

2026 AAMC Medical School Graduation Questionnaire

-- This survey link is unique and yours alone. It is not transferable. Until the survey closes, anyone who has your link will be able to view and alter your responses, even if you have completed the survey, so do not share your link with anyone else.

-- The Graduation Questionnaire is designed to be taken on a standard desktop or laptop computer with a browser that has cookies and JavaScript enabled. Taking the survey on a mobile browser is not recommended.

-- Returning to a "Saved" survey? Your previous responses will be saved and visible. Students requested the ability to move freely backward and forward throughout the entire survey and to change responses as needed. To enable this functionality, the survey tool must restart a saved survey at the first page.

Welcome!

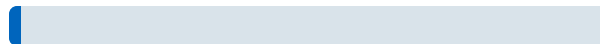
Your participation in the Graduation Questionnaire is an important way to provide feedback to improve medical education and student support services at your medical school. The questionnaire is a primary source of data on clinical training effectiveness, specialty and career plans, financial aid and student wellness.

After the survey closes, the AAMC will provide reports that aggregate results at the school level. These results are compared to national aggregated responses to benchmark how your school is performing in certain critical areas. The AAMC also uses these responses to provide information to support advocacy efforts for medical education.

Thank you,

*David J. Skorton, MD
President and CEO, Association of American Medical Colleges*

*Sanaea Bhagwagar
Chair, AAMC Organization of Student Representatives*



Verification of Information

Please take a moment to verify the information below to ensure that your responses are correctly associated with you and your medical school. Your survey responses will remain confidential.

FIRST NAME: **EMILY**

MIDDLE NAME: **A**

LAST NAME: **MEDSTUDENT**

MEDICAL SCHOOL: **Sample School of Medicine**

(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 information above correct?

Yes

No



Important Information about the Graduation Questionnaire (GQ)

The AAMC Medical School Graduation Questionnaire (GQ) seeks information from graduating medical students to help medical schools benchmark and improve their medical education programs. The information is also used for research on national trends in medical education and by the Liaison Committee on Medical Education (LCME), the accrediting authority for programs leading to the MD degree in U.S. medical schools. The GQ asks your opinions about the student services and educational programs at your school, your preparation for residency, your education financing, and your career aspirations. The GQ also asks questions aimed at understanding the learning environment at your medical school. In addition, the GQ gives you the opportunity to inform your medical school about specific program areas that are strong or in need of improvement. The GQ will take approximately 35 to 50 minutes to complete.

Participation Is Voluntary

Participation in the GQ 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 begun or completed the GQ. If you believe you are being coerced into participation, contact the AAMC Office of Human Subjects Research Protection by email (humansubjects@aamc.org). Your medical school has been informed of regulations and guidelines regarding the administration of the GQ. By encouraging your participation, your medical school agrees to this protocol.

Confidentiality Statement

The data collected in this survey are classified as confidential. Confidential data are data that may not be released with individual identification, except with permission. (Your agreement to participate in the GQ 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 GQ 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 GQ 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.

Comments you write about where your school's programs have strengths or areas in need of improvement will be provided to your medical school verbatim. The verbatim responses will not be linked to your identity and will not be linked to GQ data other than the campus location to which your school has assigned you. In responding to these essay-type questions, you should not provide self-identifying information unless you intend to make your identity known. Your responses to questions about negative behaviors or experiences during medical school might be sensitive. Because of this they will be released to schools only in a form aggregated at the medical school or campus level.

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 GQ, contact GQ staff by email (GQ@aamc.org) or telephone (202-828-0506).

I have read and understood this confidentiality statement and agree to participate. By continuing with this survey I grant permission to share my responses in the confidential manner described above.

- Yes (to continue on to the survey)
- No

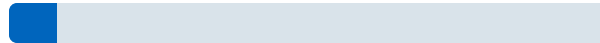


Indicate whether you agree or disagree with the following statement:

Strongly disagree Disagree Neutral Agree Strongly agree

Overall, I am satisfied with the quality of my medical education.

- At the end of the survey, you will have the opportunity to provide extended comments about what you perceive to be the strengths of your medical school's programs and any areas that may need improving.



Basic Science Education

Based on your experiences, indicate whether you agree or disagree with the following statements about medical school:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. Basic science coursework had sufficient illustrations of clinical relevance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Required clinical experiences integrated basic science contents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?

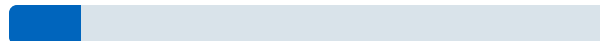
	Poor	Fair	Good	Excellent	Not applicable
Biochemistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biostatistics and epidemiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross anatomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction to Clinical Medicine/Introduction to the Patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microanatomy/Histology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clinical Education

Rate the quality of your educational experiences in the following clinical clerkships. (Note: If you participated in an integrated clerkship, please answer this question in terms of your educational experience in each discipline. If you had no clinical experiences in the discipline, select 'Not applicable'.)

	Poor	Fair	Good	Excellent	Not applicable
Emergency Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology/Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Next, you will be asked some additional questions about each of your applicable clerkship experiences excluding Emergency Medicine.



Clinical Education

Please respond to each of the three questions below for each clinical clerkship. (Note: if you participated in an integrated clerkship, please answer this question in terms of your educational experience in each discipline.)

	1. Were you observed taking the relevant portions of the patient history?		2. Were you observed performing the relevant portions of the physical or mental status exam?		3. Were you provided with mid-clerkship feedback?	
	Yes	No	Yes	No	Yes	No
Family Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology/Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Each row should have three total responses, one for each question block.



Family Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology/Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Preparedness for Residency

Indicate whether you agree or disagree with the following statements about your preparedness for beginning a residency program:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. I am confident that I have acquired the clinical skills required to begin a residency program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have the fundamental understanding of common conditions and their management encountered in the major clinical disciplines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have the communication skills necessary to interact with patients and health professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have basic skills in clinical decision making and the application of evidence based information to medical practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have a fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I understand the ethical and professional values that are expected of the profession.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I believe I am adequately prepared to care for patients from different backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have the skills to apply the principles of high value care (e.g., quality, safety, cost) in medical decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I have the skills to address the social determinants that differentially influence the health status of patients.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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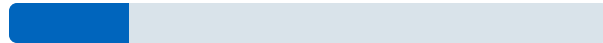


Medical Education Experiences

Have you had a clinical training experience during medical school at a Department of Veterans Affairs medical facility?

Yes

No



Medical Education Experiences

Have you had a clinical training experience during medical school at a Department of Veterans Affairs medical facility?

Yes

No

How would you rate the value of your Department of Veterans Affairs clinical training experience?

Poor

Fair

Adequate

Very good

Excellent



Medical Education Experiences

Indicate the activities you will have participated in during medical school on an elective (for credit) or volunteer (not required) basis:

- Independent study project for credit
- Research project with faculty member
- Authorship (sole or joint) of a peer-reviewed paper submitted for publication
- Authorship (sole or joint) of a peer-reviewed oral or poster presentation
- Global health experience
- Educating elementary, high school or college students about careers in health professions or biological sciences
- Providing health education (e.g., HIV/AIDS education, breast cancer awareness, smoking cessation, obesity)
- Field experience in providing health education in the community (e.g., adult/child protective services, family violence program, rape crisis hotline)
- Field experience in home care
- Learned another language in order to improve communication with patients
- Learned the proper use of the interpreter when needed
- Experience related to health disparities
- Experience related to cultural awareness and cultural competence
- Community-based research project
- Field experience in nursing home care
- Experience with a free clinic for the underserved population
- Other (please specify):

Indicate whether you agree or disagree with the following statement:

Strongly
disagree

Disagree

Neutral

Agree

Strongly
agree

I received appropriate guidance in the selection of electives.



Medical Education Experiences

By the time you have graduated from medical school, will you have completed any away rotations, either in-person or virtual? Include only rotations that were not required by your medical school for graduation AND were at (or administered by) institutions not affiliated with your medical school.

Yes

No



Medical Education Experiences

By the time you have graduated from medical school, will you have completed any away rotations, either in-person or virtual? Include only rotations that were not required by your medical school for graduation AND were at (or administered by) institutions not affiliated with your medical school.

Yes

No

How many away rotations will you have completed? Include only rotations that were not required by your medical school for graduation AND were at (or administered by) institutions not affiliated with your medical school.

In-person away rotations:

Virtual away rotations:

Total away rotations:



Medical Education Experiences

Based on your experiences, indicate whether you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. My knowledge or opinion was influenced or changed by becoming more aware of the perspectives of individuals from different backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The diversity within my medical school class enhanced my training and skills to work with individuals from different backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



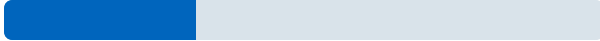


Educational Environment

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Future physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Well-Being

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

As a medical student...

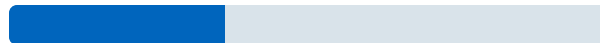
	Strongly disagree	Disagree	Agree	Strongly agree
I always find new and interesting aspects in my medical school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are days when I feel tired before I arrive at medical school.	<input type="radio"/>	<input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

Well-Being

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

As a medical student...

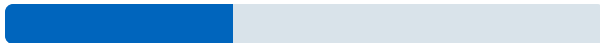
	Strongly disagree	Disagree	Agree	Strongly agree
Over time, one can become disconnected from medical school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After a day of medical school, I have enough energy for my leisure activities.	<input type="radio"/>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



Career Plans

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):



Career Plans

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



Career Plans

When thinking about your career, what is your intended area of practice?

- Note: selecting any response that includes "or subspecialty" will enable additional choices 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*



Career Plans

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

- Yes
- No
- Not sure



Career Plans

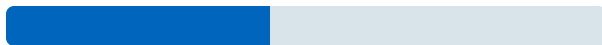
How useful were the following resources in learning about specialty choice and career planning?

	Not useful	Somewhat useful	Moderately useful	Very useful	Did not use
Advising/Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AAMC's Careers in Medicine website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty interest group-sponsored panels and presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School-sponsored career planning workshops and courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation in in-house and extramural electives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other publications and web-based resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How influential were the following in helping you choose your specialty?

	No influence	Minor influence	Moderate influence	Strong influence
Competitiveness of specialty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of educational debt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role model influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Options for fellowship training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of residency training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of residency training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My future family plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work/Life balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My personality, interests, and skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content of specialty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Career Plans

How strongly did state laws about reproductive health services:

No influence Minor influence Moderate influence Strong influence

Influence your choice of specialty?

Influence your choice of where to apply for residency?



Career Plans

**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 and training:

- 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
- No
- Undecided

Regardless of location, do you plan to care primarily for an underserved population?

- Yes
- No
- Undecided



Career Plans

If you could revisit your career choice, would you choose to attend medical school again?

- No
- Probably not
- Neutral
- Probably yes
- Yes



School Administration, Student Affairs, and Student Services

Note: If your medical school has multiple campuses, your medical school may want you to answer the items below with regard to a specific campus. Schools requesting campus-level reports of GQ results provide the AAMC with the campus assignment of each student.

Indicate your level of satisfaction with the following:

Office of the Dean of Students/Associate Dean for Students

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
1. Accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Awareness of student concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Responsiveness to student problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Office of the Dean for Educational Programs/Curricular Affairs

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
1. Accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Awareness of student concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Responsiveness to student problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Participation of students on key medical school committees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Information about specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Information about alternative medical careers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Overall satisfaction with career planning services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wellness

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Did not use
1. Student programs/activities that promote effective stress management, a balanced lifestyle and overall well being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



School Administration, Student Affairs, and Student Services

Note: If your medical school has multiple campuses, your medical school may want you to answer the items below with regard to a specific campus. Schools requesting campus-level reports of GQ results provide the AAMC with the campus assignment of each student.

Indicate your level of satisfaction with the following:

Student Health

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Did not use
1. Student health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Student mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Student health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



School Administration, Student Affairs, and Student Services

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



School Administration, Student Affairs, and Student Services

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

Which of the following describes your disability? If you have more than one type, select all that apply. (Optional: please 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 or condition (please specify):

During medical school, did you receive accommodations from your institution for your disability?

- Yes
- No

Please indicate your level of satisfaction with your institution's accessibility/disability services:

Very
dissatisfied Dissatisfied Neutral Satisfied Very
satisfied **Not
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:

1500 characters left.



School Administration, Student Affairs, and Student Services

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

Which of the following describes your disability? If you have more than one type, select all that apply. (Optional: please 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 or condition (please specify):

During medical school, did you receive accommodations from your institution for your disability?

- Yes
- No

Why didn't you receive accommodations from your institution for your disability? Select all that 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 accommodations.
- I have not requested accommodations due to fear of stigma or bias.
- I have not requested accommodations because I do not have documentation to support my request.
- I have not requested accommodations because my institution does not have a clear process for requesting accommodations.
- I have not requested accommodations because the process for requesting or accessing accommodations is too difficult.
- I have not requested accommodations for other reasons (please specify):

Please indicate your level of satisfaction with your institution's accessibility/disability services:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
The process for requesting accommodations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The accommodations that I received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

1500 characters left.



School Administration, Student Affairs, and Student Services

School Policies Regarding Mistreatment

	Yes	No
1. Are you aware that your school has policies regarding the mistreatment of medical students?	<input type="radio"/>	<input type="radio"/>
2. Do you know the procedures at your school for reporting the mistreatment of medical students?	<input type="radio"/>	<input type="radio"/>



Behaviors Experienced During Medical School

Your responses to the following questions about behaviors or experiences during medical school might be sensitive. Because of this they will be released to schools only in a form aggregated to the medical school or campus level and after review by AAMC staff to reduce the probability that you could be identified by your responses.

Behaviors Directed at You

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been publicly humiliated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been threatened with physical harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been physically harmed (e.g., hit, slapped, kicked)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been required to perform personal services (e.g., shopping, babysitting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	Occasionally	Frequently
Been subjected to unwanted sexual advances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been asked to exchange sexual favors for grades or other rewards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

on gender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to offensive sexist remarks/names?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received lower evaluations or grades solely because of gender rather than performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	Occasionally	Frequently
Been denied opportunities for training or rewards based on race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to racially or ethnically offensive remarks/names?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received lower evaluations or grades solely because of race or ethnicity rather than performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based on sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to offensive remarks/names related to sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	Occasionally	Frequently
Received lower evaluations or grades solely because of sexual orientation rather than performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based on a disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to offensive remarks/names related to a disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received lower evaluations or grades solely because of a disability rather than performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based on religion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	Occasionally	Frequently

Been subjected to offensive remarks/names related to religion?

Received lower evaluations or grades solely because of religion rather than performance?

Been subjected to negative or offensive behavior(s) based on personal beliefs or personal characteristics other than gender, race/ethnicity, sexual orientation, disability, or religion?



Denied opportunities for training or rewards based on sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to offensive remarks/names related to sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received lower evaluations or grades solely because of sexual orientation rather than performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied opportunities for training or rewards based on a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to offensive remarks/names related to a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received lower evaluations or grades solely because of a disability rather than performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied opportunities for training or rewards based on religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to offensive remarks/names related to religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received lower evaluations or grades solely because of religion rather than performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to negative or offensive behavior(s) based on personal beliefs or characteristics other than gender, race/ethnicity, sexual orientation, disability, or religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did any of the behaviors listed above occur within a clinical learning environment?

- Yes
- No

Did you report any of the behaviors listed above to a designated faculty member or member of the medical school administration empowered to handle such complaints?

- Yes
- No



Denied opportunities for training or rewards based on sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to offensive remarks/names related to sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received lower evaluations or grades solely because of sexual orientation rather than performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied opportunities for training or rewards based on a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to offensive remarks/names related to a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received lower evaluations or grades solely because of a disability rather than performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied opportunities for training or rewards based on religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to offensive remarks/names related to religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received lower evaluations or grades solely because of religion rather than performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to negative or offensive behavior(s) based on personal beliefs or characteristics other than gender, race/ethnicity, sexual orientation, disability, or religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did any of the behaviors listed above occur within a clinical learning environment?

- Yes
- No

In which clinical learning environment did you encounter the behavior(s) you identified above? Select all that apply:

- Emergency medicine
- Family medicine
- Internal medicine
- Neurology
- Obstetrics and Gynecology/Women's Health
- Pediatrics
- Psychiatry
- Surgery
- Other setting (please specify):

Did you report any of the behaviors listed above to a designated faculty member or member of the medical school administration empowered to handle such complaints?

Yes

No



Denied opportunities for training or rewards based on sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to offensive remarks/names related to sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received lower evaluations or grades solely because of sexual orientation rather than performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied opportunities for training or rewards based on a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to offensive remarks/names related to a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received lower evaluations or grades solely because of a disability rather than performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied opportunities for training or rewards based on religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to offensive remarks/names related to religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received lower evaluations or grades solely because of religion rather than performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to negative or offensive behavior(s) based on personal beliefs or characteristics other than gender, race/ethnicity, sexual orientation, disability, or religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did any of the behaviors listed above occur within a clinical learning environment?

- Yes
- No

In which clinical learning environment did you encounter the behavior(s) you identified above? Select all that apply:

- Emergency medicine
- Family medicine
- Internal medicine
- Neurology
- Obstetrics and Gynecology/Women's Health
- Pediatrics
- Psychiatry
- Surgery
- Other setting (please specify):

Did you report any of the behaviors listed above to a designated faculty member or member of the medical school administration empowered to handle such complaints?

Yes

No

To whom did you report the behavior(s)? Check all that apply.

Dean of Students

Designated counselor/advocate/ombudsperson

Other medical school administrator

Faculty member

Other (please specify):

Satisfaction with the Outcome:

Very
dissatisfied **Dissatisfied** **Neutral** **Satisfied** **Very**
satisfied

How satisfied are you with the outcome of having reported the behavior(s)?



Behaviors Experienced During Medical School

Your responses to the following questions about behaviors or experiences during medical school might be sensitive. Because of this they will be released to schools only in a form aggregated to the medical school or campus level and after review by AAMC staff to reduce the probability that you could be identified by your responses.

Behaviors Directed at You

If there were any incidents of these behaviors that you did not report, why didn't you report them? Check all that apply.

- I reported all incidents of these behaviors*
- The incident did not seem important enough to report
- I resolved the issue myself
- I did not think anything would be done about it
- Fear of reprisal
- I did not know what to do
- Other (please specify):



Behaviors Witnessed During Medical School

Your responses to the following questions about behaviors or experiences during medical school might be sensitive. Because of this they will be released to schools only in a form aggregated to the medical school or campus level and after review by AAMC staff to reduce the probability that you could be identified by your responses.

Behaviors Directed at Other Students

Here again is a list of the behaviors we showed you earlier. Note that "publicly embarrassed" is NOT included in this list. We would now like to know whether you witnessed other students subjected to any of these behaviors during medical school:

- * Publicly humiliated
- * Threatened with physical harm
- * Physically harmed (e.g., hit, slapped, kicked)
- * Required to perform personal services (e.g., shopping, babysitting)
- * Subjected to unwanted sexual advances
- * Asked to exchange sexual favors for grades or other rewards
- * Denied opportunities for training or rewards based on gender
- * Subjected to offensive sexist remarks/names
- * Received lower evaluations or grades solely because of gender rather than performance
- * Denied opportunities for training or rewards based on race or ethnicity
- * Subjected to racially or ethnically offensive remarks/names
- * Received lower evaluations or grades solely because of race or ethnicity rather than performance
- * Denied opportunities for training or rewards based on sexual orientation
- * Subjected to offensive remarks/names related to sexual orientation
- * Received lower evaluations or grades solely because of sexual orientation rather than performance
- * Denied opportunities for training or rewards based on a disability
- * Subjected to offensive remarks/names related to a disability
- * Received lower evaluations or grades solely because of a disability rather than performance
- * Denied opportunities for training or rewards based on religion
- * Subjected to offensive remarks/names related to religion
- * Received lower evaluations or grades solely because of religion rather than performance
- * Subjected to negative or offensive behavior(s) based on personal beliefs or personal characteristics other than gender, race/ethnicity, sexual orientation, disability, or religion

During medical school, did you witness other students subjected to any of the behaviors listed above?

Do not include experiences of embarrassment or behaviors performed by patients.

Yes

No



Behaviors Witnessed During Medical School

Your responses to the following questions about behaviors or experiences during medical school might be sensitive. Because of this they will be released to schools only in a form aggregated to the medical school or campus level and after review by AAMC staff to reduce the probability that you could be identified by your responses.

Behaviors Directed at Other Students

Here again is a list of the behaviors we showed you earlier. Note that "publicly embarrassed" is NOT included in this list. We would now like to know whether you witnessed other students subjected to any of these behaviors during medical school:

- * Publicly humiliated
- * Threatened with physical harm
- * Physically harmed (e.g., hit, slapped, kicked)
- * Required to perform personal services (e.g., shopping, babysitting)
- * Subjected to unwanted sexual advances
- * Asked to exchange sexual favors for grades or other rewards
- * Denied opportunities for training or rewards based on gender
- * Subjected to offensive sexist remarks/names
- * Received lower evaluations or grades solely because of gender rather than performance
- * Denied opportunities for training or rewards based on race or ethnicity
- * Subjected to racially or ethnically offensive remarks/names
- * Received lower evaluations or grades solely because of race or ethnicity rather than performance
- * Denied opportunities for training or rewards based on sexual orientation
- * Subjected to offensive remarks/names related to sexual orientation
- * Received lower evaluations or grades solely because of sexual orientation rather than performance
- * Denied opportunities for training or rewards based on a disability
- * Subjected to offensive remarks/names related to a disability
- * Received lower evaluations or grades solely because of a disability rather than performance
- * Denied opportunities for training or rewards based on religion
- * Subjected to offensive remarks/names related to religion
- * Received lower evaluations or grades solely because of religion rather than performance
- * Subjected to negative or offensive behavior(s) based on personal beliefs or personal characteristics other than gender, race/ethnicity, sexual orientation, disability, or religion

During medical school, did you witness other students subjected to any of the behaviors listed above?

Do not include experiences of embarrassment or behaviors performed by patients.

Yes

No

Did you report any of the behaviors you witnessed to a designated faculty member or a member of the medical school administration empowered to handle such complaints?

Yes

No



Behaviors Experienced or Witnessed During Medical School

Optional: Provide Feedback to Your School about the Behaviors You Experienced or Witnessed

Is there anything you would like to share directly with your medical school about the behaviors that you have indicated you (a) experienced personally, or (b) witnessed happening to other students? To help your medical school understand and improve the learning environment, your response below will be given to the staff at your medical school who receive your school's GQ report, but not until after the annual GQ reports have been issued in July.

Note: 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 GQ data other than your campus location. In responding to this question, you should not provide self-identifying information unless it is your intention that your identity be known.

3000 characters left.



Patient Encounters During Medical School

While in medical school, during encounters with patients, how frequently did patients subject you to...

	Never	Once	Occasionally	Frequently
Insensitive or inappropriate comments directed at you, personally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatening or harmful behaviors directed at you, personally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Financing of Education

All the information you share in this survey, including financial information, is confidential and will not be given to your school with your identification.

Your information will help the medical community better understand the costs of medical education and the rising levels of medical student indebtedness. The information may be used for benchmarking by, and comparison among, medical schools.

Confidential financial information is also used to inform the Financial Information, Resources, Services and Tools (FIRST) program of the AAMC to help the medical community navigate the complexities of student debt. For more about FIRST, see www.aamc.org/services/first

If you cannot remember the actual figures for some of the questions that follow, please enter rough estimates.

Scholarships, Stipends, and Grants

Did you receive any scholarships, stipends, or grants (not loans) for medical school?

Yes

No



Financing of Education

All the information you share in this survey, including financial information, is confidential and will not be given to your school with your identification.

Your information will help the medical community better understand the costs of medical education and the rising levels of medical student indebtedness. The information may be used for benchmarking by, and comparison among, medical schools.

Confidential financial information is also used to inform the Financial Information, Resources, Services and Tools (FIRST) program of the AAMC to help the medical community navigate the complexities of student debt. For more about FIRST, see www.aamc.org/services/first

If you cannot remember the actual figures for some of the questions that follow, please enter rough estimates.

Scholarships, Stipends, and Grants

Did you receive any scholarships, stipends, or grants (not loans) for medical school?

Yes

No

Estimate the total dollar amount of all the scholarships, stipends, and/or grants you will have received for medical school. (Do not include loans.)

Total dollar amount:

A text input field for entering a dollar amount. It features a grey background with a white border. On the left, there is a grey square containing a white dollar sign (\$). To the right of the input field is a small grey square containing two white squares stacked vertically, likely representing a dropdown menu for units or a confirmation button.

Financing of Education

Loans for Premedical / College Education

Do you have any outstanding education loans for your college/premedical education?

- Yes
- No



Financing of Education

Loans for Premedical / College Education

Do you have any outstanding education loans for your college/premedical education?

Yes

No

Enter the amount you owe on your premedical/college education loans.

Principal amount
borrowed (do not
include interest):

Financing of Education

Loans for Medical School Education

Do you have any outstanding education loans (including loan service commitments) for your medical school education?

Yes

No



Financing of Education

Loans for Medical School Education

Do you have any outstanding education loans (including loan service commitments) for your medical school education?

Yes

No

Enter the amount you owe on your medical education loans.

Principal amount borrowed
(do not include interest):

\$



Financing of Education

Noneducational Loans

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

Yes

No



Financing of Education

Noneducational Loans

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

Yes

No

Please list the amount of your noneducational, consumer debt for each category listed below. Enter 0 (zero) for non-applicable categories. Note: Enter the amount (not percentages) that you owe for each category. For example, if you owed eight hundred dollars on your credit cards, four thousand dollars for a car loan, and had no other consumer debt, you would enter 800, 4000, and then 0 on each of the remaining lines. The total would then appear below as 4,800. Please do not use commas or periods.

Credit Cards:

Car Loans:

Mortgage:

Residency and Relocation Loans:

Other Consumer Loans:

Total Amount: \$



Financing of Education

Loan Forgiveness Programs

Do you plan to enter into a loan forgiveness program?

Yes

No



Financing of Education

Loan Forgiveness Programs

Do you plan to enter into a loan forgiveness program?

Yes

No

Select the type of loan forgiveness program in which you plan to participate:

- Department of Education's Public Service Loan Forgiveness (PSLF)
- National Health Service Corps
- Indian Health Service Corps
- Armed Services (Navy, Army, Air Force)
- Uniformed Service (CDC, HHS)
- State loan forgiveness program
- Hospital program (e.g., sign-on bonus)
- Private loan forgiveness program (please specify):
- Other (please specify):

Background Information

Demographic questions are included in this section to better understand the characteristics and diversity of medical students.

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)?

- 0
- 1
- 2
- 3
- 4 or more



Background Information

Demographic questions are included in this section to better understand the characteristics and diversity of medical students. 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):



Background Information

Demographic questions are included in this section to better understand the characteristics and diversity of medical students. 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):

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 GQ 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.

1.a. Preclinical Education: Strengths

Please comment on what you perceive to be the strengths of your basic science education during medical school. (3000 character limit)

3000 characters left.

1.b. Preclinical Education: Areas for Improvement

Please comment on any areas where you believe your medical school could improve basic science education. (3000 character limit)

3000 characters left.

2.a. Clinical Education: Strengths

Please comment on what you perceive to be the strengths of your clinical education during medical school. (3000 character limit)

3000 characters left.

2.b. Clinical Education: Areas for Improvement

Please comment on any areas where you believe your medical school could improve clinical education. (3000 character limit)

3000 characters left.



Medical School Strengths and Areas for Improvement (continued)

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 GQ 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.

3.a. Administration, Services, and Student Affairs: Strengths

Please comment on what you perceive to be the strengths of the administration, services, and student affairs programs of the medical school from which you are graduating. (3000 character limit)

3000 characters left.

3.b. Administration, Services, and Student Affairs: Areas for Improvement

Please comment on any areas where you believe your medical school's administration, student services, and student affairs programs could be improved. (3000 character limit)

3000 characters left.



You're Almost Done!

Your Feedback is Appreciated

You have reached the end of the Medical School Graduation Questionnaire (GQ).

We hope you will take a moment to offer any feedback about the survey that may help us improve the GQ. (1500 character limit)

1500 characters left.



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 "Back" button below to review your prior responses.

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

Indicate your preference below:

- Email me confirmation of my participation in the GQ, which will be sent after I click "Submit Survey" below
- Do not email me confirmation of my participation. I understand that I can use the standard confirmation page that will be displayed after I click "Submit Survey" below.



2026 Medical School Graduation Questionnaire (GQ)

Name: EMILY MEDSTUDENT

Thank you for participating in the Graduation Questionnaire. If you have any questions, please contact us via email at GQ@aamc.org.

Although you have completed the GQ, you may still use your survey link to review or revise your responses before the survey closes June 7.

National GQ results will be made publicly available at the [GQ home page](#). Your medical school's aggregated results, with comparisons to the national data, will be made available to your school's authorized personnel. Students wishing to see their school's results should contact their OSR representative or their Dean for Student Affairs.

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.