



# World Trade Center Health Program Member Feedback Questionnaire

Formed Approved  
OMB No. 0920-0953  
Exp. Date 7/31/2018

## WTC Health Program

Our records show that you are a member of the WTC Health Program.

### 1. How long ago did you become a member of the Program?

- Less than 1 year ago
- 1-2 years ago
- Over 2 years ago
- I am a member but I don't know
- I wasn't aware I am a member

If you would like more information about your membership in the WTC Health Program, provide your name and a staff member will contact you, or call us at 1-888-982-4748.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 2. Are you a Responder or a Survivor?

- Responder
- Survivor
- Do not know

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

*(Circle the answer that best applies)*

1

Not satisfied

2

Somewhat  
unsatisfied

3

No opinion

4

Somewhat  
satisfied

5

Satisfied

Would you like to provide any comments about your answer to question #3? \_\_\_\_\_

## The Nationwide Provider Network (NPN)

Please answer the following questions about the care received through the Nationwide Provider Network. Please do not include care received outside of the Program by your own doctors.

### 4. Are you aware that you are part of the Nationwide Provider Network?

- Yes
- No
- Do not know

If you would like more information about the NPN call us at 1-888-982-4748.

**5. When was the last time you visited your NPN Provider?**

- Within the last 2 years (please go to question 7)
- More than 2 years ago (please go to question 6)
- Never (please go to question 6)

**6. If you selected “More than 2 years” or “Never” please tell us why (Check all that apply)**

- I am too ill.
- I feel healthy.
- I am too busy.
- I see my own doctor.
- I thought the Program had ended.
- Exam is too long.  
Which exam? \_\_\_\_\_
- NPN Provider’s schedule does not work for me.  
What days/times would work? \_\_\_\_\_
- I don’t like the location.  
Please explain: \_\_\_\_\_
- NPN Provider does not speak my language.  
What language do you speak? \_\_\_\_\_
- I have a concern about the quality of care.  
What is your concern? \_\_\_\_\_
- Other: \_\_\_\_\_

---

**Care from the Nationwide Provider Network in the Last Two Years**

The next questions are about your experience visiting your NPN Provider within the last two years. If you have not visited in the last two years, please check here  and skip to question 9.

**7. Please think about how difficult or easy it has been to access the care, tests, or treatment that you have needed. In the last two years, the care, tests or treatment I needed were:**  
*(Circle the answer that best applies)*

- |                     |                              |                                      |                         |                |
|---------------------|------------------------------|--------------------------------------|-------------------------|----------------|
| <b>1</b>            | <b>2</b>                     | <b>3</b>                             | <b>4</b>                | <b>5</b>       |
| Difficult to access | Somewhat difficult to access | Neither easy nor difficult to access | Somewhat easy to access | Easy to access |

8. On a scale of 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care received through the WTC Health Program Clinic in the last two years?

*(Circle the answer that best applies)*



Worst health  
care possible

Best health  
care possible

Would you like to provide any comments about your answer to question #8? \_\_\_\_\_

\_\_\_\_\_

---

## About You

9. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

10. Think about your health before you joined the Program. Would you say that your current health is:

- Much better than before you joined the Program
- A little better than before you joined the Program
- About the same
- A little worse than before you joined the Program
- Much worse than before you joined the Program
- Don't know

11. What is your age? \_\_\_\_\_

12. What is your gender?

- Male
- Female

---

## Program Communications

The next questions are about communication you receive from the WTC Health Program.

**13. What would you like to know about the WTC Health Program? (Check all that apply)**

- Program benefits
- Program news
- Healthy living tips
- 9/11 health research
- Member stories
- Programs similar to the WTC Health Program, such as the 9/11 Victim Compensation Fund
- Other: \_\_\_\_\_

**14. Where would you like to receive the information listed in question 13? (Check all that apply)**

- WTC Health Program website
- Printed materials at my NPN Provider's office
- Through the mail
- Social media such as Facebook and Twitter
- Newsletter
- Email
- Text message
- Other: \_\_\_\_\_

**15. Do you use the Member Handbook?**

- Yes (Check all that apply)
  - I use the paper version
  - I use the online version
- No, I do not use it
- No, I didn't know there was one\*

*\*To use the online version or order a paper copy go to [www.cdc.gov/wtc/memberhandbook.html](http://www.cdc.gov/wtc/memberhandbook.html)*

Please provide any additional comments about your experience with the WTC Health Program, or suggestions on how we can better serve you.

---

---

---

---

If you have questions or concerns about the Program or your NPN Provider, please call 1-888-982-4748 Monday-Friday from 9am to 5pm, Eastern time, send an email to [wtc@cdc.gov](mailto:wtc@cdc.gov), or leave your contact information on the following line and a member services representative will contact you:

---