

NMDPSM Donation Experience Survey

NMDP 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 5-10 minutes to complete. Thank you for sharing your feedback and helping us improve.

Q1: Please rate your experience with your NMDP representative, your main point of contact throughout your donation experience.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My representative was easy to reach.	☐	☐	☐	☐	☐
I felt comfortable sharing any questions or concerns I may have had with my representative.	☐	☐	☐	☐	☐
My representative addressed any questions or concerns I may have had.	☐	☐	☐	☐	☐
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, and speaking with loved ones who had questions or concerns).	☐	☐	☐	☐	☐
Based on my donation day experience, earlier conversations with my representative accurately described what to expect.	☐	☐	☐	☐	☐
Based on my recovery experience, earlier conversations with my representative accurately described what to expect.	☐	☐	☐	☐	☐

Q2: What did you experience during your donation that was not discussed or differed from the conversations you had with your NMDP representative?

Q3: What did you experience during recovery that was not discussed or differed from the conversations you had with your NMDP representative?

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?

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 NMDP automatically pays for each donor's travel, lodging, and food, it also offers assistance in other areas. Which, if any, of the following did NMDP 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 NMDP 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?

Q11: Please rate your experience on donation day.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The hospital or donation facility staff provided exceptional medical care.	☐	☐	☐	☐	☐
The hospital or donation facility staff had an exceptional bedside manner (interactions with medical professionals were caring and informative).	☐	☐	☐	☐	☐
I felt comfortable sharing any concerns I may have had with staff.	☐	☐	☐	☐	☐
Staff addressed any concerns I may have had.	☐	☐	☐	☐	☐
Staff demonstrated appreciation for my donation.	☐	☐	☐	☐	☐

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

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

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?

Q17: Please rate your experience during the NMDP follow-up calls about your recovery.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I felt cared for physically.	☐	☐	☐	☐	☐
I felt cared for emotionally.	☐	☐	☐	☐	☐
I felt comfortable sharing any concerns I may have had about my recovery.	☐	☐	☐	☐	☐
NMDP addressed any concerns I may have had.	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

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?

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

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

Public Burden Statement: As the contractor for the C.W. Bill Young Cell Transplantation Program Single Point of Access – Coordinating Center, the National Marrow Donor Program d/b/a NMDPSM ("NMDP") is required to conduct surveys to evaluate satisfaction with the services provided. NMDP will elicit feedback from blood stem cell donors to better understand their overall experience and satisfaction. The results of this survey will be used to identify trends and opportunities for improvement. 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 it is valid until XX/XX/202X. This information collection is voluntary. Collection of this information fully complies with the Guidelines of 5 CFR 1320.5. The public reporting burden for this collection of information is estimated to average .13 hours (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, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.