



World Trade Center Health Program

Member Feedback Questionnaire

In order to make sure that all members are receiving quality healthcare services, we need your feedback by completing this brief form. Your answers will help us improve the World Trade Center (WTC) Health Program for your benefit.

Please fill out this survey and return it in the enclosed self-addressed stamped envelope OR you can complete the survey online at www.cdc.gov/wtc/survey. Please only complete the survey once.

You do not need to put your name on the survey as all responses are anonymous. Thank you for your time.

1. When was the last time you visited the WTC Health Program for a monitoring exam or treatment? Circle the answer that best applies:

1.....	2.....	3.....	4.....	5
Within the last year	Within the last 2 years	Within the last 3 years	More than 3 years	Never

2. If you have not visited the WTC Health Program in the past 2 years, please tell us why by checking ALL of the reasons that apply below:

- I feel healthy
- I am too ill
- I am too busy
- I am seeing my own Doctor – please explain why: _____
- WTC Health Program Clinic issues:
 - Hours are inconvenient:
Please explain what hours would work best for you _____
 - Location is inconvenient (hard to get there, no parking/public transportation, etc.)
Briefly explain the issue: _____
 - Exam too long
 - Quality of Care: please explain concern: _____
 - Language barriers: please explain: _____
 - Other (briefly explain): _____
- Other: _____

3. If you have ever contacted the WTC Health Program call center (1-888-982-4748), how satisfied were you with your experience? Circle the answer that best applies:

1.....	2.....	3.....	4.....	5
Very Dissatisfied	Dissatisfied	Neither Satisfied or Dissatisfied	Satisfied	Very Satisfied

Briefly explain your answer: _____

4. What do you think is the best way for members to receive the WTC Health Program Newsletter? Please check the answer that best applies.

- Paper copy in the mail
- Email
- Website (www.cdc.gov/wtc/index.html)

5. Has your health changed as a result of the services you've received from the WTC Health Program? Circle the answer that best applies:

1.....	2.....	3.....	4.....	5
Much Worse	Somewhat Worse	No Change	Somewhat Improved	Much Improved

6. Please review each of the benefits of the WTC Health Program listed below. Please rank each item individually on how important you think each benefit is to you using the following: 1 - Very Important; 2 - Important; 3 - Not Important; or 4 - No opinion.

<input type="checkbox"/> Annual Monitoring	<input type="checkbox"/> Prescription Benefits
<input type="checkbox"/> Physical Health Treatment	<input type="checkbox"/> Mental Health Treatment
<input type="checkbox"/> Belonging to a Program that Understands my Unique Needs	<input type="checkbox"/> Benefits Counseling

7. Overall, how satisfied are you with the WTC Health Program? Circle the answer that best applies:

1.....	2.....	3.....	4.....	5
Very Dissatisfied	Dissatisfied	Neither Satisfied or Dissatisfied	Satisfied	Very Satisfied

8. From which of the following do you receive care?

- The Nationwide Provider Network (NPN) that is administered by Logistics Health Inc. (LHI)
- A Clinical Center of Excellence (CCE) in the NYC metropolitan area. Please check the CCE that provides your care.
 - Fire Department of the City of New York (FDNY)
 - Mount Sinai School of Medicine (MSSM)
 - North Shore-LIJ
 - NYC Health and Hospitals Corporation (HHC) WTC Environmental Health Center
 - NYU School of Medicine
 - Rutgers, Robert Wood Johnson Medical School EOHSI
 - State University of New York, Stony Brook (SUNY)

9. Please use this space to provide any additional comments about your experience with the WTC Health Program, or to provide suggestions on how to improve your experience.
