

# Donation Experience Survey

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 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.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My representative was easy to reach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt comfortable sharing any questions or concerns I may have had with my representative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My representative addressed any questions or concerns I may have had.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Based on my donation day experience, earlier conversations with my representative accurately described what to expect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Based on my recovery experience, earlier conversations with my representative accurately described what to expect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

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Q3 What did you experience during **recovery** that was not discussed or differed from the conversations you had with your Be The Match representative?

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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.

Q5 While you were given limited information about your specific patient, did you have a general understanding of what a patient experiences as he or she prepares to receive blood stem cells?

- Yes
- No

Q6 In your own words, what was your understanding of how a patient prepares to receive blood stem cells?

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Q7 Would you have wanted to know or been made aware of how a patient prepares to receive blood stem cells?

- Yes
- No
- Unsure

Q8 While Be The Match automatically pays for each donor's travel, lodging and food, it also offers assistance in other areas. Which, if any, of the following did Be The Match assist with to enable your donation? Please select all that apply.

- Securing time off from work
- Securing time away from school
- Lost wage reimbursement for missed work
- Child care costs
- Pet care costs
- Speaking with, or providing educational resources for, loved ones who had questions about donation
- Dealing with 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 the above

Q9 Recalling your personal donation day experience, did the educational materials provided in advance give you an accurate description of what to expect?

- Yes
- No
- I didn't receive any educational materials.
- I didn't read the educational materials.
- Unsure

Q10 What did you experience during your donation that was not described in, or differed from, the educational materials?

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Q11 Please rate your experience on donation day.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The hospital or donation facility staff provided exceptional medical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital or donation facility staff had an exceptional bed-side manner (interactions with medical professionals were caring and informative).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt comfortable sharing any concerns I may have had with staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff addressed any concerns I may have had.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff demonstrated appreciation for my donation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 Please tell us more about the parts of your hospital or donation facility experience that stood out as **negative**.

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Q13 Please tell us more about the parts of your hospital or donation facility experience that stood out as **positive**.

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Q14 What was your level of pain or discomfort a day or two following your donation?

- Very painful or uncomfortable
- Moderately painful or uncomfortable
- Mildly painful or uncomfortable
- No pain or discomfort

Q15 Recalling your personal recovery after donation, did the educational materials provided in advance accurately describe what to expect in recovery?

- Yes
- No
- I didn't receive any educational materials.
- I didn't read the educational materials.
- Unsure

Q16 What did you experience during your recovery that was not described in, or differed from, the educational materials?

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Q17 Please rate your experience during the Be The Match follow-up calls about your recovery.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I felt cared for physically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt cared for emotionally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt comfortable sharing any concerns I may have had about my recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be The Match addressed any concerns I may have had.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 Thinking back over your entire donation journey to date, which statement best describes your overall satisfaction?

- 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
- No
- Unsure

Q20 Would you recommend donation to a friend or family member?

- Yes
- No
- Unsure

Q21 Did you learn or discover anything after your donation that you wish you had known earlier?

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Q22 Reflecting on your donation experience overall, are there any changes you would recommend?

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Thank you very much for your help!

If you would like to contact the Donor Advocacy Program:  
Call: (800) 526-7809, ext. 8710 or Email: [advocate@nmdp.org](mailto:advocate@nmdp.org)

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 satisfaction. 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 information collection is 0915-0212, and is valid until 4/30/2024. This information collection is voluntary and the Stem Cell Therapeutic and Research Act of 2005 (Public Law (P.L.) 109 - 129), as reauthorized in 2021 (P.L. 114-15; "Timely ReAuthorization of Necessary Stem-cell Programs Lends Access to Needed Therapies Act of 2021" or the "TRANSPLANT Act of 2021"), 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 [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).