

World Trade Center Health Program. **Learn More.**



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WTC 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.

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

Form Approved

OMB No. 0920-0953

Exp. Date 12/31/2015

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to – CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-0953).

Member Survey

Step 1 of 2

50%

1. When was the last time you visited the WTC Health program for a monitoring exam or treatment. Check that best answer that applies.

- Within the last year Within the last 2 years Within the last 3 years More than 3 years Never

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Member Survey

Step 1 of 2

50%

1. When was the last time you visited the WTC Health program for a monitoring exam or treatment. Check that best answer that applies.

- 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.

* You will have an opportunity to provide additional information if you check this box

- | | | |
|---|---|--|
| <input type="checkbox"/> I feel healthy | <input type="checkbox"/> I am too ill | <input type="checkbox"/> I am too busy |
| <input type="checkbox"/> I am seeing my own Doctor* | <input type="checkbox"/> Clinic hours are inconvenient* | <input type="checkbox"/> Location is inconvenient (hard to get there, no parking/public transportation, etc.)* |
| <input type="checkbox"/> Exam too long | <input type="checkbox"/> Quality of Care* | <input type="checkbox"/> Language barriers* |
| <input type="checkbox"/> Other* | | |

Asterisk denotes that an additional window will pop up if this option is clicked.

3. If you have ever contacted the WTC Health Program call center (888-982-4748), how satisfied were you with your experience?

- Very Dissatisfied Dissatisfied Neither Satisfied nor Dissatisfied Satisfied Very Satisfied

Briefly explain your answer:



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

When clicked, additional details input box will appear

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- | | | |
|---|---|--|
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| <input type="checkbox"/> Exam too long | <input checked="" type="checkbox"/> Quality of Care* | <input checked="" type="checkbox"/> Language barriers* |
| <input type="checkbox"/> Other* | | |

If quality of care is an issue, please explain concern:

Explain Language Barrier issues:

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Briefly explain your answer:

For Ease of use, users will click "next page" in order to move to the second page. This keeps ocular strain at a minimum from viewing long pages.

Next Page

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Member Survey

Step 2 of 2

100%

4. What do you think is the best way for members to receive the WTC Health Program Newsletter?

Paper copy in the mail



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

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; 4 – No Opinion.

Question 6. will contain a series of drop-down buttons to allow user to choose the most accurate answer for these areas.

Annual Monitoring

1- Very Important
2- Important
3- Not Important
4- No Opinion

1- Very Important



Physical Health Treatment

1- Very Important



Mental Health Treatment

1- Very Important



Belonging to a Program that Understands my Unique Needs

1- Very Important



Benefits Counseling

1- Very Important



7. Overall, how satisfied are you with the WTC Health Program?

Very Dissatisfied Dissatisfied Neither Satisfied nor 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 below:

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.



7. Overall, how satisfied are you with the WTC Health Program?

- Very Dissatisfied Dissatisfied Neither Satisfied nor Dissatisfied Satisfied Very Satisfied

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After clicking "Submit" users will be shown a "thank you" note. This can be worded however we wish. We can also redirect the user anywhere - to the home page, contact page, etc.

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