

SURVEY FOR DONOR FAMILIES

We would like to have feedback from you so that we can better serve you. Please download and print this document, fill out the survey and mail it back to us at:

LifeChoice Donor Services

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6`cca Z]Y`Xz'7H'\$* \$\$&

Or copy and paste the information into an email and send it to:

info@lifechoiceopo.org

1. LifeChoice provides support of families through telephone calls, letters, and notes. The TELEPHONE CALLS have been (please select all that apply):

- Too Frequent**
- Not Frequent Enough**
- Just Right**
- Sensitive**
- Helpful**
- Upsetting**

2. LifeChoice provides support of families through telephone calls, letters, and notes. The LETTERS have been (please select all that apply):

- Too Frequent**
- Not Frequent Enough**
- Just Right**
- Sensitive**
- Helpful**
- Upsetting**

3. LifeChoice provides support of families through telephone calls, letters, and notes. The NOTES have been (please select all that apply):

- Not Frequent Enough**
- Just Right**
- Sensitive**
- Helpful**
- Upsetting**

4. What other support have you found HELPFUL during the past two years? Please select all that apply.

- Friends**
- Family**
- Religion**
- Support Groups**
- Telephone Calls from Donor Family Volunteers**
- Grief Literature**
- Professional Counseling**
- Other _____**

5. Did you attend the LifeChoice GIFT OF LIFE GATHERING this year?

- Yes**
- No**

6. The general public and hospital staff often appreciate hearing from donor families. Would you be interested in sharing your experience?

- Yes, please contact me _____**
- No**
- Maybe in the future**

7. Please feel free to make other comments or suggestions. Your thoughts are important and will help us to improve our services for future donor families.

8. Please provide us with your email so we may contact you in the future.
