



**National Marrow Donor Program®  
OFFICE OF PATIENT ADVOCACY**

**Telephone Meeting:  
Living Now: Legal Questions about Returning to Work**

The Office of Patient Advocacy provides information, referral and advocacy to patients and others acting on their behalf. This survey will help us evaluate the telephone meeting “Living Now: Legal Questions about Returning to Work.” Your feedback is very valuable and we appreciate any additional comments. *Please return this survey by August 22.* If you wish to contact us directly, please call our toll-free number: 1-888-999-6743, ext. 8126.

**Please evaluate the content of the presentation:**

**1. I have a better understanding of:**

*(Please circle the answer that best describes your opinion about each of the following)*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The legal protections related to returning to work after transplant	5	4	3	2	1
Job interviewing after illness	5	4	3	2	1
COBRA, HIPAA, and Disability benefits	5	4	3	2	1
Helpful resources available to me	5	4	3	2	1

**Please evaluate the speakers in each of the following areas:**

**2. The speakers:**

*(Please circle the answer that best describes your opinion about each of the following)*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Showed an understanding of the topics	5	4	3	2	1
Were well-prepared and organized	5	4	3	2	1
Held my attention	5	4	3	2	1
Gave the training in a professional way	5	4	3	2	1
Allowed enough time for questions and answers	5	4	3	2	1

**3. Overall rating of the telephone meeting: *(please circle one)***

- |                  |                  |             |             |             |
|------------------|------------------|-------------|-------------|-------------|
| <b>1</b>         | <b>2</b>         | <b>3</b>    | <b>4</b>    | <b>5</b>    |
| <b>Excellent</b> | <b>Very Good</b> | <b>Good</b> | <b>Fair</b> | <b>Poor</b> |

**4. Would you recommend the Office of Patient Advocacy to someone else in your situation?**

- Yes
- Maybe
- No
- Don't know

**5. Are you a (please check one):**

- Transplant survivor
- Caregiver
- Other \_\_\_\_\_

**6. Suggestions for future topics for survivors?**

**Please rank order your preferences 1 through 3 with 1= Highest and 3=Lowest.**

- \_\_\_\_\_ Nutrition / Exercise
- \_\_\_\_\_ Coping with GVHD
- \_\_\_\_\_ Late Effects of Treatment: Q and A

Other suggested topics: \_\_\_\_\_

**7. Suggestions for future topics for caregivers?**

**Please rank order your preferences 1 through 3 with 1= Highest and 3=Lowest.**

- \_\_\_\_\_ Balancing family responsibilities
- \_\_\_\_\_ Emotional wellbeing of caregiver
- \_\_\_\_\_ Physical wellbeing of caregiver

Other suggested topics: \_\_\_\_\_

**8. Additional comments:**

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Thank you for taking time to complete this survey. ***Please return the survey by August 22,*** using the enclosed postage-paid envelope or mail to:

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