



OMB No.: 0906–0004-
REVISION
Expiration date: **TBD**

Public Burden Statement: As the contractor for the C.W. Bill Young Cell Transplantation Program (CWBYCTP) Office of Patient Advocacy (OPA), the National Marrow Donor Program (NMDP) is required to conduct surveys to evaluate satisfaction with the services provided. NMDP will elicit feedback from patients, caregivers, and family members who had contact with the NMDPSM Patient Support Center for services, education, and support regarding marrow and umbilical cord blood transplantation. Results of this survey will be used to develop programs and inform resource allocation. The OMB control number for this information collection is 0906–0004-REVISION and it is valid until **TBD**. This information collection is voluntary. Collection of this information fully complies with the Guidelines of 5 CFR 1320.5 Public reporting burden for this collection of information is estimated to average 0.075 hours per response (4.5 minutes), 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

1. Overall, how would you rate your experience with the NMDP Patient Support Center?

- ☐ Very good
☐ Good
☐ Neutral
☐ Poor
☐ Very poor

Please tell us why you chose the rating you selected: _____

2. For the following statements, please select from “Strongly agree” to “Strongly disagree.” If a statement does not apply to you, please select “NA.”

As a result of the Patient Support Center, I feel...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
More confident in my ability to cope with treatment						
More hopeful						



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	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
Less alone						
More aware of resources						
More informed about treatment options						
My questions were answered						

Additional comments: _____

3. What challenges, if any, are you still facing that the NMDP Patient Support Center was unable to fully address?

[open]

4. On a scale of 0 to 10, how likely are you to recommend the NMDP Patient Support Center to someone else in your situation?

0 1 2 3 4 5 6 7 8 9 10

Not at all likely

Extremely likely

Please tell us why you chose the rating you selected: _____

Please tell us about yourself. Your responses help us better understand who we are reaching and improve resources for patients, caregivers, and family members. All answers are confidential.

5. Which best describes you?

- ☐ Patient
- ☐ Primary caregiver
- ☐ Family member (who is not the primary caregiver)
- ☐ Friend (who is not the primary caregiver)
- ☐ Not listed, please specify: _____

6. Age (in years):



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- ☐ 0-13
- ☐ 14-18
- ☐ 19-23
- ☐ 24-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-64
- ☐ 65 or above
- ☐ Prefer not to answer

7. Your Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Prefer not to answer

8. Race: Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Not listed, please specify: [Open Text Box]
- ☐ Prefer not to answer

9. Highest level of education:

- ☐ High School
- ☐ Associate
- ☐ Some College
- ☐ Undergraduate or Bachelor's



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- ☐ Graduate or Doctoral
- ☐ Not listed, please specify: _____
- ☐ Prefer not to answer

10. NMDP may wish to use *anonymous* comments from this survey in public-facing or promotional materials. Do you agree to allow your *anonymous* comments to be used for these purposes?

- ☐ Yes
- ☐ No

We thank you for your time spent taking this survey. Your response has been recorded.