## **Donor Experience Survey**

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.

Be The Match is conducting a survey to better understand your donation experience – specifically	
the few days prior to your donation, your donation day, and early recovery. The survey takes 5 to 1	10
minutes to complete. Thank you for sharing your feedback and helping us improve.	

Q1 Please rate your experience with your Be The Match representative, your main point of contact throughout your donation experience.

My representative was easy to	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
reach.	0	0	0	0	0
I felt comfortable sharing any questions or concerns I may have had with my representative.	0	0	0	0	0

My representative offered	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My representative offered help with challenges to enable my donation (e.g. securing time off from work or school, child or pet care costs, lost wages, speaking with loved ones who had questions or concerns).	Ο	0	Ο	0	Ο
Based on my donation day experience, earlier conversations with my representative accurately described what to expect.	0	0	0	0	0
Based on my recovery experience, earlier conversations with my representative accurately described what to expect.	0	0	0	0	0

Q2 What did you experience during your donation that was not discussed or differed from the conversations you had with your Be The Match representative?
Q3 did you experience during recovery that was not discussed or differed from the conversations you had with your Be The Match representative?What
Q4 Which, if any, of the topics below did you have questions about leading up to donation? Please select all that apply.
The donation medical procedure (anything from shots or anesthesia to safety and side effects)
Hotel and travel arrangements
Recovery expectations or concerns
The patient
Loved ones who had questions/concerns about donation
Financial costs or expense reimbursements
Insurance coverage
Other
None of the above.

		given limited information about your specific patient, did you have a general nat a patient experiences as he or she prepares to receive blood stem cells?
0	Yes	
0	No	
Q6 In you	r own wo	rds, what was your understanding of how a patient prepares to receive blood stem cells?
Q7 Would cells?	you have	wanted to know or been made aware of how a patient prepares to receive blood stem
	0	Yes
	0	No
	0	Unsure

other areas. Which, if all that apply.	any, of the following did Be The Match assist with to enable your donation? Please select
Securing	time off from work
Securing	time away from school
Lost wage	e reimbursement for missed work
Child care	e costs
Pet care	costs
Speaking	with, or providing educational resources for, loved ones who had questions about donation
Dealing w	vith insurance or medical bills wrongfully charged to you
Informing	me of the Be The Match Donor Facebook Community to connect with other donors
Other	
None of t	he above
	rsonal donation day experience, did the educational materials provided in advance give ription of what to expect?
O Y	res
0 ,	lo
O d	idn't receive any educational materials.
0 1	didn't read the educational materials.
Ο ι	Insure
Q10 did you experier materials?What	nce during your donation that was not described in, or differed from, the educational

Q8 While Be The Match automatically pays for each donor's travel, lodging and food, it also offers assistance in

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The hospital or donation facility staff provided exceptional medical care. The hospital or donation facility staff had an	0	0	0	0	0
exceptional bed-side manner (interactions with medical professionals were caring and informative).	0	0	0	0	0
I felt comfortable sharing any concerns I may have had with staff.	0	0	0	0	0
Staff addressed any concerns I may have had.	0	0	0	0	0
Staff demonstrated appreciation for my donation.	0	0	0	0	0
Q12 Please tell us more	about the parts o	of your hospital or	donation facility exp	erience that sto	od out as negative
Q13 Please tell us more	about the parts o	of your hospital or	donation facility exp	erience that sto	od out as positive.

Q14 what was your lev	uncomfortable	mfort a day or two	tollowing your dona	ation?	
O Moderately pa	inful or uncomforta	ble			
Mildly painful o	or uncomfortable				
O No pain or disc	comfort				
Q15 Recalling your pe accurately describe wh			e educational mater	rials provided in a	advance
O No					
O I didn't receive	any educational m	naterials.			
O I didn't read the	e educational mate	erials.			
O Unsure					
Q16 did you experiend materials?What	ce during your reco	overy that was not	described in, or diff	ered from, the ed	ucational
Q17 Please rate your e	experience during t Strongly disagree	he Be Match follo Somewhat disagree	w-up calls about yo Neither agree nor disagree	ur recovery.The Somewhat agree	Strongly agree
I felt cared for physically.	0	0	0	0	0
I felt cared for emotionally.	0	0	0	0	0
I felt comfortable sharing any concerns I may have had about my recovery.	0	0	0	0	0
Be The Match addressed any concerns I may have had.	0	0	0	0	0

	3 Thinking back over your entire donation journey to date, which statement best describes your overall sfaction?
	Completely satisfied. I wouldn't change a thing.
	Moderately satisfied. Some things could have gone better, but overall, I was satisfied.
	Neither satisfied nor unsatisfied.
	Moderately unsatisfied. Some things could have gone better, and overall, I was unsatisfied.
	Extremely unsatisfied. A lot needs to change.
Q19	If called to donate again, would you? (Your answer will not affect your status on the Registry.)  Yes
	O No
	O Unsure
Q2(	Would you recommend donation to a friend or family member?  Yes
	O No
	O Unsure
Q2:	L Did you learn or discover anything after your donation that you wish you had known earlier?
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Γhank you very much for your help!	

Public Burden Statement: The purpose of this survey is for HRSA's Single Point of Access – Coordinating Center contractor, the National Marrow Donor Program (dba) Be The Match, to collect feedback from blood stem cell donors to better understand their overall experience and satisfactionAn 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 information collection is 0906-0004. This information collection is voluntary and the Stem Cell Therapeutic Research and Reauthorization Act of 2015 (Public Law 114-104, which authorizes the C.W. Bill Young Cell Transplantation Program, does not specifically require a donor experience survey. Public reporting burden for this collection of information is estimated to average 8 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, at, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.