Product Name Product ID:

All survey responses are combined and summarized in a report to protect your anonymity.

Organization Type: Size

1. Please rate your satisfaction with each of the following: (Check one per row)

Neither Very Somewhat Satisfied nor Very Satisfied Satisfied Dissatisfied N/A

Overall Usefulness

Relevance to Mission

Timeliness

2. How do you plan to use this product in support of your mission? (Check all that apply)

Share With Leadership to Drive Decisions Adjust Policies and Procedures

Allocate Resources Education / Training

Share With Partners Develop Internal Analysis

3. What topics are you interested in hearing about? (Check all that apply)

Ransomware/Malware Types Disaster Recovery

Data Breech Issues Threat Actors/Threat Actor Types

Supply Chain Issues Healthcare Cybersecurity Legislative and Regulatory

Risk Management/ Cyber Hygiene Issu

Cutting Edge/Future Technology Impacting Healthcare

Cybersecurity

4. Do you have any additional comments or topics of interest?