

# DF3 ANNUAL DONOR ASSESSMENT POST STEM CELL DONATION

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<b>DONOR DATA</b>	
Donor first name:	Donor last name:
Donor ID:	
GRID:	
Date of birth: (YYYY-MM-DD)	

Follow up at	year(s) post
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<b>DONATION DATA</b>	
Date(s) of stem cell collection: (YYYY-MM-DD)	
Type of donation:	<input type="radio"/> Bone marrow <input type="radio"/> PBSC <input type="radio"/> 1 <sup>st</sup> donation <input type="radio"/> 2 <sup>nd</sup> donation

<b>DONOR EXPERIENCE</b>	
How do you feel physically? <input type="radio"/> better than usual <input type="radio"/> normal <input type="radio"/> worse than usual <input type="radio"/> much worse than usual	
If worse than usual, please specify:	
How do you feel emotionally? <input type="radio"/> better than usual <input type="radio"/> normal <input type="radio"/> worse than usual <input type="radio"/> much worse than usual	
If worse than usual, please specify:	
Are you regularly followed by a doctor? <input type="radio"/> Yes <input type="radio"/> No	
If yes, ask for further details:	
Are you taking any medication? <input type="radio"/> Yes <input type="radio"/> No	
If yes, ask for further details:	
Have you had any contacts with the health care system? <input type="radio"/> Yes <input type="radio"/> No	
If yes, please ask for a copy.	
What was the most positive aspect of the whole donation experience for you?	
What was the least positive aspect of the whole donation experience for you?	
Do you have any suggestions as to how we can improve the care of future donors?	

Person completing form:	Date: (YYYY-MM-DD)	Signature:
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