2

Best Multiple Variable Model Predicting Composite Success; Male Respondents Only (n = 558) With Complete Variable Information in a Longitudinal Survey of Recipients of New National Institutes of Health K08 or K23 Awards From 2006–2009, From a Study of Factors Associated With Clinician-Researcher Success

Characteristic	OR	95% CI	P value
Race			.020
White	1		
Asian	1.44	0.86 – 2.40	
Other	0.38	0.17 – 0.88	
K award type			<0.001
K08	0.24	0.15 – 0.38	
K23	1		
K award year			<.001
2006	3.02	1.68 – 5.45	
2007	2.69	1.50 – 4.82	
2008	1.70	0.99 – 2.90	
2009	1		
Specialty			<.001
Clinical specialties for women, children, and families	0.55	0.33 – 0.91	
Hospital-based specialties	1.72	0.90 – 3.26	
Surgical specialties	4.48	1.70 – 11.78	
Medical Specialties	1		
Non-MD	1.26	0.55 – 2.89	
Weekly work hours at T1			<.001
+1 hour	1.05	1.02 – 1.07	
Collegial relationship with mentor			.008
Yes	1.80	1.17 – 2.77	
No	1		

Jagsi R, Griffith KA, DeCastro Jones R, Stewart A, Ubel P. Factors associated with success of clinician–researchers receiving career development awards from the National Institutes of Health: A longitudinal cohort study. *Acad Med*.

Feel responsibility to contribute to the clinic care provided by your dept./div.		.040
Yes	0.62	0.39 – 0.98
No	1	
Climate of your primary department rates as not supportive		<.001
Yes	0.48	0.31 – 0.73
No	1	
Importance to publish high-quality research		.001
Yes	8.36	2.33 – 29.95
No	1	

Abbreviations: T1 indicates Time 1.