

Transplant Peer Connection Evaluation Form

Thank you for participating in the Transplant Peer Connection.

Your feedback is valuable to us.

Patient Initials _____ Date of Peer Connection: _____

Transplant Volunteer Name: _____

Please place an "X" in the box to the right of each question that best describes your experience.	Strongly Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Strongly Disagree
Talking to a transplant patient about their experience was helpful.					
My transplant questions were answered to my satisfaction.					
This experience increased my awareness about kidney transplantation and or living donation.					
As a result of this activity, I will discuss my kidney transplant options with my healthcare provider.					
I would recommend this transplant education activity to other patients.					

Please share your overall experience.

Note to dialysis facility: Fax completed evaluation to Virna de la Cruz at (609) 490-0835.

Facility CCN#: _____ Facility Name: _____

Facility Representative: _____

Email address: _____