

Thank you for your participation in the WTC Health Program at NYUSOM Clinical Center of Excellence!

We would like your help in improving our CCE and being able to better serve our patients. Please help us by taking a few minutes to tell us about your monitoring visit. This survey is anonymous. We appreciate your insights and feedback.

Question:

When was your monitoring exam?

Month: _____ Year: _____

Question:

What was the reason for your visit? Please check all that apply

- Physical health concerns
- Mental health concerns
- Maintaining annual check up
- Asked by family member
- Centralizing your healthcare
- Desire for Treatment Program
- Workers Compensation
- Victims Compensation Fund
- Other: _____

Question:

Please indicate why the NYU CCE was the best option for your care

Question:

After monitoring, were you referred to Treatment and further follow-up?

Yes No

Question:

Did you accept your treatment referral?

Yes No

Question:

Will you continue to participate in your annual, monitoring examinations?

Yes No (Please tell us why)

Please rate each component of your monitoring experience by placing a circle around the appropriate reaction:

- ☹️ - Very Dissatisfied
- 😞 - Dissatisfied
- 😐 - Somewhat Dissatisfied
- 😌 - Neutral

- 😊 - Somewhat Satisfied
- 😄 - Satisfied
- 😁 - Very Satisfied
- N/A - Not Applicable

Staff Friendliness



Spirometry
(Lung Function Testing)



Relaying of Examination
Results



Timeliness



Labs/X-Rays



Consent Process



Medical Doctor



Explanation of Program
Benefits



Overall Experience



Mental Health Provider



Exposure Assessment



Question:

If you selected that you were 'Somewhat Dissatisfied', 'Dissatisfied' or 'Very Dissatisfied' with one or more component of your examination, please tell us why:

Question:

Is there anything you would like for us to improve on?

Thank you for your feedback! We value you as a member and will take your input into consideration while continuing to provide you with care and services in the future. You may contact our office, Monday – Friday, between 9am – 5pm, at (212) 263-7335 if you have any questions regarding your care.

Public reporting burden of this collection of information is estimated to average 2 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).