Event Participant Feedback

Thank you for joining us! We’d love to get your feedback about the program through this quick survey.

1. **What is your ZIP Code?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Are you a participant in the *All of Us* Research Program?** (Circle one.) YesNo Not Sure
3. **Have you heard of the *All of Us* Research Program BEFORE this event?** (Circle one.)

Yes No Not Sure

1. **Do you know more about the *All of Us* Research Program NOW because of this event?** (Circle one.)

Yes No Not Sure

1. **After this event, how likely are you to…**
   1. Sign up for the *All of Us* Research Program (Circle one.)

Likely Not Sure Unlikely I already have an account

* 1. Visit JoinAllofUs.org/nlm for more information (Circle one.)

Likely Not Sure Unlikely

* 1. Go to other *All of Us* events (Circle one.)

Likely Not Sure Unlikely

* 1. Log into my *All of Us* account (Circle one.)

Likely Not Sure Unlikely I don’t have an account

* 1. Complete an action in my *All of Us* account (for example, fill out a survey or give consent to share electronic health records). (Circle one.)

Likely Not Sure Unlikely I don’t have an account

1. **As a result of participating in this event, I know more about**... ***[INSERT Learning Objective to measure the knowledge of the presented health topic]***(Circle one.)  
    Yes No Not Sure
2. **Please provide any additional feedback or comments about the event here or on the back of the survey.**

**May we use your anonymous comments for marketing/promotional purposes? We will not include any identifying information.**

**Yes No**