

# AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

## 2019-2020 Academic Year Entering Student Survey

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

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

**\* Indicates required response.**

**Last Name**

**First Name**

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

**Suffix**

**\* Osteopathic Medical School**

--Click Here--

**Alabama College of Osteopathic Medicine, AL**

**A.T. Still University-Kirksville College of Osteopathic Medicine, MO**

**A.T. Still University-School of Osteopathic Medicine in Arizona, AZ**

**Arizona College of Osteopathic Medicine of Midwestern University, AZ**

**Arkansas College of Osteopathic Medicine, AR**

**Burrell College of Osteopathic Medicine, NM**

**Campbell University Jerry M. Wallace School of Osteopathic Medicine, NC**

**Chicago College of Osteopathic Medicine of Midwestern University, IL**

**Des Moines University College of Osteopathic Medicine, IA**

**Edward Via College of Osteopathic Medicine - Auburn Campus, AL**

**Edward Via College of Osteopathic Medicine - Carolinas Campus, SC**

**Edward Via College of Osteopathic Medicine - Virginia Campus, VA**

**Idaho College of Osteopathic Medicine, ID**

**Kansas City University of Medicine and Biosciences College of Osteopathic Medicine, MO**

**Kansas City University of Medicine and Biosciences College of Osteopathic Medicine - Joplin, MO**

**Lake Erie College of Osteopathic Medicine - Erie, PA**

**Lake Erie College of Osteopathic Medicine - Seton Hill, PA**

**Lake Erie College of Osteopathic Medicine Bradenton Campus, FL**

**Liberty University College of Osteopathic Medicine, VA**

**Lincoln Memorial University-DeBusk College of Osteopathic Medicine, TN**

**Lincoln Memorial University-DeBusk College of Osteopathic Medicine-Knoxville, TN**

**Marian University College of Osteopathic Medicine, IN**

**Michigan State University College of Osteopathic Medicine - East Lansing, MI**

**Michigan State University College of Osteopathic Medicine - Detroit, MI**

**Michigan State University College of Osteopathic Medicine - Clinton Township, MI**





# PROJECT IN OSTEOPATHIC MEDICAL EDUCATION AND EMPATHY (POMEE)

Our medical college is pleased to partner with AACOM Academic Year Entering Student Survey to participate in this nationwide Project on Osteopathic Medical Education and Empathy (POMEE). The validity of the findings depends on representativeness of the participating samples to reflect the entire population of osteopathic medical students in the U.S. Thus, we would like to encourage all of our students to complete this survey, assuring broad representation across all colleges of osteopathic medicine.

Please read the following statements before starting the survey:

My completion of this survey is an indication of my voluntary participation in this Project in Osteopathic Medical Education and Empathy. I can refuse to participate or stop my participation at any time without penalty. I understand that individual data will remain confidential, and only aggregate, group data will be reported.

**\* Would you like to proceed with completing the Osteopathic Medical Education and Empathy Survey?**

- Yes
- No

Please answer ALL questions on the POMEE Survey.

Were you ever employed in a health care role prior to entering medical school?

- Yes
- No

What was your undergraduate major? (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Aerospace Engineering  | <input type="checkbox"/> Environmental Studies   | <input type="checkbox"/> Microbiology & Immunology |
| <input type="checkbox"/> Anthropology           | <input type="checkbox"/> Foreign Language        | <input type="checkbox"/> Molecular Biology         |
| <input type="checkbox"/> Applied Mathematics    | <input type="checkbox"/> General Studies         | <input type="checkbox"/> Music                     |
| <input type="checkbox"/> Architecture           | <input type="checkbox"/> Genetics                | <input type="checkbox"/> Natural Science           |
| <input type="checkbox"/> Arts/Fine Arts         | <input type="checkbox"/> Geology                 | <input type="checkbox"/> Neuroscience              |
| <input type="checkbox"/> Biochemistry           | <input type="checkbox"/> Hispanic Studies        | <input type="checkbox"/> Philosophy                |
| <input type="checkbox"/> Biology                | <input type="checkbox"/> History                 | <input type="checkbox"/> Physics                   |
| <input type="checkbox"/> Biomath                | <input type="checkbox"/> Honors Program          | <input type="checkbox"/> Physiology                |
| <input type="checkbox"/> Biomedical Engineering | <input type="checkbox"/> Human Biology           | <input type="checkbox"/> Pre-Med                   |
| <input type="checkbox"/> Biomedical Sciences    | <input type="checkbox"/> Human Evolution Biology | <input type="checkbox"/> Psychobiology             |
| <input type="checkbox"/> Biophysics             | <input type="checkbox"/> Humanities              | <input type="checkbox"/> Psychology                |
| <input type="checkbox"/> Chemistry              | <input type="checkbox"/> Instrumental Music      | <input type="checkbox"/> Religion                  |
| <input type="checkbox"/> Chemical Engineering   | <input type="checkbox"/> Interdisciplinary       | <input type="checkbox"/> Science General           |
| <input type="checkbox"/> Civil Engineering      | <input type="checkbox"/> Literature              | <input type="checkbox"/> Science-Business          |
| <input type="checkbox"/> Classics               | <input type="checkbox"/> Linguistics/Speech      | <input type="checkbox"/> Science other Bio         |
| <input type="checkbox"/> Computer Science       | <input type="checkbox"/> Mathematics             | <input type="checkbox"/> Sociology                 |
| <input type="checkbox"/> Economics              | <input type="checkbox"/> Mechanical Engineering  | <input type="checkbox"/> Theatre Arts              |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Microbiology            | <input type="checkbox"/> Zoology                   |
| <input type="checkbox"/> Engineering            |  | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> English                |  | <input type="checkbox"/> No Major                  |







Please respond to the following statements by indicating if the statement is “True” or “False” about you.

True

False

I never met a person that I didn't like

I have always told the truth

I always win at games

I have never been bored

I never get lost, even in unfamiliar places

I never get annoyed when people cut ahead of me in line.

I never have any trouble understanding anything I read the first time I read it

No matter how hot or cold it gets, I am always quite comfortable

I have never lost anything

It doesn't bother me if someone takes advantage of me

Please indicate the extent of how the following statements best describes you by clicking the appropriate circle. Items are answered on a 5-point Likert scale (1=Does not describe me at all, 5=Describes me very well).

Does not describe me well (1) (2) (3) (4) Describes me very well (5)

I often have tender, concerned feelings for people less fortunate than me

Sometimes I don't feel very sorry for other people when they are having problems

When I see someone being taken advantage of, I feel kind of protective towards them

Other people's misfortunes do not usually disturb me a great deal

When I see someone being treated unfairly, I sometimes don't feel very much pity for them

I am often quite touched by things that I see happen

I would describe myself as a pretty soft-hearted person

In emergency situations, I feel apprehensive and ill-at-ease

I sometimes feel helpless when I am in the middle of a very emotional situation

When I see someone get hurt, I tend to remain calm

Being in a tense emotional situation scares me

I am usually pretty effective in dealing with emergencies

I tend to lose control during emergencies

When I see someone who badly needs help in an emergency, I go to pieces





**During their education, all health profession students should have experience working in teams with other health profession students in order to understand their respective role.**



Please indicate the extent of your agreement or disagreement with each of the following statements by clicking the appropriate circle. A higher number on the scale indicates more agreement.

**Strongly  
Disagree  
(1)**

**(2)**

**(3)**

**Strongly  
Agree (4)**

Searching for the answer to a question is, in and by itself rewarding

Life-long learning is a professional responsibility of all physicians

I enjoy reading articles in which issues of medicine are discussed

I routinely attend meetings of student study groups

I read medical literature in journals, websites or textbooks at least once every week

I routinely search computer databases to find out about new developments in medicine

I believe that I would fall behind if I stopped learning about new developments in medicine

One of the important goals of medical school is to develop students' life-long learning skills

Rapid changes in medical science require constant updating of knowledge and development of new professional skills

I always make time for learning on my own, even when I have a busy class schedule and other obligations

I recognize my need to constantly acquire new professional knowledge

I routinely attend optional sessions, such as grand rounds, guest lectures, or clinics where I can volunteer to improve my knowledge and clinical skills

**I take every opportunity to gain new knowledge/skills that are important to medicine**



**My preferred approach in finding an answer to a question is to consult a credible resource such as a text, computer database, or colleague**











Please enter your e-mail address in the following box. We strongly recommend you to write your email address because of two reasons: first, we will send to your email address a confidential report of your empathy scores and related norm table for assessment of your scores at the completion of the project; second, your email address will be used as a unique identifier to merge data from different survey administrations, and will never be shared. After data merging is completed, your e-mail address will be removed from the database.

**\* Email Address:**

**Thank you for your cooperation!**

If you have any question about the Project in Osteopathic Medical Education and Empathy Survey please contact [empathy@jefferson.edu](mailto:empathy@jefferson.edu). If you have questions about your rights as a research participant, you can contact the Thomas Jefferson University of Human Research at 215-503-8966.

**Please click on the "Next" button below to proceed to the AACOM 2019-2020 Academic Year Entering Student Survey.**

## Part II: CAREER PLANS

Classes entering osteopathic medical education will be part of a changing Graduate Medical Education (GME) environment. The transition to the single GME accreditation system under the ACGME will be complete by June 30, 2020. The single residency match will take place in 2020 administrated by the NRMP. Learn more about the transition at [www.aacom.org/singlegme](http://www.aacom.org/singlegme).

Please indicate your plans immediately following graduation.

- Transitional year/Internship
- Residency
- Government/military service residency
- Undecided

In the single GME environment ACGME programs in all specialties may apply and receive an "Osteopathic Recognition" designation (see more information at [www.acgme.org/osteopathicrecognition](http://www.acgme.org/osteopathicrecognition)) which indicates that the training program includes a focus on osteopathic training.

Do you plan to seek a GME program with "osteopathic recognition"?

- Yes
- No
- Undecided

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

- Allergy and Immunology
- Anesthesiology
- Colon Rectal Surgery
- Critical Care
- Dermatology
- Emergency Medicine
- Family Medicine
- General Internal Medicine
- General Pediatrics
- General Surgery
- Geriatrics
- Internal Medicine Subspecialty
- Medical Genetics
- Neurology including Subspecialties
- Nuclear Medicine
- Ob/Gyn including Subspecialties
- Ophthalmology
- Orthopedic Surgery
- Osteopathic Neuromusculoskeletal Medicine
- Otolaryngology
- Pathology including Subspecialties
- Pediatrics Subspecialty
- Physical Medicine and Rehabilitation
- Plastic Surgery/Reconstructive Surgery
- Preventive Medicine including Subspecialties
- Psychiatry including Subspecialties
- Radiology including Subspecialties
- Sports Medicine
- Surgery Subspecialty
- Thoracic Surgery
- Urology/Urological Surgery
- Vascular Surgery
- Undecided or Indefinite

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

Major In  
fluence      Strong I  
nfluenc  
e      Moderat  
e Influe  
nce      Minor In  
fluence      No Influe  
nce/NA

Intellectual content of the specialty (type of work, diagnostic programs, diversity)

                      

Like dealing with people (type of person, type of patient) more than techniques

                      

Prestige/income potential

                      

Debt level (level of debt, length of residency, high malpractice insurance premiums)

                      

Lifestyle (predictable working hours, sufficient time for family)

                      

Like the emphasis on technical skills

                      

Role models (e.g., physicians in the specialty)

                      

Peer influence (encouragement from practicing physicians, faculty, or other students)

                      

Skills/abilities (possess the skills required for the specialty or its patient population)

                      

Academic environment (courses, clerkships in the specialty area)

                      

Opportunity for research/creativity

                      

Desire for independence

                      

Previous experience

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

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



If CERT is "Allo" or "Osteo" or "Both" Please give ALL the reasons why you plan to pursue the selected board certification.

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

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

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

**Do you plan, at some point in your career, to work as a hospitalist (i.e., full-time care of hospitalized patients)?**

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

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

- Full-time (at least 36 hours a week)**
- Part-time (less than 36 hours a week)**
- Unsure**

**If you plan to work as a hospitalist, how exclusively do you expect to be involved in research?**

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

Where do you expect to locate after the completion of your GME?

--Click Here--

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

**Where do you expect to locate after the completion of your GME?**

**VIRGIN ISLANDS  
VIRGINIA  
WASHINGTON  
WEST VIRGINIA  
WISCONSIN  
WYOMING  
OTHER**

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

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

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

- Yes
- No
- Unsure

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

- Rural community
- Inner-city community
- Other



The following question relates to your expected income after GME.

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

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

First year in practice after GME?

€

Fifth year in practice after GME?

€

Tenth year in practice after GME?

€

### Part III: FINANCIAL AID

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

When completing the following questions please refer to the National Student Loan Data System (NSLDS) for your loan information

[https://fsaid.ed.gov/npas/index.htm?appid=HRSA\\_BMISS\\_PRD](https://fsaid.ed.gov/npas/index.htm?appid=HRSA_BMISS_PRD). To access the NSLDS you will need your username and password. If you do not have an FSA ID you will need to create one to log in.

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

Upon entering medical school, how much total student loan debt from undergraduate and graduate (if applicable) education did you incur? Do NOT include osteopathic medical school debt.

\$

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

\$

When completing the following questions please refer to the National Student Loan Data System (NSLDS) for your loan information

[https://fsaid.ed.gov/npas/index.htm?appid=HRSA\\_BMISS\\_PRD](https://fsaid.ed.gov/npas/index.htm?appid=HRSA_BMISS_PRD). To access the NSLDS you will need your username and password. If you do not have an FSA ID you will need to create one to log in.

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

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

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

€

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

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

**Graduate PLUS Loan Program**

€

**Loans for Disadvantaged Students (LDS)**

€

**Primary Care Loan (PCL)**

€

**Other loans insured by a state government**

€

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

€

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

€

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

€

Total osteopathic medical school debt (awarded through financial aid while attending medical school)

\$

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

Total loans taken out by family members

\$

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

\$

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

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

**National Health Service Corps Scholarship**

⌘

**Armed Forces Health Professions Scholarship**

⌘

**Post-9/11 GI Bill**

⌘

**Indian Health Service Scholarship Program**

⌘

**Department of Defense Tuition Assistance Program**

⌘

**Scholarships for Disadvantaged Students**

⌘

**State government scholarship/grant**

⌘

**Scholarship/grant/fellowship from osteopathic school or its parent university (For example: Exceptional Financial Need (EFN), Financial Assistance for Disadvantage Health Professions (FADHPS), etc.)**

⌘

**Tuition waiver**

⌘

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

⌘

**Other sources**

⌘

**Total scholarship/grant or fellowship**

€

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

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

Estimate the percentage of the total cost of your medical education that will be paid by each of the following sources. Please make sure that the sum of your entries in the seven boxes below equals 100.

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

 %

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

 %

Your savings

 %

Earnings - (Only include monies earned by you or your spouse during your attendance while in medical school.)

 %

Parents

 %

Other relatives

 %

Others

 %

Total Percentage (must equal 100%)

 %

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

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

\$

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

--Click Here-- ▼

1  
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28  
29  
30  
More than 30

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

- Yes  
 No  
 Undecided



**Do you plan to enter a loan forgiveness or repayment program?**

**Yes**

**No**

**IF "Yes" If "Yes" please list the type of loan-forgiveness program you plan on participating in:**

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

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

## Part IV: DEMOGRAPHIC DATA

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

\* Date of Birth (MM/DD/YYYY):

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

- Male
- Female

**Current Gender Identity: How do you describe yourself?**

- Male**
- Female**
- Transgender Female**
- Transgender Male**
- Gender Variant/Non-Conforming**
- Not Listed**
- Decline to Answer**

## Race/Ethnicity: How do you self-identify?

### Race/Ethnicity - Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native  | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> White/Caucasian                  |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> Decline to Answer                |
| <input type="checkbox"/> Hispanic/Latino/Spanish origin |   |

### Ethnic Description:

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

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

**Black/African American:** *A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."*

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

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

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

**Marital Status**

- Married/cohabiting
- Single

**SSN (xxx-xx-xxxx):**

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

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

--Click Here-- ▼
1
2
3
4
5 or more

**Citizenship Status**

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

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

--Click Here--



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



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

**VIRGIN ISLANDS  
VIRGINIA  
WASHINGTON  
WEST VIRGINIA  
WISCONSIN  
WYOMING  
OTHER**

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

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

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

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

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

- DO/MD**
- Other Health Professions**
- Other**

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

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

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

- DO/MD
- Other Health Professions
- Other

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

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

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

- Yes**
- No**