

# **Training Participant Feedback**

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

1. **What is your ZIP Code?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Before you attended the event, how much did you know about the *All of Us* Research Program?** (Circle one.)
	1. Never heard of it
	2. Heard of it, but could not describe it
	3. Could describe it in 2 or 3 sentences
	4. Could explain it well to others
3. **After you attended the event, how much do you know about the *All of Us* Research Program?** (Circle one.)
	1. Never heard of it
	2. Heard of it, but cannot describe it
	3. Can describe it in 2 or 3 sentences
	4. Can explain it well to others
4. **After this event, how likely are you or your organization to…**
	1. Refer your patrons/clients to the *All of Us* website (Circle one.)

Likely Not Sure Unlikely

* 1. Host *All of Us* events at your organization (Circle one.)

Likely Not Sure Unlikely

* 1. Promote *All of Us* events in your area (Circle one.)

Likely Not Sure Unlikely

* 1. Promote the *All of Us* Research Program at your library (Circle one.)

Likely Not Sure Unlikely

**Please provide any additional feedback or comments about the training here.**

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

**Yes No**