

MedicAid+

Dear participants, we are conducting a survey for our project. Please spare 10-20 minutes from your busy schedule to fill up the following survey questionnaire. All the information collected from here will be kept anonymous and used strictly for research purposes.

* Required

1. I understand my rights as a research subject, and that the results of this study may be used for academic purposes, but respondents record or identity will not be revealed by law. I voluntarily consent to participate in this study. *

Mark only one oval.

☐ I agree

☐ I disagree

MedicAid+

Part 1: Personal Information

2. Name *

3. Gender *

Mark only one oval.

☐ Male

☐ Female

☐ Other

4. Age *

Mark only one oval.

- ☐ Below 18
- ☐ 18-24
- ☐ 25-40
- ☐ above 40

MedicAid+

Part 3: General Question

5. What specific features do you want us to include on the website? *

Check all that apply.

- ☐ Online transfer of blood from one blood bank to another.
- ☐ Provide a list of Donors who are eligible for donations on a particular date with a contact number.
- ☐ Donor Management- Donor Registration, Managing donor database, recording their physical and medical statistics, donor list
- ☐ Check whether required blood deposits of a particular group are available in the blood bank.

6. Any additional feature suggestion? If no, write skip. *

7. Do you want information regarding donating criteria in this website? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe

8. How do you like to do your sign-up? *

Mark only one oval.

- ☐ through Google
- ☐ through providing personal information

9. What information do you want to see in the donor list?

Mark only one oval.

- ☐ Personal information like name, gender, contact etc
- ☐ Personal information as well as medical history
- ☐ Personal information along with availability
- ☐ all of the above

10. For emergency blood requirement request, what do you expect from the website?
*

Check all that apply.

- ☐ Donor entire information
- ☐ Quick response
- ☐ Speedy matching/cross-matching
- ☐ all of the above

11. Do you want to see the location through a map?

Mark only one oval.

- ☐ Yes
☐ No
☐ Maybe

12. Do you want access to see donor availability? *

Mark only one oval.

- ☐ yes
☐ no
☐ maybe

13. Do you want information about the tests that are done in Medicare+? *

Mark only one oval.

- ☐ Yes
☐ No

14. How do you want to request an appointment? *

15. Do you want information regarding Blood Transfusion process? *

Mark only one oval.

- ☐ Yes
☐ No

16. Do you want to know what happens to donated blood? *

Mark only one oval.

☐ Yes

☐ No

☐ Maybe

Thank you!

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