All of Us Research Program

2023 CX Surveys – Always On Website Survey

Survey will display globally through a link/button on the following digital properties:

1. joinallofus.org,
2. participant.joinallofus.org (participant portal/account website) and

**Survey Disclose Statement**

OMB Control Number: 0925-0648

Expiration Date: June 30, 2024

Public reporting burden for this collection of information is up to 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

Thank you for taking the time to tell us about your experience today. This survey should take about 1-3 minutes to complete. Your answers are anonymous and will help us improve the experience.

Required

**Q1. Overall, how satisfied are you with your recent *All of Us* Research Program experience?**

| Very Dissatisfied | Dissatisfied | Neither Satisfied nor Dissatisfied | Satisfied  | Very Satisfied |
| --- | --- | --- | --- | --- |

Optional

**Q2. Please tell us the reason for your score. Comment Box**

Optional

Optional

**Q3. (**[**joinallofus.org**](http://joinallofus.org/)**)What was the main purpose of your visit to the website today? Select all that apply**

1. To join *All of Us*
2. To learn about the benefits of joining
3. To learn about ways to access *All of Us* research data
4. To learn about who is eligible to join
5. To learn about how *All of Us* protects my information
6. To learn about what I'll have to do if I join
7. To learn about *All of Us*
8. To read about the latest *All of Us* news or events
9. To learn about the nearest *All of Us* locations
10. Other, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional

**Q3. (participant.joinallofus.org) What was the main purpose of your visit to the website today? Select all that apply**

1. To join *All of Us*
2. To sign my consent forms
3. To take a survey
4. To share my Fitbit data
5. To share my Apple healthcare data
6. To connect my medical or health records
7. To update my contact information
8. To learn about a health topic
9. To contact support or request help
10. To check my health results
11. To submit my physical measurements
12. To read more about the latest *All of Us* news and events
13. To withdraw or leave *All of Us*
14. *Other, Please Specify:\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

**Q6. Were you able to do what you wanted to on the website today?**

1. Yes
2. No
3. Unsure

Required

**Q4. How easy was it to find the information you needed?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Difficult** | **Somewhat Difficult** | **Neutral** | **Somewhat Easy**  | **Easy** |

Add questions using Likert scale to both websites; allofus.nih.gov and joinallofus.org.

Optional

**Q5. Please tell us the reason for your score. Comment Box**

Required

**Q. How easy was it to understand the information?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Difficult** | **Somewhat Difficult** | **Neutral** | **Somewhat Easy**  | **Easy** |

**Please tell us the reason for your score. Comment Box**

Required

**Q7. How likely are you to recommend *All of Us* to a friend or family member?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Not at all Likely**  |  |  |  |  |  |  |  |  |  | **Extremely Likely** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Optional

**Q8. Please tell us the reason for your score. Comment Box**

Optional

**Q. How did you find out about the *All of Us* Research Program? Select one**

1. A friend or family member
2. An invitation in the mail
3. An invitation by email
4. A post on social media (Facebook, Instagram, Twitter, etc.)
5. A search engine
6. At a hospital or healthcare facility
7. Other: Please specify

Optional

**Q9. Is there anything else you would like to share to help us improve this website? Comment Box**

Add this question to both websites; allofus.nih.gov and joinallofus.org

Thank you! We value your feedback. We will use this information to provide a better site experience for all.

If you need assistance, please call us at (844) 842-2855, start a Live Chat [link: https://home-c73.niceincontact.com/incontact/chatclient/index.html], or contact us at

help@joinallofus.org.