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# **Mott Poll Questions**



# Child Organ Donation

| The. | fol | lowin | g quest | ions w | ere a | nswered | by | parents o | f teen. | s age | 15-18 | years. |
|------|-----|-------|---------|--------|-------|---------|----|-----------|---------|-------|-------|--------|
|------|-----|-------|---------|--------|-------|---------|----|-----------|---------|-------|-------|--------|

| $\cap$ 1 | Hack  | your teen | racaivad | informa   | ation | about | hainas   | n organ   | danar?  |
|----------|-------|-----------|----------|-----------|-------|-------|----------|-----------|---------|
| ŲΙ.      | i ias | your teen | received | IIIIOIIII | ition | about | Dellig a | illolgall | 101101: |

- 1. Yes
- 2. No
- 3. Don't know

# Q2. Is your teen registered as an organ donor?

- 1. Yes
- 2. No
- 3. Don't know

# Q3. Would you encourage your teen to be an organ donor?

- 1. Yes
- 2. No
- 3. Don't know

#### The following questions were answered by parents of children age 0-14.

Q4. Would you like to learn about how your child could be registered as an organ donor?

- 1. Yes
- 2. No
- 3. Unsure

#### Q5. From what sources would you like to hear about options for registering your child as an organ donor?

- 1. Child's primary care provider
- 2. Local hospital
- 3. Clergy/place of worship
- 4. An organ donation organization

## Q6. What do you think are the benefits of having your child registered as an organ donor?

|   | Major<br>benefit | Minor<br>benefit | No benefit |
|---|------------------|------------------|------------|
| 1. Making my preferences known in advance                               |                  |                  |            |
| 2. Opportunity for my child to help other children                      |                  |                  |            |
| 3. Increasing the number of child-sized organs available for transplant |                  |                  |            |

## Q7. What are your concerns about having your child registered as an organ donor?

|   | Major   | Minor   | Not a   |
|---|---------|---------|---------|
|   | concern | concern | concern |
| 1. Don't know if I could decide which of my child's organs would be used        |         |         |         |
| 2. Cost to have organs removed  |         |         |         |
| 3. My child might not get all treatment options in a life-threatening situation |         |         |         |
| 4. Keeping my child alive for organ donation would make my child suffer more    |         |         |         |
| 5. My religion does not support organ donation                                  |         |         |         |
| 6. Just don't like to think about it  |         |         |         |

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