

Be The Match[®] Patient Services Survey

Instructions: You were recently in contact with Be The Match[®] 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[®] 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
3. Able to answer your questions.	5	4	3	2	1	0
Please explain:						
4. Easy to understand.	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
5. Felt more prepared to talk with the medical team about transplant.	5	4	3	2	1	0
Please explain:						
6. Felt more aware of resources that might be helpful to me.	5	4	3	2	1	0
Please explain:						
7. Didn't have to wait long for follow-up information.	5	4	3	2	1	0
Please explain:						

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

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?

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

Dear [Name]:

We invite you to tell us about your recent contact with us, Be The Match[®]. Please take 5-10 minutes to complete this survey.

Your participation is voluntary and we will do our best to keep your responses confidential. We will never link your answers to your name, email, mailing address, or other personal information. Your participation will not affect any medical treatments or services you may be receiving.

- If you prefer not to complete the survey, please leave the survey blank and return it in the pre-paid envelope.

If you have any questions about the survey, please contact Heather Moore at 888-999-6743, ext. 8328 (toll-free direct) or hmoore@nmdp.org

If you'd like to speak to a Patient Services Coordinator for information and support, please call our toll free number at 1-888-999-6743.

Si desea ayuda para traducir esta información, puede llamar a 1-888-999-6743.

Your feedback matters! With your input, we can make our patient, family and caregiver resources as helpful as possible.

Sincerely,

Kate Pederson, MSW, LICSW

Senior Manager, Patient and Health Professional Services

Phone: (612) 627-8126 toll free: 1 (888) 999-6743 x 7523

[Email: kpeterso@nmdp.org](mailto:kpeterso@nmdp.org)

Dear [Name]:

We sent you a survey about 2 weeks ago inviting you to tell us about your contact with us, Be The Match[®]. We'd still like to hear from you. Please take 5-10 minutes to complete the enclosed survey.

Your participation is voluntary and we will do our best to keep your responses confidential. We will never link your answers to your name, email, mailing address, or other personal information. Your participation will not affect any medical treatments or services you may be receiving.

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