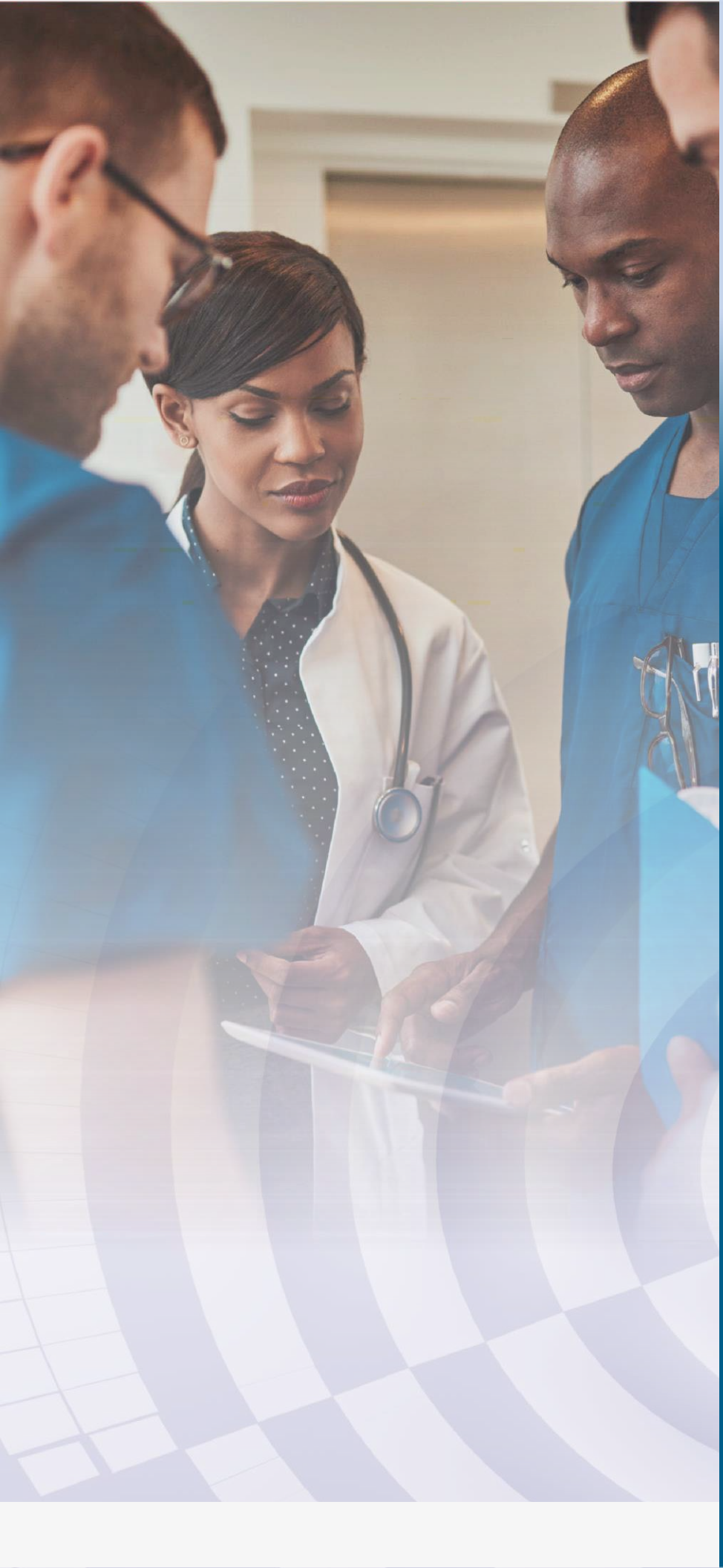

THE MATCH®
NATIONAL RESIDENT MATCHING PROGRAM®

Charting Outcomes™

Applicant Survey Results
Main Residency Match®

2026

Questions about the NRMP should be directed to Donna L. Lamb, D.HSc., M.B.A., B.S.N., President and CEO at admin@nrmp.org.

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Charting Outcomes™

Applicant Survey Results
Main Residency Match®

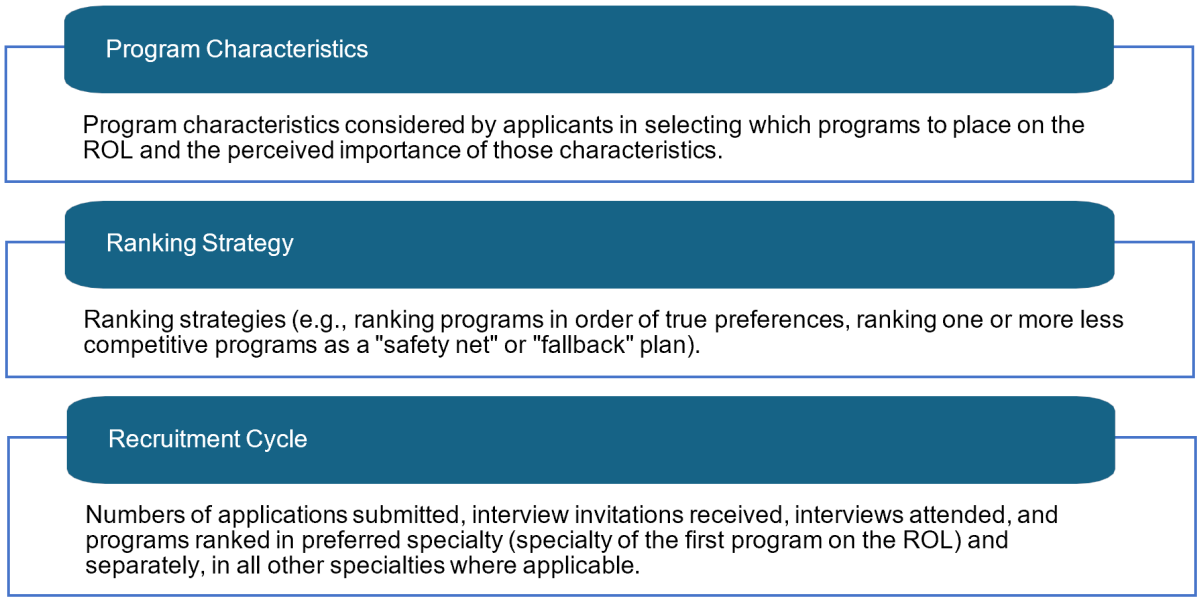
2023

Introduction

In March 2026, the National Resident Matching Program® (NRMP®) conducted its annual Applicant Survey to applicants who certified a rank order list (ROL) for the 2026 Main Residency Match® (MRM). It was conducted over the 11 days between the ROL Certification Deadline and the start of Match Week (March 5–15, 2026) to prevent Match outcomes from influencing responses.

Survey

Survey assessment items (see Appendix 1) across many domains are represented in the Applicant Survey Report including:



Changes to the 2026 Applicant Survey include new items assessing applicants' program signaling behaviors and perceptions of holistic review and their impact on program selection. While these new items were included in the survey, the results have not been integrated into the Applicant Survey interactive report. Additionally, 2026 was the first year of the three-year NRMP Voluntary ROL Lock Pilot in partnership with Internal Medicine, Pediatrics, and Vascular Surgery specialties. Applicants who applied and interviewed in one of those specialties received additional questions related to their experiences in the Pilot embedded in the Applicant Survey. The report outlining findings from the first year of the Pilot can be found here.

Interactive Dashboard

Select results from the Applicant Survey are displayed in the interactive Dashboard on Tableau. Viewers can filter data by applicant type, preferred specialty, and survey year. The number of applications submitted, interview invitations received, interviews attended, and programs ranked were self-reported by respondents. For those counts, extreme outlier values were removed prior to the inclusion of data in the interactive report.

Response Rates

The response rate across all applicant types was 27.1% (*N* = 12,832). Table 1 (below) also presents survey results by applicant type for 21 specialties where at least 50 responses were submitted. The three applicant type-defined subgroups include:

- U.S. MD seniors
- U.S. DO seniors
- All Other Applicant Types: U.S. MD graduates, U.S. DO graduates, U.S. citizen students and graduates of international medical schools (U.S. IMGs), non-U.S. citizen students and graduates of international medical schools (non-U.S. IMGs), and students and graduates of Canadian medical schools

The “All Other Specialties” category reflected in Table 1 aggregates 24 specialties, including 17 combined programs (e.g., Emergency Medicine/Family Medicine, Internal Medicine/Preventive Medicine), where fewer than 50 total responses per specialty were submitted. The “No Preferred Specialty” category reflected in Table 1 includes applicants who ranked Transitional Year or PGY-1 preliminary programs first on their ROLs. Applicants in that category were not included in the preferred specialty calculations and subsequent tabs of the interactive report.

There were 271 applicants in the 2026 Main Residency Match who certified ROLs and subsequently withdrawn from Match participation. Responses from those applicants were excluded from response rate calculations and interactive report visualizations.

Highlighted Results

Overall Applicant Ranking Behaviors

Although there was some variability by applicant type, the characteristics applicants most frequently endorsed as influencing their ranking of programs were:

- interview day experience;
- overall goodness of fit;
- desired geographic location;
- quality of residents in the program;
- reputation of the program; and
- work/life balance.

Overall, the top characteristics contributing to applicant ranking decisions in 2026 were also the most frequently endorsed in 2025.

Applicant Ranking Behaviors by Preferred Specialty

Applicants' consideration of program characteristics in ranking is likely influenced by their preferred specialty and what applicants perceive as important to those specialties. For example, consider the program characteristics considered in ranking decisions for applicants who preferred Pathology-Anatomic and Clinical compared to applicants who preferred Radiology-Diagnostic:

- Among U.S. MD seniors who preferred Pathology-Anatomic and Clinical, 58% said they considered the opportunity and support to conduct research and/or attend conferences in their ranking decisions, compared to 43% of U.S. MD seniors who preferred Radiology-Diagnostic.
- Of U.S. DO seniors who preferred Pathology-Anatomic and Clinical, 50% percent said they considered call schedules in their ranking decisions, compared with 67% of U.S. DO seniors who preferred Radiology-Diagnostic.
- Of All Other Applicant Types who preferred Pathology-Anatomic and Clinical, 22% said they considered insurance benefits (life, health, dental, disability) in their ranking decisions, compared with 13% of those who preferred Radiology-Diagnostic.

Table 1. Distribution and Response Rates by Preferred Specialty and Applicant Type[1]

Specialty	U.S. MD Seniors			U.S. DO Seniors			All Other Applicant Types[2]		
	Surveys Sent	Number Responding	Response Rate (%)	Surveys Sent	Number Responding	Response Rate (%)	Surveys Sent	Number Responding	Response Rate (%)
Anesthesiology	1,737	383	22.0%	522	141	27.0%	728	157	21.6%
Child Neurology	141	41	29.1%	30	10	33.3%	78	35	44.9%
Dermatology	727	150	20.6%	100	22	22.0%	271	38	14.0%
Emergency Medicine	1,449	309	21.3%	1,132	231	20.4%	641	170	26.5%
Family Medicine	1,419	301	21.2%	1,283	258	20.1%	1,980	657	33.2%
Internal Medicine	4,188	875	20.9%	1,852	362	19.5%	8,682	3,583	41.3%
Internal Medicine/Pediatrics	355	89	25.1%	68	17	25.0%	43	19	44.2%
Interventional Radiology	181	50	27.6%	36	13	36.1%	58	17	29.3%
Neurological Surgery	344	84	24.4%	18	7	38.9%	118	17	14.4%
Neurology	766	164	21.4%	262	58	22.1%	661	254	38.4%
Obstetrics and Gynecology	1,280	323	25.2%	464	125	26.9%	395	93	23.5%
Orthopaedic Surgery	1,107	256	23.1%	267	65	24.3%	223	25	11.2%
Otolaryngology	462	143	31.0%	54	16	29.6%	64	13	20.3%
Pathology-Anatomic and Clinical	278	78	28.1%	143	49	34.3%	534	190	35.6%
Pediatrics	1,373	336	24.5%	590	152	25.8%	1,057	445	42.1%
Physical Medicine and Rehabilitation	363	68	18.7%	316	81	25.6%	147	31	21.1%
Plastic Surgery (Integrated)	318	69	21.7%	12	5	41.7%	76	10	13.2%
Psychiatry	1,481	301	20.3%	613	119	19.4%	777	230	29.6%
Radiation Oncology	146	42	28.8%	21	3	14.3%	55	16	29.1%
Radiology-Diagnostic	852	184	21.6%	200	58	29.0%	360	95	26.4%
Surgery-General	1,317	291	22.1%	405	92	22.7%	1,035	155	15.0%
All other specialties[3]	364	94	25.8%	74	23	31.1%	207	44	21.3%
No preferred specialty[4]	270	13	4.8%	33	3	9.1%	403	79	19.60%
Total	**20,918**	**4,644**	**22.2%**	**8,495**	**1,910**	**22.5%**	**18,593**	**6,373**	**34.3%**

1 Excludes a total of 271 applicants withdrawn from the Match after the ROL Certification Deadline for reasons related to ineligibility or participation in an early Match.
2 U.S. citizen students and graduates of international medical schools (U.S. IMG), non-US citizen students and graduates of international medical schools (non-U.S. IMGs), U.S. MD graduates, U.S. DO graduates, and students and graduates of Canadian medical schools.
3 Dermatology/Internal Medicine, Diagnostic Radiology/Nuclear Medicine**ACGME Accredited, Emergency Medicine/Aerospace Medicine, Emergency Medicine/Anesthesiology, Emergency Medicine/Family Medicine, Emergency Medicine/Internal Medicine, Internal Medicine/Aerospace Medicine, Internal Medicine/Medical Genetics, Internal Medicine/Preventive Medicine, Internal Medicine/Psychiatry, Neurodevelopmental Disabilities , Nuclear Medicine, Occupational and Environmental Medicine, Osteopathic Neuromusculoskeletal Medicine, Pediatrics/Anesthesiology, Pediatrics/Emergency Medicine, Pediatrics/Medical Genetics, Pediatrics/Physical Medicine and Rehabilitation, Pediatrics/Psychiatry/Child and Adolescent Psychiatry, Preventive Medicine(Gen Prev, Occup, Aerospace Med, & Pub Hlth), Psychiatry/Family Medicine, Psychiatry/Neurology, Thoracic Surgery (Integrated), Vascular Surgery (Integrated)
4 Applicants who listed Transitional Year or PGY-1 preliminary programs first on their rank order lists.

Application, Interview, and Ranking Behaviors

- The largest median numbers of applications submitted were by applicants preferring Plastic Surgery, Internal Medicine, Surgery-General and Psychiatry. By contrast, the largest numbers of interviews offered, interviews attended, and median programs ranked were among applicants preferring Emergency Medicine, Radiation Oncology, and Pediatrics.
- Some results for 2026 paralleled those from 2025 including:
    - The median numbers of applications submitted by Other Applicant Types were higher than those submitted by U.S. MD seniors and U.S. DO seniors, regardless of whether they ultimately matched.
    - Across all applicant types, unmatched applicants reported applying to more programs than matched applicants.
    - Both matched and unmatched U.S. MD and U.S. DO seniors reported being offered and attending considerably more interviews than Other Applicant Types regardless of their match status.
    - U.S. MD and U.S. DO seniors who matched reported a similar number of interviews.
    - Unmatched U.S. MD and U.S. DO seniors reported having obtained a similar number of interviews.

Appendix: 2026 Applicant Survey Questionnaire

1a-4a. Please answer the following questions about your residency applications and interviews in your **preferred specialty (specialty of the first program on the rank order list).** These questions refer to your participation in the 2026 NRMP Main Residency Match only. **If none or not applicable, please put "0".**

1. Number of applications submitted _____1a_____
2. Number of interview invitations received _____2a_____
3. Number of interviews attended _____3a_____
4. Number of programs ranked _____4a_____

1b-4b. Please answer the following questions about your residency applications and interviews in all other specialties combined (if applicable). These questions refer to your participation in the 2026 NRMP Main Residency Match only. If none or not applicable, please put "0".

1. Number of applications submitted _____1b_____
2. Number of interview invitations received _____2b_____
3. Number of interviews attended _____3b_____
4. Number of programs ranked _____4b_____

[Skip logic 1: If Q1a AND Q1b = 0] OR [Q4a AND Q4b = 0], participant is directed to contact information page.]

5. Which specialties did you apply to? *Select all that apply.*
   - 5a Anesthesiology
   - 5b Child Neurology
   - 5c Dermatology
   - 5d Diagnostic Radiology/Nuclear Medicine
   - 5e Emergency Medicine
   - 5f Emergency Medicine/Anesthesiology
   - 5g Emergency Medicine/Family Medicine
   - 5h Family Medicine
   - 5i Family Medicine/Preventive Medicine
   - 5j Internal Medicine
   - 5k Internal Medicine/Dermatology
   - 5l Internal Medicine/Emergency Medicine
   - 5m Internal Medicine/Medical Genetics
   - 5n Internal Medicine/Pediatrics
   - 5o Internal Medicine/Preventive Medicine
   - 5p Internal Medicine/Psychiatry
   - 5q Interventional Radiology
   - 5r Neurodevelopmental Disabilities
   - 5s Neurological Surgery
   - 5t Neurology
   - 5u Nuclear Medicine
   - 5v Obstetrics and Gynecology
   - 5w Occupational and Environmental Medicine
   - 5x Orthopedic Surgery
   - 5y Osteopathic Neuromusculoskeletal Medicine
   - 5z Otolaryngology
   - 5aa Pathology-Anatomic and Clinical
   - 5bb Pediatrics
   - 5cc Pediatrics/Anesthesiology
   - 5dd Pediatrics/Emergency Medicine

- 5ee Pediatrics/Medical Genetics
- 5ff Pediatrics/Physical Medicine and Rehabilitation
- 5gg Pediatrics/Psychiatry/Child and Adolescent Psychiatry
- 5hh Physical Medicine and Rehabilitation
- 5ii Plastic Surgery (Integrated)
- 5jj Preventive Medicine
- 5kk Psychiatry
- 5ll Psychiatry/Family Medicine
- 5mm Psychiatry/Neurology
- 5nn Radiation Oncology
- 5oo Radiology-Diagnostic
- 5pp Surgery-General
- 5qq Thoracic Surgery
- 5rr Vascular Surgery
- 5ss Other, please specify _____

[Display Logic 1: Display Q6 if Q3a OR Q3b > 0]

6. Which specialties did you interview with? *Select all that apply.*

- 6a Anesthesiology
- 6b Child Neurology
- 6c Dermatology
- 6d Diagnostic Radiology/Nuclear Medicine
- 6e Emergency Medicine
- 6f Emergency Medicine/Anesthesiology
- 6g Emergency Medicine/Family Medicine
- 6h Family Medicine
- 6i Family Medicine/Preventive Medicine
- 6j Internal Medicine
- 6k Internal Medicine/Dermatology
- 6l Internal Medicine/Emergency Medicine
- 6m Internal Medicine/Medical Genetics
- 6n Internal Medicine/Pediatrics
- 6o Internal Medicine/Preventive Medicine
- 6p Internal Medicine/Psychiatry
- 6q Interventional Radiology
- 6r Neurodevelopmental Disabilities
- 6s Neurological Surgery
- 6t Neurology
- 6u Nuclear Medicine
- 6v Obstetrics and Gynecology
- 6w Occupational and Environmental Medicine
- 6x Orthopedic Surgery
- 6y Osteopathic Neuromusculoskeletal Medicine
- 6z Otolaryngology
- 6aa Pathology-Anatomic and Clinical
- 6bb Pediatrics
- 6cc Pediatrics/Anesthesiology
- 6dd Pediatrics/Emergency Medicine
- 6ee Pediatrics/Medical Genetics
- 6ff Pediatrics/Physical Medicine and Rehabilitation
- 6gg Pediatrics/Psychiatry/Child and Adolescent Psychiatry
- 6hh Physical Medicine and Rehabilitation
- 6ii Plastic Surgery (Integrated)
- 6jj Preventive Medicine
- 6kk Psychiatry
- 6ll Psychiatry/Family Medicine
- 6mm Psychiatry/Neurology
- 6nn Radiation Oncology

- 6oo Radiology-Diagnostic
- 6pp Surgery-General
- 6qq Thoracic Surgery
- 6rr Vascular Surgery
- 6ss Other, please specify _____

[Display Logic 2: Display text below and Q7 if Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]
You indicated that you interviewed with Internal Medicine, Pediatrics, and/or Vascular Surgery residency programs. Programs in these specialties had the opportunity to elect to participate—or not—in NRMP's **Voluntary ROL Lock Pilot**. The pilot allowed participating programs to voluntarily lock their ROL prior to the certification deadline (March 4, 2026) and then provide applicants with the opportunity after interviewing to attend—or not—post-interview visits so that applicants can be better informed in creating their own ROL without impacting their ranking by the program. Throughout this survey, you will receive questions aimed at evaluating this pilot.

7. Of the programs with which you interviewed, how many offered you:

Only a virtual interview	Only an in-person interview	Either a virtual or in-person interview
_____7a_____	_____7b_____	_____7c_____

[*Display Logic 3: Display Q8 if Q7a OR Q7c > 0]*
8. How many interviews did you attend virtually?_____

[Display Logic 4: Display Q9 if Q7b OR Q7c > 0]
9. How many interviews did you attend in person?_____

[Display Logic 5: Display Q10 if Q3a OR Q3b > 0]
10. Of the programs with which you interviewed, how many offered post-interview in-person visits? ____

[Display Logic 6: Display Q11 if Q10 > 0]
[Skip Logic 2: Skip Q11 if Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]
11. You indicated that programs with which you interviewed offered post-interview visits. How many programs offered post-interview visits to take place:

Only before the rank order list certification deadline?	Only after the rank order list certification deadline?	Either before or after the rank order list certification deadline?
_____11a_____	_____11b_____	_____11c_____

[Display Logic 7: Display Q12 if Q10 > 0 AND Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]

12. Of the programs that offered post-interview in-person visits, how many:
    b. 12a Offered post-interview in-person visits **after the program locked its ROL**?____ 12b **Did not participate in the NRMP Voluntary ROL Lock Pilot but said they locked their ROL** prior to post-interview in-person visits?_____
    c. 12c **Did not lock their ROL** prior to post-interview in-person visits?_____

[Display Logic 8: Display Q13 if Q10 > 0]

13. How many **in-person** post-interview visits did you attend?_____

[Display Logic 9: Display Q14 if Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]

14. How many **virtual** post-interview events did you attend?_____

[Display Logic 10: Display Q15 if Q13 > 0]

15. How many total days did you spend on post-interview visits (including travel days)?

- 1-3 days
- 4-6 days
- 5-7 days
- More than 8 days

[Display Logic 11: Display Q16 if Q13 > 0]

16. Did attending the post-interview in-person visits help answer the questions you hoped would be answered by visiting?

- No
- Somewhat
- Yes
- Unsure

[Display Logic 12: Display Q17 if Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]

17. Did a program choosing to participate in NRMP's Voluntary ROL Lock Pilot reflect favorably on the program?

- No
- Yes
- Unsure

[Display Logic 13: Display Q18 if Q17 = No]

18. Why did this not reflect favorably on programs? _____

[Display Logic 14: Display Q19 if Q13 >0 AND if Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]

19. Did you check the NRMP's R3 system to see if a program locked their ROL prior to visiting?

- No
- Yes
- Unsure

[Display Logic 15: Display Q20 if Q13 >0]

20. Did post-interview in-person visits impact your final rank order list? *Select all that apply.*

- 20a No impact at all; visits did not affirm or change my rank order list.
- 20b No, some visits affirmed what I had already anticipated; however, they did not change my rank order list.
- 20c Yes, some visits caused me to move a program **higher** on my rank order list.
- 20d Yes, some visits caused me to move a program **lower** on my rank order list.

[Note: If both the higher and lower options from above are selected in Q20 , respondent will be asked the following item separately about each.]

*(Display Logic 16: Display Q21 if Q20 = 20c "yes, some visits caused me to move a program **higher** on my rank order list")*

21. What components of a post-interview in-person visit caused you to rank a program **higher** than you had planned on prior to the visit? *Select all that apply.*

- 21a Hospital/clinic facilities
- 21b Culture of the program
- 21c Getting to know the residents
- 21d Getting to know the faculty
- 21e Program location and quality of life in the area
- 21f Engagement/interaction among faculty and residents
- 21g Other, please specify_____

*[Display Logic 17: Display Q22 if Q20 = 20d "yes, some visits caused me to move a program **lower** on my rank order list"]*

22. What components of a post-interview in-person visit caused you to rank a program **lower** than you had planned on prior to the visit? *Select all that apply.*

- 22a Hospital/clinic facilities
- 22b Culture of the program
- 22c Getting to know the residents
- 22d Getting to know the faculty
- 22e Program location and quality of life in the area
- 22f Engagement/interaction among faculty and residents
- 22g Other, please specify_____

[Display Logic 18: Display Q23 if Q13 > 0]

23. Please indicate the degree to which you agree or disagree with the following statements about post-interview in-person visits:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
23a I learned more about the residency program through in-person discussions with residents and faculty than I was able to gain remotely.					
23b The post-interview visit helped me get a better feel for the program location.					
23c The post-interview visit was a valuable tool to help me make a more informed rank decision after a virtual interview.					

[Display Logic 19: Display Q24 if Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]

24. Did the opportunity for post-interview in-person visits affect the stress level you associated with the recruitment process?

- No
- The optional post-interview in-person visit increased my stress level
- The optional post-interview in-person visit reduced my stress level
- Unsure

[Display Logic 20: Display Q25 if Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]

25. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
25a Communication from the NRMP in the R3 system about the Voluntary ROL Lock Pilot was clear.					
25b I was satisfied with the way the NRMP implemented the ROL lock feature in R3.					
25c I trusted that my decision about whether to visit a program participating in the NRMP's ROL Lock Pilot would NOT affect where a program ranked me.					

[Display Logic 21: Display Q26 if Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]

26. When reviewing the following statements, please consider all pilot-participating programs that you interviewed with.

	No programs	Some programs	Most programs	All programs
26a I was satisfied with how programs in the ROL Lock Pilot blinded post-interview in-person visit RSVPs.				
26b Communication from programs that participated in the ROL Lock Pilot about their blinding process to collect RSVPs was clear.				
26c I felt pressure to attend post-interview in-person visits.				
26d During my interview, an interviewer asked whether I was planning to attend the post-interview in-person visit.				

[Display Logic 22: Display Q27 if Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]

27. Do you think there should be post-interview in-person visit opportunities for applicants next year after programs' rank lists are locked?

- No
- Yes
- Unsure

[Display Logic 23: Display Q28 if Q27 = No]

28. Why not?_____

[Display Logic 24: Display Q29 if Q6 = Internal Medicine, Pediatrics, OR Vascular Surgery]

29. What other information related to NRMP's Voluntary ROL Lock Pilot would you like to share?_____

30. Please select **all** statements which accurately reflect your approach to using program signals.

- 30a I used the maximum number of signals available for my specialty/specialties I applied to.
- 30b I signaled the programs in which I was most interested.
- 30c I signaled the programs I considered to be "reach" programs.
- 30d I signaled programs outside of my geographic preference.
- 30e I signaled my home program.
- 30f I signaled a program/programs where I had participated in rotations.
- 30g In my opinion, my chances of receiving an interview invitation would increase if I signaled a program.

- 30h Specialties I applied to did not provide program signals/I did not use program signals.
- 30i Other, please specify

31. Please explain your reasoning for using program signals during the **application** process. What factors impacted which specific programs you chose to signal?_____

32. How do you feel that program signals impacted your **interview** process? _____

33. How do you feel that program signals impacted your **ranking** process?_____

34. Which of the following program characteristics did you consider in placing programs on your rank order list? Please select all that apply.

Institutional Characteristics

- 34a Board pass rates
- 34bOsteopathic Recognition status
- 34c Academic medical center program
- 34d Community-based setting
- 34e Cultural, racial, ethnic, gender diversity at the institution
- 34f Future fellowship training opportunities at the institution
- 34g Presence of a previous Match violation
- 34h Quality of hospital facilities
- 34i Quality of ambulatory care facilities
- 34j Reputation of program
- 34k Size of program
- 34l Program commitment to social mission-driven citizenship (e.g. social justice, diversity, equity, inclusion, belonging, service to underserved populations, environmental sustainability)
- 34m Experience with virtual or in-person away/audition rotations
- 34n Experience with other virtual publicity activities hosted by the program

Educational Factors

- 34o Appropriate balance between faculty supervision and resident responsibility for patient care
- 34p Opportunity to perform specific procedures
- 34q Opportunity and financial support for international experience
- 34r Opportunity and support (financial, mentoring) to conduct research and/or attend conferences
- 34s Duty coverage to attend conferences
- 34t Preparation for fellowship training
- 34u Program's flexibility to pursue electives and interests
- 34v Quality of educational curriculum and training

Clinical Duties/Patient Care Factors

- 34w Rotation schedules and structures (e.g., amount of time per rotation) in program
- 34x Structure or type of electronic health records
- 34y Call schedule
- 34z Diversity of patient problems
- 34aa Opportunities for training in systems-based practice
- 34bb Size of patient caseload

Faculty and Staff Characteristics

- 34cc Career paths of recent program graduates
- 34dd House staff morale
- 34ee Quality of ancillary support staff
- 34ff Quality of faculty
- 34gg Quality of program director

- 34hh Quality of residents in program

Compensation and Benefits

- 34ii Salary
- 34jj Program-provided cell phone for work-related calls, or stipend to pay for a dedicated work phone or expand minutes or data allotment on personal cell phone
- 34kk Vacation, personal, and family leave policies
- 34ll Sick and bereavement leave policies, including ability to call out sick when necessary, without facing possible disciplinary action
- 34mm Jeopardy pool
- 34nn Supplemental income (moonlighting) opportunities
- 34oo Stipends to offset parking, food, or other on-duty expenses
- 34pp Housing/relocation stipend
- 34qq Insurance benefits (life, health, dental, disability)
- 34rr Retirement benefits (401k, retirement matching by program)
- 34ss Family planning benefits, including IVF, adoption support, reproductive healthcare
- 34tt Funding for educational and professional development activities (CME classes, preparation for certification or licensure exams, professional equipment, or supplies)
- 34uu H-1B visa sponsorship
- 34vv J-1 visa sponsorship
- 34ww Other Benefits, please specify _____

Residency-Specific Quality of Life Factors

- 34xx Presence of house staff union
- 34yy Institutional provisions to ensure other domains of resident health, safety, and wellness

Personal Quality of Life Factors

- 34zz Cost of living
- 34aaa Work/life balance
- 34bbb Desired geographic location
- 34ccc Cultural, racial, ethnic diversity of geographic location
- 34ddd Social and recreational opportunities of the area
- 34eee Job opportunities for my spouse/significant other
- 34fff Future job opportunities for myself
- 34ggg Schools for my children in the area
- 34hhh Childcare and/or daycare provided, or stipend offered
- 34iii Having friends at the program
- 34jjj Other support network in the area

Interview

- 34kkk Interview day experience
- 34lll Overall goodness of fit

35. Below is a list of factors you said you used in placing programs on your rank order list. Please rate the importance of each factor (1='not important' and 5='extremely important'). (Note: answers piped from Q34 [35a-35lll])

	1 Not important	2 Slightly important	3 Moderately important	4 Very important	5 Extremely important
Options piped from 34a-34ll					

36. Please indicate if any of the following describe your ranking strategy. Check all that apply:

- 36a I ranked all programs at which I interviewed.
- 36b I ranked all programs that I was willing to attend.
- 36c I ranked one or more programs where I applied but did not interview.
- 36d I ranked programs in the order of my preferences.
- 36e I ranked programs based on the likelihood of matching (most likely first, etc.).
- 36f I ranked one or more less competitive program(s) in my preferred specialty as a "safety net" or "fallback" plan.

37. Reflecting on your personal definition of holistic review practices, do you believe 'holistic review' is beneficial for applications to medical residency?

- Yes
- No

38. Please explain why you do or do not believe 'holistic review' is beneficial for applications to medical residency._____

39. Do you believe that programs are implementing holistic application review practices?

- Yes
- No

40. Please explain why you do or do not believe programs are implementing holistic review practices. _____

41. Did the increased emphasis on holistic review by programs impact your approach to the application process?

- Yes
- No

[Display Logic 25: Display Q42 if Q41 = Yes]
42. How did increased emphasis on holistic review impact your approach to the application process?_____

The NRMP fosters a spirit of fairness by ensuring applicants and programs make selection decisions without coercion or undue or unwarranted pressure. Residency programs are prohibited from requesting applicants to reveal the names, specialties, geographic information, or other identifying information about programs where they apply. Programs also are prohibited from requesting information about an applicant's ranking preferences.

43. Did interviewers ask you to reveal any identifying information about other programs to which you applied or interviewed?

- Yes
- No
- Do not recall

(Display Logic 26: Display Q44 if Q43 = Yes]
44. Which category(ies) of interviewers typically asked (*choose all that apply*):

- 44a Program Director
- 44b Faculty

- 44c Other Learners in Program
- 44d Other Learners Not in Program
- 44e Program Staff

45. Did interviewers ask in person, in writing, or by phone how you planned to rank their program?
- Yes
- No
- Do not recall

[Display Logic 27: Display Q46 if Q45 = Yes]
46. Which category(ies) of interviewers typically asked (*choose all that apply*):
- 46a Program Director
- 46b Faculty
- 46c Other Learners in Program
- 46d Other Learners Not in Program
- 46e Program Staff

47. Across all interviews completed, which option best reflects your general perception about program-initiated post-interview communication aimed at assessing your ranking preferences for that program?
- 47a Programs actively discouraged post-interview communication
- 47b Programs encouraged but did not require post-interview communication
- 47c Programs required post-interview communication
- 47d Programs did not communicate any expectations about post-interview communication
- 47e I do not recall how programs felt about post-interview communication

48. Were you asked questions about the following demographic characteristics during any interview-related activities (pre-screen, interview, tours, dinners/receptions)?

	Yes	No	Do Not Recall
48a Age			
48b Religious affiliation, religious beliefs, need for religious expression accommodation			
48c National origin			
48d Disability status			
48e Sexual orientation or gender identity			
48f Relationship/marital status			
48g Family planning			

[Display Logic 28: Display Q49 if if any responses to Q48 = Yes]
49. Were you aware that these characteristics were protected under federal law and therefore questions about them are not permitted during interviews?
- Yes
- No