

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

BLOOD DONOR FEEDBACK FORM(GD-5)



Please use the space given below to tell us how we are doing.

Venue of _____ blood donation session attended

Date of blood donation session _____

Sr. No.	Please tick according to the services you received	SCORE		
		Excellent	Good	Unsatisfactory
1	VENUE:			
	a) Sufficient area			
	b) Lighting and Ventilation			
	c) Hygiene			
2	PREDONATION COUNSELLING:			
	a) Content of the Publicity and Information Education and Communication (IEC) material provided			
	b) Comprehension (easy to understand)			
	c) Counselor's willingness to answer your queries related to blood donation			
3	REGISTRATION:			
	a) Welcome at the registration			
	b) Privacy at time of filling form			
	c) Counselor's willingness to answer your queries /Guidance for filling form			
4	PHLEBOTOMIST (One who is collecting blood)			
	a) Courteous behavior			
	b) Post-donation advice given			
	c) Phlebotomist's willingness to answer your queries related to blood donation			
5	POST-DONATION:			
	a) Refreshments			
	b) IEC material displaying post-donation advice			
6	OVERALL SATISFACTION			

Suggestions for improvement: _____

Signature: _____



Please tick in the relevant box:

- Is this your first interaction with this blood bank
- Yes No (if yes, specify, how many times _____)
- How did you first become involved
- I volunteered for blood donation
- I attended the blood bank motivation program.
- My company or organization was involved.
- Friend /Colleague
- I located this blood bank on the web/ newspaper/ theatre
- Other (specify) _____

**THANK YOU FOR YOUR FEEDBACK AND FOR HELPING US.
[FOR USE IN BLOOD BANK ONLY]**

Reviewed by: Head, Blood Bank / QM, Blood Bank	Signature:
Action taken / Proposed action by the Blood Bank	

