



# BLOOD BANK OF ALASKA

Helping Alaska patients in need.

## Donor Survey

### Donation Locations

Laurel      Dimond      Fairbanks      Mobile

Where are you donating today?                       

Date of Donation? \_\_\_\_\_

### Donor Demographics

Sex       MALE       FEMALE

Age       UNDER 18       18-24       25-34       35-44       45-54       55+

Ethnicity       WHITE       HISPANIC       AFRICAN AMERICAN       ALASKA NATIVE       ASIAN       OTHER

Zip code \_\_\_\_\_

### Tell Us About Your Experience

On a scale from 1 to 5 (5 being the best) please rate the following components of your blood donation experience at Blood Bank of Alaska..

	Needs Improvement					Excellent	
The way you were greeted by staff	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA	
The way you were treated by staff	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA	
The level of privacy when staff was discussing health questionnaire	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA	
The skill level of our staff	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA	
Cleanliness of our donation center	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA	
Your overall donation experience	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA	
Did you have an appointment?	<input type="radio"/> YES		<input type="radio"/> NO				
How long did you have to wait?	<input type="radio"/> 15 minutes		<input type="radio"/> 30 minutes		<input type="radio"/> more		
Is this your first time donating?	<input type="radio"/> YES		<input type="radio"/> NO				
How many times a year do you donate?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> MORE	
Have you or someone you know received a blood transfusion?	<input type="radio"/> YES		<input type="radio"/> NO				

Main Center: 4000 Laurel Street Anchorage, AK 99508

Anchorage: (907) 222-5630

[www.bloodbankofalaska.org](http://www.bloodbankofalaska.org)

Call for an Appointment: Fairbanks (907) 456-5645

Join our mission:





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If yes, would you share your story with us? (Name, Phone, Email)

What motivated you to donate today?

- FRIENDS
- WORK
- ADVERTISEMENT
- CIVIC DUTY
- HELPING OTHERS
- OTHER

What is the biggest obstacle to overcome when trying to donate blood?

- TIME
- FEAR
- FINDING A LOCATION
- HEALTH QUESTIONS
- CONCERNS ABOUT USAGE OF BLOOD
- OTHER

Will your company or place of worship sponsor a blood drive?

- YES
- NO
- Already Does

If yes, please state the name of the company and contact person. (Name, Phone, Email)

How did you hear about Blood Bank of Alaska?

- TV
- RADIO
- NEWSPAPERS
- WEBSITE
- WORD OF MOUTH
- WORK
- SOCIAL MEDIA
- OTHER

## Comments/Suggestions

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