

## Be The Match<sup>®</sup> Patient Services Survey

**Instructions:** You were recently in contact with Be The Match<sup>®</sup> Patient Services. Please take **10 minutes** to complete this survey and let us know how helpful we were to you. All responses are confidential.

Your feedback helps us make our programs as useful as possible for transplant patients and caregivers.

**1. What topics did you request information on? Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Caregiver                      | <input type="checkbox"/> Life after transplant (survivorship)                               |
| <input type="checkbox"/> Clinical trials                | <input type="checkbox"/> Other treatment options (other than transplant)                    |
| <input type="checkbox"/> Diseases                       | <input type="checkbox"/> Peer support (talk to a transplant patient, survivor or caregiver) |
| <input type="checkbox"/> Financial and insurance issues | <input type="checkbox"/> Risks and benefits of transplant                                   |
| <input type="checkbox"/> Hospital life                  | <input type="checkbox"/> Transplant centers   |
| <input type="checkbox"/> How a donor match is found     |   |
| <input type="checkbox"/> Other; please describe: _____  |   |

**2. Overall, how would rate your contact with Be The Match<sup>®</sup> Patient Services? Check one.**

- Very Good     Good     Neutral     Poor     Very Poor

Please explain: \_\_\_\_\_

**We'd like to know how helpful we were during your contact. Please tell us how much you agree or disagree with the following statements:** Select from 5 for 'Strongly agree' to 1 for 'Strongly disagree'

We were...	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	N/A
<b>3. Able to answer your questions.</b>	5	4	3	2	1	0
Please explain:						
<b>4. Easy to understand.</b>	5	4	3	2	1	0
Please explain:						

**We'd also like to know how you felt after our contact. Please tell us how much you agree or disagree with each of the following statements:** Select from 5 for 'Strongly agree' to 1 for 'Strongly disagree'

After our contact, I ...	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	N/A
<b>5. Felt more prepared to talk with the medical team about transplant.</b>	5	4	3	2	1	0
Please explain:						
<b>6. Felt more aware of resources that might be helpful to me.</b>	5	4	3	2	1	0
Please explain:						
<b>7. Didn't have to wait long for follow-up information.</b>	5	4	3	2	1	0
Please explain:						

**8. What follow-up actions, if any, did you take after your contact with us?**

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**9. Would you recommend Be The Match Patient Services to someone else in your situation?**

Yes       Maybe       No       Don't know

Please explain: \_\_\_\_\_

**10. Is there anything else you'd like to tell us?**

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**Please tell us who you are.** We'd like to know who filled out this survey. Your responses help us create resources that meet your unique needs. All answers will be kept confidential.

**12. You are:**

Male       Female

**13. Which best describes you:**

Transplant patient

- Main caregiver
- Family member (who is not the main caregiver)
- Friend (who is not the main caregiver)
- Other, please specify: \_\_\_\_\_

**14. Your age (in years):**

- 0-13
- 14-18
- 19-23
- 24-30
- 31-40
- 41-50
- 51-64
- 65 and above

**15. Your ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to answer

**16. Your race: Check one.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other, please specify: \_\_\_\_\_
- Don't know
- Decline to answer

**17. Your highest level of education:**

- High school
- Associate
- Undergraduate or Bachelors
- Graduate or Doctoral
- Other, please specify: \_\_\_\_\_

**Thank you!**

**Your feedback helps us make our programs as useful as possible for transplant patients and caregivers.**

**Please return the survey in the enclosed pre-paid envelope or mail to:**

Be The Match Patient Services  
National Marrow Donor Program  
3001 Broadway Street NE, Suite 100  
Minneapolis, MN 55413

You may contact us at:  
Toll free: 1-888-999-6743  
[patientinfo@nmdp.org](mailto:patientinfo@nmdp.org)

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