

# All of Us Research Program

2023 CX Surveys – On-site Survey

## Survey Disclosure Statement

OMB Control Number: 0925-0648

Expiration Date: June 30, 2024

Public reporting burden for this collection of information is up to 5 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.

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**Thank you for taking the time to tell us about your experience today. This survey should take about 3-5 minutes to complete. Your answers are anonymous and will help us improve the experience.**

Required

**Q1. How satisfied are you with your experience at this *All of Us* location today?**

Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
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**Please tell us the reason for your score. (Comment Box)**

Required

**Q2. Did you decide to join the *All of Us* Research Program? (Select one)**

- a. Yes (**go to Q3**)
- b. No (**go to Q4**)
- c. Prefer not to answer (**go to Q5**)

Optional

**Q3. (If Q2a) Why did you decide to join *All of Us*? (Select all that apply)**

- a. I want to contribute to health research and help advance science.
- b. I want my community to benefit more from health research.
- c. I want to learn more about my health and DNA, such as my genetic ancestry or hereditary disease risk.
- d. I want monetary compensation
- e. I trust in the staff at the health center/clinic where I enrolled
- f. Other: Please Specify \_\_\_\_\_

Optional

**Q4. (If Q2b) Why did you decide not to join *All of Us*? (Select all that apply)**

- a. I don't have time to participate
- b. I'm not comfortable sharing my personal information or biomedical samples ( blood, urine, and/or saliva) with *All of Us*
- c. I don't understand the level/amount of participation that *All of Us* expects of me
- d. I have security and privacy concerns about *All of Us*
- e. I don't want to commit to a long-term study
- f. I'm concerned about receiving results that could affect my insurance (health, life, disability, long-term) or healthcare costs
- g. I'm concerned that my family or community may not support my participation in the program.
- h. I have religious or cultural beliefs that may not align with the program
- i. I would not be getting paid enough for the time I put in
- j. Other: Please Specify \_\_\_\_\_

Optional

**Q5. How satisfied are you with the following aspects of your recent visit? ( Randomize order)**

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
a. Learning about the <i>All of Us</i> Research Program					
b. Waiting time					

c.Cleanliness of facility					
d.Accessibility for visitors with disabilities					
e.Parking availability					
f.Facility operating hours					
g.Safety					
h.Privacy at the facility					
i.Ease of locating facility					

Optional

**Q6. (If Q2a) How satisfied are you with the following? ( Randomize Order)**

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
a.Experience completing <i>All of Us</i> consent forms					
b.Helpfulness of <i>All of Us</i> staff to answer my questions					
c.Experience providing blood, urine, and/or saliva					
d.Experience completing <i>All of Us</i> survey(s)					
e.Overall time					

(start to finish) to join <i>All of Us</i>					
f. Overall experience joining <i>All of Us</i>					

Optional

**Q7. How did you find out about the *All of Us* Research Program? Select one**

- a. A friend or family member
- b. An invitation in the mail
- c. An invitation by email
- d. A post on social media (Facebook, Instagram, Twitter, etc.)
- e. A search engine
- f. At a hospital or healthcare facility
- g. Other: Please specify

Required

**Q8. How likely are you to recommend the *All of Us* Research Program to a friend or family member?**

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

**Q13. Please tell us the reason for your score. Comment Box**

Thank you for sharing your thoughts with us. We will use your answers to provide a better experience for all and to continue to shape the future of health.

If you need assistance, please call or text 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](mailto:help@joinallofus.org).