2006 Survey and Profile
of the Transplant Community

TRIO Members and Non-Members Welcome!

We hope you will take a few minutes to complete this survey.
Your response is confidential! (See Privacy Policy below)

Purpose: The purpose of this Survey and the resulting Transplant Community Profile is multi-dimensional. The original survey was developed in 2002 to ascertain information about the everyday economic and healthcare realities of TRIO’s membership. In support of TRIO’s mission to serve the transplant community as a whole, this survey has been broadened to encompass information and experiences of both members and non-members. The results of the survey will be assimilated to provide a more accurate profile of transplant recipients, donors, candidates and their families and thereby to supplement and enhance TRIO’s efforts on behalf of its members and the transplant community and to support TRIO’s mission of education, awareness, advocacy and support to and for that community.

All responses are totally confidential. You may abstain from answering any question you do not wish to answer. However, for data collection authentication purposes, you must provide your name and address or your name and email address.

*Privacy Policy: Information provided in this survey will be held totally confidential. TRIO International adheres to strictest privacy policies. Individual data will not be shared with TRIO members, supporters or potential funders, contributors or marketing alliances. The survey’s aggregate information will be used solely to compile profile information of a populace.

Name: __________________________________________________________________________
Names of other family members: _________________________________________________
Address: _______________________________________________________________________
City: __________________________________ ST: ___________ ZIP: __________ + _ _ _ _
Phone: ___________________________________ Fax: _________________________________
email: __________________________________________________________________________

___ I am a member of TRIO: ___ Member-at-large; [OR:] ___ Chapter: __________________
___ I am not a member of TRIO; __ Please send me information on membership.

Respondent is: ___ Candidate; ___ Candidate Family Member;
___ Recipient; ___ Recipient Family Member;
___ Living Donor; ___ Donor Family Member

Life Style Data

Age: _____________________ Gender: ___ Male; ___ Female
Marital Status: ___ Single; ___ Married; ___ Divorced; ___ Widowed; ___ Separated
Employment Status: ___ Full time; ___ Part time; ___ Homemaker; ___ Retired; ___ Self-employed; ___ Student; ___ Unemployed;
___ On Disability; ___ Other: ___________________________________

Race/Ethnicity: ___ African American; ___ Asian; ___ Caucasian; ___ East Indian;
___ Hispanic/Latino; ___ Middle Eastern; ___ Native American;
___ Pacific Islander; ___ Other: ______________________________
Religion: __ Buddhist; __ Christian; __ Hindu; __ Jewish; __ Muslim;  
__ None/Agnostic; __ Other: 

Occupational/Professional Background: __ Artistic/Musical/Writer; __ Legal Services; 
__ Banking/Financial/Real Estate; __ Manufacturing/Distribution; 
__ Clerical/Administrative; __ Medical/Health Services; __ Sales/Marketing; 
__ Computers (Hardware, Software); __ Political/Government/Military; 
__ Construction/Craftsman; __ Technical/Science/Engineering; 
__ Education/Academic; __ Entertainment/Media; __ Transportation; 
__ Executive/Management; __ Hospitality/Travel; 
__ Other: __________________________________________________________

Transplant Type Data

Recipient Profile:

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<thead>
<tr>
<th>Type of Transplant</th>
<th># of Transplants</th>
<th>Date(s) of Transplant(s)</th>
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<th>City, State</th>
<th>Time Waited</th>
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Received transplant from: __ living donor; __ non-living donor; __ don’t know
If from related donor, what relationship: _____________________________

Living Donor Profile:

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<tr>
<th>Type of Donation</th>
<th># of Donations</th>
<th>Date(s) of Donation</th>
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If recipient-related, what relationship: __________________________________

Candidate Profile: Organ: ________________________________________________

Center(s) where listed and time on each list:

_____________________________________________________________________
_____________________________________________________________________

Donor Family Information

What relation in your family was the organ/tissue donor? ___________________

When was the donation made? _____________________________________________
Did you have an opinion about organ donation prior to the death of your family member? _____________________________________________________________

Did your family member tell you of his or her wishes to be an organ/tissue donor prior to death? _____________________________________________________________

Were you offered bereavement counseling after your loss? ____________________________

  If YES: Who provided counseling?
  __ OPO; __ Hospital; __ Outside agency

Have you had any contact with the organ/tissue recipient(s)? __________________________

Are you involved now in organ donor awareness programs in your area? ____________

What types of programs would you like to see TRIO offer to donor families? __________

______________________________________________________________________________

**Prescription Drugs/Insurance/Medical Data**

Please list all medications/supplements you presently take:

  Prescription Drugs: ___________________________________________________________

  Over-the-counter Medications: _________________________________________________

  Vitamins/Nutritional Supplements: _____________________________________________

  Other: _____________________________________________________________________

Medical Insurance Coverage:

  __ Private; Name of carrier: ____________________________________________________

  __ Medicare/Social Security: __ Retirement; __ Disability

  __ Veterans; __ Medicaid; __ No Coverage

  __ Other: ___________________________________________________________________

Are you currently receiving Social Security income? __ Yes; __ No

  If YES, did you receive Social Security before age 62 due to receiving a transplant? __ Yes; __ No

Are you currently receiving disability income through a private sector
insurance plan? __ Yes; __ No

  How much per month are you paying for prescription drug
  COVERAGE? $ ________________
In addition to costs paid by prescription drug coverage, how much per month, average, are you spending, ‘out-of-pocket’? $ __________

If you do not have prescription drug insurance coverage, how much per month, average, are you spending on prescription drugs you are currently taking? $ ________________

**General Information**

In which of the following national activities do you participate?

__ National Donate Life Month (formerly NOTDAW)
__ Donor Sabbath; __ Saturn Donor Day
__ Other:

What activities do you participate in with your local OPO?

________________________________________________________________________

________________________________________________________________________

Would you be interested in responding to inquiries through the Lend-A-Helping-Ear program? ________________________________________________________________

________________________________________________________________________

Are you interested in starting a TRIO Chapter in your area? ______________________

________________________________________________________________________

If there is no TRIO Chapter in your area, would you be willing to serve as a ‘contact point’ in your area for the purpose of developing an informal ‘support group’ (chapter formation not required) ________________________________________________________________

If a member of TRIO, would you be interested in participating in committee activities?

__ Communications; __ Fundraising/Development
__ Membership/Chapter Development; __ Nominations/Elections;
__ Public Policy

Comments, Suggestions?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please complete and mail this form to:

Transplant Recipients International Organization, Inc.
2100 M St., NW, #170-353
Washington, DC 20037-1 233