



## Donor Satisfaction Survey

OMB No. 0915-0212

Exp. Date: 04/30/2009

Public Burden Statement: 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. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average 8.5 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Thank you for donating blood stem cells to a patient in need. Your dedication to helping others is greatly appreciated. We care about how the donation experience was for you. Please take a few minutes to complete this survey and help us improve our services. Your responses will be kept private.

**Thanks again for helping make the difference in a patient's life!**

### DONATION EXPERIENCE

The following statements describe how some people may feel about their donation experience. Please mark the circle that best describes how much you agree or disagree with each statement.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I was able to reach Donor Center staff when needed. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Donor Center staff tried to meet my scheduling needs. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Donor Center staff helped me overcome problems relating to donation. (e.g. transportation or day care) <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
4. Educational materials provided to me clearly described the donation process. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. The donation process was accurately explained to me. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. The risks of donation were explained to me. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. Donor center staff answered all my questions about the donation process. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. Apheresis center or hospital staff that collected my stem cells/marrow answered my questions about the donation process. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. I am satisfied with the medical care that I received. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Donor center staff cared about me. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Apheresis center or hospital staff that collected my stem cells/marrow cared about me. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. I felt appreciated for my donation. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
13. Overall, I was satisfied with my donation experience. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. I would tell my friends and family about the NMDP. <i>Comments:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**FINAL THOUGHTS AND OPINIONS**

We understand that some issues concerning your donation experience are best told in your own words. The following questions provide a chance for you to tell us about it.

15. What are we doing well?

---



---



---



---

16. What can we do to improve the donation experience for future donors?

---



---



---



---

17. Is there anything else you want to tell us about your donation experience?

---



---



---



---

**THANK YOU VERY MUCH FOR YOUR HELP!**

If you would like to contact the Donor Advocacy Program, call (800) 627-7692 (1-800-MARROW-2) or send an e-mail to [advocate@nmdp.org](mailto:advocate@nmdp.org).

**Please return the survey to the Donor Advocacy Program  
in the postage-paid envelope provided, or mail to:**

Donor Advocacy Program

National Marrow Donor Program  
3001 Broadway Street NE, Suite 500  
Minneapolis, MN 55413