

2025 Medical School Year Two Questionnaire (Y2Q)

If you are attending a U.S. medical school in 2025 and are currently in your second year, then you are encouraged to participate in the Medical School Year Two Questionnaire (Y2Q).

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



2025 Medical School Year Two Questionnaire (Y2Q)

Please Verify Your Name and Medical School

Please take a moment to verify the information below. This information does not affect the confidentiality of your responses but ensures that your responses will be correctly associated with your medical school.
FIRST NAME: LAST NAME: MEDICAL SCHOOL: (Note: the legal name displayed above was provided by your school's registrar to help us verify your eligibility for the survey; it may differ from the personal information you control separately in your AAMC account.)
Is your name and medical school information above correct?
○ Yes
○ No



Important Information About the Medical School Year Two Questionnaire (Y2Q)

Please Read Carefully

The Medical School Year Two Questionnaire (Y2Q) is administered annually by the Association of American Medical Colleges (AAMC) to all second-year medical students. The Y2Q seeks information from second-year medical students to improve medical education. The survey will take approximately 15 to 25 minutes to complete

Participation Is Voluntary

Participation in the Y2Q 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 Y2Q. 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.) 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 Y2Q 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 Y2Q responses may have been linked with information from other AAMC databases, without 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.

If you have any questions about your rights as a participant, contact the AAMC Office of Human Subjects Research Protection by email 2-

(humansubjects@aamc.org). If you have ar 6151).	by technical questions about the Y2Q, contact Y2Q staff by email (Y2Q@aamc.org) or telephone (202-86
I have read and understood this disc	losure and agree to participate in the survey
I have read and understood this disc	losure and choose not to participate in the survey



2025 Y2Q Part I - Medical Education Experiences

Please indicate the extent to which you agree with the following statement:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Overall, I am satisfied with the quality of my medical education					
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2025 Y2Q Part II - Curriculum

Please describe how often you attend:

	Almost Never (0% - 20%)	Occasionally (21% - 40%)	Somewhat Often (41% - 60%)	Often (61% - 80%)	Most of the Time (81% - 100%)
In-person pre-clerkship courses/lectures at YOUR medical school					
Virtual pre-clerkship courses/lectures (e.g., podcast or video) at YOUR medical school		0	0	0	0



2025 Y2Q Part II - Curriculum

Are you aware that y	your school has p	policies regarding the mistre	atment of medical students?	
Yes				
No				
Do you know the pr	ocedures at your	school for reporting the mis	treatment of medical students?	
Yes				
No				
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Please indicate the extent to which you agree with the following statements about your medical school:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My medical school prepares students to effectively communicate with people across a broad spectrum of backgrounds.					
I often feel isolated at school.					
My teachers and mentors have told me that they have high standards for my performance.					
I often feel that my performance is being judged more closely than others.					
My teachers and mentors have told me that they feel sure that I can perform well against high standards.					
I closely share the professional values and interests of most of my classmates.					
I often feel as if my performance is being judged as a member of the identity group that I belong to more than as an individual.					
Students learn effective tools for recognizing their own bias in interacting with people of different identity groups.					
The medical school experience, to this point, contributes to students' ability to work in disadvantaged communities.					



Think about HOW OFTEN you experience the following at your medical school. Determine your response by choosing one of the categories of frequency given below. Choose the category that best approximates your perceptions.

	Never	Almost never	Sometimes	Fairly often	Very often	Always
Faculty are helpful to students seeking advice not directly related to academic matter.						
Students in the school are distant with each other.						
Students in the school get to know each other well.						
When giving criticism or answering a question, faculty are genuinely interested in helping the student.						
Students spend time assisting each other.						
Students gather together in informal activities.						
	Never	Almost never	Sometimes	Fairly often	Very often	Always
Faculty and administrators give personal help to students having academic difficulty.						
Faculty are reserved and distant with students.						
The educational experience makes students value themselves.						
The educational experience makes students feel a sense of achievement.						
There are disconnects between what I am taught about professional behaviors/attitudes and what I see being demonstrated by faculty.						
The educational experience makes students feel confident of their academic abilities.						



Please rate how often the following professional behaviors/attitudes are demonstrated by your medical school's faculty.

		Almost				
	Never	never	Sometimes	Fairly often	Very often	Always
Respecting patient confidentiality.						
Using professional language/avoiding derogatory language.						
Dressing in a professional manner.						
Resolving conflicts in ways that respect the dignity of all involved.						
Being respectful of house staff and other physicians.						
Description diversity						
Respecting diversity.						
Respecting diversity.	Never	Almost never	Sometimes	Fairly often	Very often	Always
Being respectful of other health professions.	Never		Sometimes	•	Very often	Always
	Never		Sometimes	•	Very often	Always
Being respectful of other health professions.	Never		Sometimes	•	Very often	Always
Being respectful of other health professions. Being respectful of other specialties.	Never		Sometimes	•	Very often	Always
Being respectful of other health professions. Being respectful of other specialties. Being on time and managing a schedule well.	Never		Sometimes	•	Very often	Always



Indicate whether you agree or disagree with the following statement:

My medical school has done a good job of fostering and nurturing my development as a:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Person					
Future physician					



2025 Y2Q Part IV - Medical School Support and Services

Indicate your level of satisfaction with the following:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Did not use
Academic counseling						
Tutoring						
Faculty mentoring						
Financial aid administrative services						
	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Did not use
Student health insurance						
Student health services						
Student mental health services						
Student programs that promote effective stress management, a balanced lifestyle and overall well						



2025 Y2Q Part IV - Medical School Support and Services - Financial Information

How are you financing 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%):	
	%



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.

What general specialty are you considering?

Plea	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 or subspecialty
	Undecided
	I do not plan to practice medicine



	at career are you		cine, internal Medicine/Pediatri	cs, Obstetrics and Gynecology, o
Primary ca	re practice (e.g.	, office-based continuing ca	re in general Internal Medicine	
Hospitalist	(i.e., full-time ca	are of hospitalized patients)		
Sub-specia	ılty (e.g., Cardio	logy, Pediatric Oncology, M	aternal and Fetal Medicine)	
Undecided				
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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				



If you could revisit your career choice, would you choose to attend medical school again?
○ No
Probably Not
○ Neutral
O Probably Yes
Yes



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 = 0	1	2	3	4	5	6	7	8	9	concerns = 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.			
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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?					
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?					



Please indicate the extent to which you agree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
I always find new and interesting aspects in my medical school work.				
There are days when I feel tired before I arrive at medical school.				
It happens more and more often that I talk about my medical school work in a negative way.				
After a day of medical school, I tend to need more time than in the past in order to relax and feel better.				
I can tolerate the pressure of my medical school work very well.				
Lately, I tend to think less at medical school and do my medical school work almost mechanically.				
I find my medical school work to be a positive challenge.				
During my medical school work, I often feel emotionally drained.				



Please indicate the extent to which you agree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
Over time, one can become disconnected from medical school work.				
After a day of medical school, I have enough energy for my leisure activities.				
Sometimes I feel sickened by my medical school work.				
After a day of medical school, I usually feel worn out and weary.				
The study of medicine is the only thing that I can imagine myself doing.				
Usually, I can manage the amount of my medical school work well.				
I feel more and more engaged in my medical school work.				
When I am at medical school, I usually feel energized.				



Your responses to the following questions about behaviors or experiences during medical school might be sensitive. These data may be reported at the national, school, or campus level; however, they would only be reported in aggregate and after review by AAMC staff to reduce the probability that you could be identified by your responses.

For each of the following behaviors, please indicate the frequency you personally experienced that behavior during medical school. Include in your response any behaviors performed by faculty, nurses, residents/interns, other institution employees or staff, and other students. Please do not include behaviors performed by patients.

During medical school, how frequently have you...

	Never	Once	Occasionally	Frequently
Been publicly embarrassed?				
Been publicly humiliated?				
Been threatened with physical harm?				
Been physically harmed (e.g., hit, slapped, kicked)?				
Been required to perform personal services (e.g., shopping, babysitting)?				
	Never	Once	Occasionally	Frequently
Been subjected to unwanted sexual advances?				
Been asked to exchange sexual favors for grades or other rewards?				
Been denied opportunities for training or rewards based on gender?				
Been subjected to offensive sexist remarks/names?				
Received lower evaluations or grades solely because of gender rather than performance?				
	Never	Once	Occasionally	Frequently
Been denied opportunities for training or rewards based on race or ethnicity?				
Been subjected to racially or ethnically offensive remarks/names?				
Received lower evaluations or grades solely because of race or ethnicity rather than performance?				
Been denied opportunities for training or rewards based on sexual orientation?				
Been subjected to offensive remarks/names related to sexual orientation?				
	Never	Once	Occasionally	Frequently
Received lower evaluations or grades solely because of sexual orientation rather than performance?				
Been denied opportunities for training or rewards based on a disability?				
Been subjected to offensive remarks/names related to a disability?				
Received lower evaluations of grades solely because of a disability rather than performance?				
Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than gender,				

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ce/ethnicity, sexual orientation, or disability?				

If you were subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than gender, race/ethnicity, sexual orientation, or disability, please describe the behavior(s) here:

500 characters left.



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



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

what sex were you assigned at dirth?
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):



What best describes your current sexual orientation?

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

Asexual
Bisexual
Gay or Lesbian
Heterosexual or Straight
Pansexual
Queer
Another sexual orientation (please specify):



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

Are you a person wi	th a disability (e.g	., ADHD, learning, psycholo	gical, chronic health, mobility,	hearing, vision, etc.)?
Yes				
No				
I do not know				
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The accommodations that I received

2025 Y2Q Part VIII - Background Information

The individual responses provided below <u>will not</u> be sha aggregate.	red with or rep	orted to your m	edical school	. The data will	only be report	ted in
Are you a person with a disability (e.g., ADHD, learning,	psychological,	chronic health,	mobility, hea	ring, vision, et	c.)?	
● Yes						
○ No						
O I do not know						
Which of the following best describes your disability? If (Optional: please add a brief description where provided	•	than one type,	select all that	apply.		
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 or condition (please specify):						
Have you received accommodations from your institutio	n for your disa	bility?				
Yes						
○ No						
Please indicate your level of satisfaction with your institu	ution's accessi Very dissatisfied	bility/disability s	services:	Satisfied	Very satisfied	Not applicable
The process for requesting accommodations						

Use the space below if you would like to share anything about your experiences regarding disability and medical school:

1500 characters left.



The individual responses provided below <u>will not</u> 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., Abrib, learning, p	o, on orogical,	om om o nearth,	obinty, nea		o., .			
Yes								
○ No	No No							
O I do not know								
Which of the following best describes your disability? If y (Optional: please add a brief description where provided.		than one type,	select all that	t apply.				
Attention deficit/hyperactivity disorder								
Chronic health disability (please specify):	Chronic health disability (please specify):							
Deaf or hard of hearing								
Learning disability (please specify):								
Mobility disability								
Psychological disability (please specify):								
Visual disability								
Another disability or condition (please specify):								
Have you received accommodations from your institution	n for your disa	bility?						
Yes								
● No								
Why haven't you received accommodations from your ins	stitution for yo	our disability? So	elect all that a	apply.				
My request for accommodations was denied								
My request for accommodations is under review								
I have not requested accommodations because I feel	I do not need	accommodation	ıs					
I have not requested accommodations due to fear of	stigma or bias	i						
I have not requested accommodations because I do r	not have docu	mentation to su	oport my requ	uest				
I have not requested accommodations because my in	stitution does	not have a clea	r process for	requesting ac	commodation	s		
I have not requested accommodations because the p	rocess for req	uesting or acce	ssing accom	modations is to	o difficult			
I have not requested accommodations for other reason	ons (please sp	ecify):						
Please indicate your level of satisfaction with your institu	ition's accessi	bility/disability	services:					
,	Very	,			Very	Not		
	dissatisfied	Dissatisfied	Neutral	Satisfied	satisfied	applicable		
The process for requesting accommodations								
The accommodations that I received								

Use the space below if you would like to share anything about your experiences regarding disability and medical school:

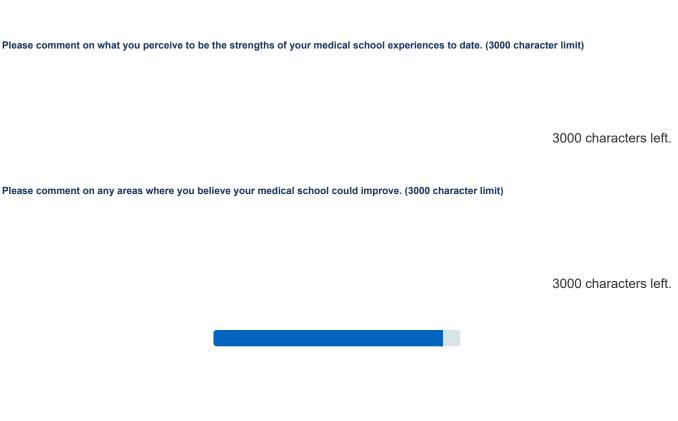


2025 Y2Q - Medical School Strengths and Areas for Improvement

Any comments you write below about your school's programs will be provided to your medical school verbatim.

The verbatim responses will not be linked to your identity and will not be linked to Y2Q data other than your campus location.

In responding to these essay-type questions, you should not provide self-identifying information unless it is your intention that your identity be known.





2025 Y2Q - Survey Feedback

Please share any thoughts that you have about this survey:

1500 characters left.



2025 Y2Q - Submit Your Survey

Please read carefully:

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.

(Optional:) Would you like an email confirming your participation in the Y2Q?

Indicate your preference below:

	Email me confirmation of m	y participation in the Y2Q	, which will be sent after	I click "Submit Survey	" below.
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Do <u>not</u> email me confirming my participation in the Y2Q. I understand that I can use the standard confirmation page that will be displayed after I click "Submit Survey" below.



2025 Y2Q - Submit Your Survey

Please read carefully:

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.

(Optional:) Would you like an email confirming your participation in the Y2Q?

Indicate your preference below:

Email me confirmation of my participation in the Y2Q, which will be sent after I click "Submit Survey" below.

Do **not** email me confirming my participation in the Y2Q. I understand that I can use the standard confirmation page that will be displayed after I click "Submit Survey" below.

An email confirming your participation in the Y2Q will be sent to:

(Note: If you do not see our confirmation email in your Inbox soon after submitting your survey, please check your junk or spam folder first. It is possible that your email provider may direct our confirmation email to a junk or spam folder.)

If you would also like us to cc your confirmation to an alternate email address for yourself, please enter it below:

Your alternate email address:

Re-enter your alternate email address:



2025 Medical School Year Two Questionnaire (Y2Q)

Name:

Thank you for participating in the Year Two Questionnaire. If you have any questions, please contact us by email at Y2Q@aamc.org.

Although you have completed the Y2Q, you may still use your survey link to review or revise your responses before the survey closes on January 4, 2026

Aggregate results from respondents at your school will be reported to your school's AAMC Student Surveys Contacts on March 31, 2026. To see a report of national Y2Q results, visit the Y2Q website.

You may print a copy of this page for your records. Your school or student organization may also offer raffles, prize drawings, or other incentives for those who have participated in the survey, and this page can be used as verification of completion.

AFTER YOU ARE FINISHED, PLEASE CLOSE YOUR BROWSER TO ENSURE THE SECURITY OF YOUR SURVEY.