

# National Marrow Donor Program® OFFICE OF PATIENT ADVOCACY



## Telephone Meeting: An Introduction to Marrow and Cord Blood Transplant

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 “An Introduction to Marrow and Cord Blood Transplant.” Your feedback is very valuable and we appreciate any additional comments. 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 basics of the unrelated blood and marrow transplant process.	5	4	3	2	1
How an unrelated donor is found.	5	4	3	2	1
What to know about insurance coverage for transplant expenses.	5	4	3	2	1
Resources available to the transplant patient and family.	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)**

1	2	3	4	5
Excellent	Very Good	Good	Fair	Poor

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

Yes       Maybe       No       Don't know

Comments: \_\_\_\_\_

\_\_\_\_\_

**5. Would you recommend this telephone workshop to someone else in your situation?**

Yes       Maybe       No       Don't know

Comments: \_\_\_\_\_

\_\_\_\_\_

**6. Suggestions for future presentations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Additional comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Office of Patient Advocacy  
National Marrow Donor Program  
3001 Broadway Street NE, Suite 100  
Minneapolis, MN 55413

Phone: 1-888-999-6743  
E-mail: [patientinfo@nmdp.org](mailto:patientinfo@nmdp.org)