***Disclaimer:***  Before using these resources, please consider which materials are relevant and appropriate for your National Society’s level of involvement in blood programs and modify / tailor accordingly. The use of these templates, and all associated documents referenced within, is at the user's own risk.

Example Form: Donor Satisfaction Survey

|  |  |
| --- | --- |
| Dear DonorPlease help us to evaluate how we performed today by ticking the appropriate box below. | Date: |
|  | ☺ | 😐 | ☹ |
| Staff pleasant and courteous |  |  |  |
| Time taken for blood donation |  |  |  |
| Overall experience of blood donation |  |  |  |
| Facilities of an acceptable standard, comfortable, clean and attractive |  |  |  |
| Staff professional, clean and tidy |  |  |  |
| Adequate and appropriate post-donation refreshments |  |  |  |
| Do you have any suggestions that might help us to improve the experience for you? |

\*Content obtained from the IFRC Making the Difference Manual