

# 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:**

_____	_____	_____
Type of Transplant	# of Transplants	Date(s) of Transplant(s)
_____	_____	_____
Transplant Center(s)	City, State	Time Waited

Received transplant from:  living donor;  non-living donor;  don't know  
If from related donor, what relationship: \_\_\_\_\_

**Living Donor Profile:**

_____	_____	_____
Type of Donation	# of Donations	Date(s) of Donation
_____	_____	_____
Transplant Center(s)	City, State	Time Waited

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**