

2025 Matriculating Student Questionnaire (MSQ)

If you were accepted to medical school in 2025 and you know which U.S. medical school you will be attending, you are encouraged to participate in the Matriculating Student Questionnaire (MSQ).

Note: Please use a standard web browser capable of viewing large pages, such as Firefox. JavaScript and cookies must be enabled in order for this survey application to work properly.



2025 Matriculating Student Questionnaire (MSQ)

Please Verify Your Name and AAMC ID

AAMC ID: Last Name:

If the above information is not correct, please contact msq@aamc.org.

If your last name has changed since submitting your AMCAS[®] application, and the name above reflects a former name, you may continue with this survey. Your name will be corrected later.



Important Information About the Matriculating Student Questionnaire (MSQ) Please Read Carefully

The Matriculating Student Questionnaire (MSQ) is administered annually by the Association of American Medical Colleges (AAMC) to all first-year medical students. The MSQ seeks information from entering medical students to improve medical education. The survey will take approximately 10 to 20 minutes to complete.

Participation Is Voluntary

Participation in the MSQ is voluntary. You have the right not to answer any question or set of questions. To help ensure participation is voluntary, the AAMC will not inform medical schools which students have started or completed the MSQ. If you believe you are being coerced into participation, contact the AAMC Office of Human Subjects Research Protection by email (humansubjects@aamc.org).

Confidentiality Statement

The data collected in this survey are classified as confidential. Confidential data may not be released with individual identification, except with permission. (Your agreement to participate in the survey is not considered to be permission to release your identified responses.) The AAMC takes extensive measures to ensure the security of the data and the confidentiality of the responses. Your responses will be securely stored by the AAMC with appropriate access controls to limit exposure of your data to the research team and support staff.

Benefits and Risks of Participation

Benefits of Participation: By participating, you will be contributing to medical education research, national benchmarking, and the improvement of medical education programs.

Risks of Participation: This data collection is considered to be minimal risk. If individually identified data were made public, it could prove embarrassing.

How Responses are Used

Medical schools receive MSQ data in reports that aggregate responses at the national, medical school, and (where applicable) campus levels. On occasion, for the purpose of conducting further studies to improve their programs, schools may request a de-identified file of individual responses. The AAMC reduces the probability of connecting responses to specific individuals by not providing information where the small number of respondents in a specific category would allow individuals to be reasonably identified. Additionally, the AAMC may provide medical schools and AAMC or other medical education researchers a file of de-identified individual responses, in which your MSQ responses may have been linked with information from other AAMC databases, without your additional informed consent. Those receiving such de-identified files will be required to agree to terms that outline how the data may be used and for how long.

This data collection activity has been reviewed according to AAMC policies and procedures and its Institutional Review Board.

Contact Information

If you have any questions about your rights as a participant, contact the AAMC Office of Human Subjects Research Protection by email (humansubjects@aamc.org). If you have any technical questions about the MSQ, contact MSQ staff by email (msq@aamc.org) or telephone (202-828-0435).

I have read and understood this disclosure and agree to participate in the survey
I have read and understood this disclosure and choose not to participate in the survey



VVII	en did you definitely decide that you wanted to study medicine?
	Before high school
	During high school/before college
	During the first two years of college
	During junior year in college
	During senior year in college
	After receiving a bachelor's degree
	After receiving an advanced degree
Ple	ase indicate any experiences in which you have participated. (Select all that apply)
	Middle school premedical or science program (e.g., magnet science middle school, summer medical science program)
	Magnet science/health science high school
	Summer laboratory research apprenticeship for high school students
	Classroom-based summer, after-school, or Saturday premedical program for high school students
	Laboratory research apprenticeship for college students
	Summer academic enrichment program for college students
	MCAT® preparation course
	Non-degree post baccalaureate program to strengthen academic skills
	Non-degree post baccalaureate program to complete premedical requirements
	Volunteered in the health care field
	Volunteered in a non-health care field
	International volunteer experience
	Shadowed a physician or other health care professional
	None of the above



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	Volunteered in a non-health care field
	International volunteer experience
	Shadowed a physician or other health care professional
	None of the above



summer medical science program)." Was this premedical program affiliated with a medical school?
○ No
Yes, affiliated with the medical school I am entering
Yes, affiliated with a medical school other than the one I am entering
O Do not recall
You selected participating in a "Summer laboratory research apprenticeship for high school students." Was this premedical program affiliated with a medical school?
○ No
Yes, affiliated with the medical school I am entering
Yes, affiliated with a medical school other than the one I am entering
On not recall
You selected participating in a "Classroom-based summer, after school, or Saturday premedical program for high school students." Was this premedical program affiliated with a medical school?
○ No
Yes, affiliated with the medical school I am entering
Yes, affiliated with a medical school other than the one I am entering
On not recall
You selected participating in a "Summer academic enrichment program for college students." Was this premedical program affiliated with a medical school?
○ No
Yes, affiliated with the medical school I am entering
Yes, affiliated with a medical school other than the one I am entering
On not recall
0 / / / / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0

You selected participating in a "Middle school premedical or science program (e.g., magnet science middle school,



During your undergraduate experience, how often did you gain a deeper understanding of other perspectives through conversations with fellow students because:

	Never	Rarely	Occasionally	Somewhat often	Often	Very often
Their religious beliefs were different from yours						
Their political opinions were different from yours						
Their nationality was different from yours						
Their primary language was different from yours						
Their race or ethnicity was different from yours						
Their sexual orientation was different from yours						
Their socioeconomic background was different from yours						
Their physical abilities were different from yours						
Their age was different from yours						



How many	/ vears	have	nassed	since	VOL	graduated	from	college?
I IOW IIIGII	y youro	IIQ V C	passea		you	graduated	11 0111	contege.

- Less than 1 year
- 1-2 years
- 3-4 years
- 5 or more years



How many years have passed since you graduated from college?
Less than 1 year
1-2 years
3-4 years
5 or more years
How did you spend your time between college and medical school? (Select all that apply)
Worked at another career
Worked to improve finances
Continued coursework to fulfill pre-medical requirements
Took premedical courses for the first time
Pursued graduate studies
Worked/volunteered internationally
Worked/volunteered in research
Helped fulfill family obligations
Other (please specify):



Please select the number best reflecting your response to the following that describe your feelings during the past week, including today. How would you describe:

	As bad as it can be = 0	1	2	3	4	5	6	7	8	9	As good as it can be = 10
Your overall quality of life?											
Your overall mental (intellectual) well-being?											
Your overall physical well-being?											
Your overall emotional well-being?											
Your level of social activity?											
Your spiritual well-being?											



Please select the number best reflecting your response to the following that describe your feelings during the past week, including today. How would you describe:

	Constant tiredness = 0	1	2	3	4	5	6	7	8	9	No fatigue = 10
Your level of fatigue, on the average?											

	No support = 0	1	2	3	4	5	6	7	8	9	Highest level of support = 10
Your level of social support from friends and family?											

	Constant										No
	concerns	;									concerns
	= 0	1	2	3	4	5	6	7	8	9	= 10
Your financial concerns?											



How true are the following statements?

	Often true	Sometimes true	Never true
Within the past 12 months, I have worried whether food would run out before I got money to buy more.			
Within the past 12 months, the food I bought just didn't last and I didn't have money to get more.			



The following questions ask you about your feelings and thoughts during the last month. In each case, indicate how often you felt or thought a certain way.

	Never	Almost never	Sometimes	Fairly often	Very often
In the last month, how often have you felt that you were unable to control the important things in your life?	\circ	0			
In the last month, how often have you felt confident about your ability to handle your personal problems?					
In the last month, how often have you felt that things were going your way?					
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					



Hav	ve you been accepted to more than one medical school?
	Yes
	No



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	No				
	Yes				
Ha	ve you b	een accepted to	more than one medical so	chool?	



In choosing the medical school you now (or will) attend, how important were the following factors?

General Factors:

	Not applicable	Not important	Somewhat important	Important	Very important
General reputation of the school					
Research reputation of the school					
Interviews/meetings with faculty					
Interviews/meetings with administrators					
Interviews/meetings with students					
	Not applicable	Not important	Somewhat important	Important	Very important
Geographic location of the school					
Financial considerations/cost of attending					
Amount of financial support offered					
Quality of the medical school facilities					
Personal experience with the school					
	Not applicable	Not important	Somewhat important	Important	Very important
Programs for minority and/or disadvantaged students					
Diversity of the student body					
Diversity of the faculty					
Support for disabilities					

School's Medical Education Program:

_					
	Not applicable	Not important	Somewhat important	Important	Very important
School's teaching methods/curricula					
Program of elective courses					
Medical ethics/medical humanities emphasis					
Dual Degree opportunity such as PhD, MPH, MPA, JD or MBA					
Research experience/opportunity					
	Not applicable	Not important	Somewhat important	Important	Very important
Rural medicine experience/opportunity					
Community-based medicine experience/opportunity					
Family medicine experience/opportunity					

Other Factors:

Other ractors.						
	Not applicable	Not important	Somewhat important	Important	Very important	
Desire to attend school within my home state						
Sense of safety						
Influence of spouse/partner						
Faculty mentorship at the school						
Ability of the school to place students in particular residency programs						



How strongly did state laws about reproductive health services:

	No Influence	Minor Influence	Moderate Influence	Strong Influence
Influence your choice of where to apply to medical school?				
Influence your choice of the medical school you now (or will) attend?				



In which of the following activities do you plan to participate during your career? Select all that apply.
Patient Care
Research
Teaching
Medical School Faculty
Administration (e.g., Department Chair, Dean)
Military Service
Public Health
Other (please specify):



In which of the following activities do you plan to participate during your career? Select all that apply.
Patient Care
Research
Teaching
Medical School Faculty
Administration (e.g., Department Chair, Dean)
Military Service
Public Health
Other (please specify):
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)
How exclusively do you expect to be involved in research?
Full time
Significantly involved
Involved in a limited way



The following question is about your future career in medicine.

at general specialty are you considering? ase select your MOST likely specialty from the list below:
Anesthesiology or subspecialty
Child Neurology
Dermatology or subspecialty
Emergency Medicine or subspecialty
Family Medicine or subspecialty
Internal Medicine or subspecialty
Internal Medicine/Pediatrics
Medical Genetics and Genomics or subspecialty
Neurological Surgery or subspecialty
Neurology or subspecialty
Nuclear Medicine
Obstetrics and Gynecology or subspecialty
Ophthalmology or subspecialty
Orthopaedic Surgery or subspecialty
Otolaryngology or subspecialty
Pathology or subspecialty
Pediatrics or subspecialty
Physical Medicine and Rehabilitation or subspecialty
Plastic Surgery or subspecialty
Preventive Medicine or subspecialty
Psychiatry or subspecialty
Radiation Oncology
Radiology or subspecialty
Surgery - General Surgery or subspecialty
Thoracic Surgery or subspecialty
Urology or subspecialty
Vascular Surgery
Undecided
I do not plan to practice medicine



The following question is about your future career in medicine.

Please select your MOST likely specialty from the list below:

What general specialty are you considering?

Anesthesiology or subspecialty
Child Neurology
Dermatology or subspecialty
Emergency Medicine or subspecialty
Family Medicine or subspecialty
Internal Medicine or subspecialty
Internal Medicine/Pediatrics
Medical Genetics and Genomics or subspecialty
Neurological Surgery or subspecialty
Neurology or subspecialty
Nuclear Medicine
Obstetrics and Gynecology or subspecialty
Ophthalmology or subspecialty
Orthopaedic Surgery or subspecialty
Otolaryngology or subspecialty
Pathology or subspecialty
Pediatrics or subspecialty
Physical Medicine and Rehabilitation or subspecialty
Plastic Surgery or subspecialty
Preventive Medicine or subspecialty
Psychiatry or subspecialty
Radiation Oncology
Radiology or subspecialty
Surgery - General Surgery or subspecialty
Thoracic Surgery or subspecialty
Urology or subspecialty
Vascular Surgery
Undecided
I do not plan to practice medicine



You selected an interest in Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, Obstetrics and Gynecology, or Pediatrics. What career are you considering?

- Primary care practice (e.g., office-based continuing care in general Internal Medicine)
- Hospitalist (i.e., full time care of hospitalized patients)
- Sub-specialty (e.g., Cardiology, Pediatric Oncology, Maternal and Fetal Medicine)
- Undecided



Where do you hope to WORK after completing your medical training?

Choose from the list of U.S. states and other regions in the dropdown box below: (Click here to choose) Please indicate the setting in which you plan to WORK after the completion of your medical education: Large City (Population 500,000 or More) Suburb of a Large City City of Moderate Size (Population 50,000 to 500,000) Suburb of Moderate Size City Small City (Population 10,000 To 50,000--Other Than Suburb) Town (Population 2,500 to 10,000--Other Than Suburb) Small Town (Population Less Than 2,500) Rural/Unincorporated Area Undecided or No Preference Do you plan to WORK primarily in an underserved area? Yes O No Undecided



When thinking about your career path after medical school, how important are the following considerations?

	Not important	Somewhat important	Very important	Essential
Working for social change				
High income potential				
Social recognition or status				
Stable, secure future				
Creativity and initiative				
Expression of personal values				
Availability of jobs				
Leadership potential				
Work/life balance				
Ability to pay off debt				
Opportunity for innovation				



What is your current marital status?
Single (never legally married)
Cally married
Common law or civil union
Divorced
Separated, but still legally married
Widowed
How many dependents do you have (not including a spouse/partner)?
O 0
O 1
O 2
○ 3
34 or more



The individual responses provided below will not be shared with or reported to your medical school. The data will only be reported in aggregate.

Are you a person with a disability (e.g.,	ADHD, learning, p	sychological, chronic health,	mobility, hearing, vision, etc	ን.)?
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- Yes
- O No
- I do not know



The individual responses provided below will not be shared with or reported to your medical school. The data will only be reported in aggregate.

Are	you a person with a disability (e.g., ADHD, learning, psychological, chronic health, mobility, hearing, vision, etc.)?
	Yes
	No
	I do not know
	ich of the following describes your disability? If you have more than one type, select all that apply. (Optional: ase add a brief description where provided.)
	Attention deficit/hyperactivity disorder
	Chronic health disability (please specify):
	Deaf or hard of hearing
	Learning disability (please specify):
	Mobility disability
	Psychological disability (please specify):
	Visual disability
	Another disability (please specify):
Did	you receive accommodations for your disability during your undergraduate education?
	Yes
	No
Do	you plan to request accommodations for your disability during your first year of medical school?
	Yes
	No
	Undecided



The individual responses provided below will not be shared with or reported to your medical school. The data will only be reported in aggregate.

What sex were you assigned at birth?
○ Male
Female
What best describes your current gender identity?
Man
Woman
○ Trans man
Trans woman
Agender
Genderqueer/Gender nonconforming
Nonbinary
Another gender identity (please specify):



The individual responses provided below will not be shared with or reported to your medical school. The data will only be reported in aggregate.

What best describes your current sexual orientation?
Asexual
Bisexual
Gay or Lesbian
Heterosexual or Straight
Pansexual
Queer
Another sexual orientation (please specify):



The information requested in this section will help us better understand the rising levels of medical student indebtedness. If you cannot remember the actual figures for some of the questions below, please provide rough estimates.

Regardless of your dependency status, please indicate your parents' combined gross income for last year (a rough estimate is sufficient). Please do not use commas or periods.

estimate is	sufficient). Pleas	se do not use commas or p	periods.	
Parents' gro	oss income last	year:		
\$				
If you do no	ot know your par	ents' combined gross inco	me for last year, please indic	cate "Unknown" below.
Unknow	vn			
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Do you have any outstanding education loans for your college/premedical education	?
Yes	

O No



Do you have any outstanding education loans for your college/premedical education?
● Yes
○ No
What is the total amount of outstanding education loans for your college/premedical education? (Please do not use commas or periods.) Principal amount borrowed (do not include interest):
\$
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The following questions pertain to the medical school application process during the 2025 application cycle:			
How many secondary/supplemental applications did you complete?			
In total, how much did you spend on secondary/supplemental applications?			
\$			
The following questions pertain to the medical school interview process during the 2025 application cycle:			
How many medical schools offered you an interview?			
How many interviews did you attend in-person?			
How many interviews did you attend virtually?			
How many second visits (post-interview, pre-matriculation) did you make (in-person or virtual)?			
In total, how much did you spend on interviews (e.g., lodging, travel, meals, technology)?			
\$			



How do you plan to finance your medical school education? Please enter a percentage for each applicable category to total 100%. Enter 0 (zero) for non-applicable categories.

Scholarships or awards:		
		%
Scholarships or awards with a service commitment (NHSC, military, etc.):		
		%
Loans:		
		%
Work-study program:		
		%
Personal income and savings:	'	
		%
Money from parents, guardians, or other relatives:		
		%
Money earned by spouse or partner:	· '	
		%
Other:	' '	
		%
Total (should equal 100%):	' '	
		%



debt, car loans, home mortgages, or other consumer debt.)
Yes
○ No



Yes

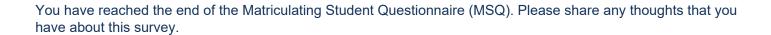
2025 MSQ Part VI - Financial Information

Do you have any noneducational, consumer debt that you are legally required to repay? (This includes credit card debt, car loans, home mortgages, or other consumer debt.)

O No	
Please list the amount of your noneducational, consumer debt for each category lis applicable categories.	ted below. Enter 0 (zero) for non-
Note: Enter the amount (not percentages) that you owe for each category. For example, and your credit cards, four thousand dollars for a car loan, and had no other 6, 800, 4000, 0, and 0 on the respective lines. The total would then appear below as or periods.	consumer debt, you would enter
Credit Cards:	
\$	
Car Loans:	
\$	
Mortgage:	
\$	
Other Consumer Loans:	
\$	
Total Amount:	
\$	
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2025 MSQ - Thank You



1500 characters left.

Clicking on "Submit Survey" below will complete the survey and direct you to a final page that displays your name. You may print that page for personal purposes, or for purposes such as raffles, prize drawings, or other incentives that your school or student organization may have offered to encourage your participation in this survey.

If you have questions you have not completed, you may use the "Previous" button to review prior responses.



Thank you for responding to the 2025 Matriculating Student Questionnaire (MSQ).

If you have any questions or need to report any errors concerning your survey, please contact MSQ staff at msq@aa mc.org. If you need to change any response, MSQ staff will be happy to assist you.

You may print this page as confirmation of your participation in the MSQ.

AAMC ID: Last Name:

Annual MSQ Reports are accessible at www.aamc.org/data/msq

Please be sure to close this browser window when done in order to protect your privacy.

Best wishes for your medical school career,

AAMC Student Surveys Staff
Data Operations & Services
Association of American Medical Colleges