

Dear Member,

We invite you to take part in this brief survey and tell us about your experiences at the Long Island WTC Health Program. It is very important to us that we are doing what we can to improve our services and make sure we are meeting the needs of our 9/11 responders.

Your willingness to take part in this survey is greatly appreciated. We have enclosed a stamped, pre-addressed envelope for you to mail back to us. We kindly request that this survey is mailed back within 2 weeks of receipt.

Thank you for your time,

Your community at the Long Island Center of Excellence- WTC Health Program

Public reporting burden of this collection of information is estimated to average 5 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- March 2018

1) Have you been seen for a monitoring exam in the past 2 years?

Yes

No

1. If no, what has prevented you from coming in? *(check all that apply)*

I don't need medical care for 9/11 related health issues

My work/family schedule is too busy

The hours/availability of the clinic does not meet my needs

I had a poor experience in the past

I am too sick to attend appointments

I have problems getting to the clinic location

Other: _____

2) In your opinion, why is the annual monitoring visit important to you? *(check all that apply)*

I want to monitor my health

I want to contribute to the research program

I need updated referrals to see my specialist for my 9/11 certified conditions

I want to keep up to date on program changes and community events

I want to take advantage of free screenings to monitor potential issues

I do not think it is important to come in for yearly monitoring

Other:

2) Have you been in for a treatment exam in the past year?

Yes

No

N/A (not certified for WTC related condition), **please skip to Question #5!**

3) Do you regularly see a specialist within our network?

Yes

• If yes, how satisfied are you with their services?

Very satisfied

Somewhat satisfied

Neutral

Somewhat satisfied

Not satisfied

Please provide details: _____

No

4) Have you received medications covered by the program in the last year?

Yes

• If yes, how satisfied are you with the ease of receiving your medications?

Very satisfied

Somewhat satisfied

Neutral

Somewhat not satisfied

Not satisfied

Please provide details: _____

No

5) In the past year, have you gone for a free screening? (colonoscopy, mammography, cervical cancer, lung cancer screening)

Yes, I received a referral for one of the above screenings and completed the visit

Yes. I received a referral for one of the above screening *but have not made an appointment*

No, I did not receive a referral for the one of the above screenings.

6) How likely are you to recommend the Long Island Clinical Center of Excellence to a fellow responder?

Very likely

Somewhat likely

Neutral

Somewhat not likely

Not likely

Please provide details: _____

7) Do you have any additional comments/suggestions?

8) Would you like for someone from the program to contact you?

Yes

Name: _____

Phone Number: _____

Best time to reach you: _____