

ANNUAL SURVEY

Form Approved
OMB No. 0920-0953
Exp. Date 8/31/2021



**Mount
Sinai**

*Selikoff Centers for
Occupational Health*



Dear Member:

We invite you to take part in a brief survey about your experiences at the World Trade Center Health Program Clinical Center of Excellence at Mount Sinai (WTC CCE at Mount Sinai). Thank you for taking the time to share your input; your answers are completely anonymous. Your feedback is greatly appreciated as we work to improve our services for all of our patients.

Throughout the year, we received excellent feedback from WTC Health Program members about how we can improve our performance and what members find most valuable. It's important to us that we do what we can to improve our services and meet your needs and the needs of your fellow 9/11 responders.

Thank you for being a member of the WTC Health Program and for attending your visits at the Mount Sinai Clinical Center of Excellence.

Sincerely,

Your WTC CCE at Mount Sinai Team



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1. Have you been seen for a Medical Monitoring Exam in the past two years?

Yes No

If no, what 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

Clinic hours/availability do 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. What is your preferred method of communication about scheduling an appointment?

Please rate from 1-4 (1 is most preferred):

___ Phone Call

___ Email

___ Text Message

___ Physical Mail

Please list your ideal appointment time _____

3. What is your preferred way of receiving updates about the Program?

Please rate from 1-4 (1 is most preferred):

___ Email

___ Text Message

___ Physical Mail

___ Selikoff Centers Occupational Health Mobile App

4. Do you use the Selikoff Centers Occupational Health Mobile App to find information about the WTC CCE at Mount Sinai?

Yes

No

I am not familiar with the app but would like to download it*

I do not use mobile apps

5. Is MyChart and its features (results letters, submitting medication requests, filling out forms electronically, and being able to contact the provider) helpful?

I use MyChart and find it helpful

I do not have MyChart; I do not know how to sign up (Please refer to the handout provided to learn more about signing up and MyChart features)

I do not have MyChart and I am not interested

I have MyChart and I do not find it helpful

I do not know what MyChart is

6. I can reach the clinic staff easily if I have any questions

Strongly Agree

Agree

Neutral

Disagree

7. Please rate our facility:

Waiting room was comfortable and clean

Yes No

Exam room was comfortable and clean

Yes No

Front desk staff were friendly and helpful

Yes No

8. Please rate our Medical Support Staff (nurse administering your questionnaire, medical assistant taking your blood, doing the breathing test):

They listened to me

Strongly Agree

Agree

Neutral

Disagree

They were friendly and helpful

Strongly Agree

Agree

Neutral

Disagree

*To download the mobile app: Search "Selikoff" in the App Store or Google Play Store

Please Turn Over



They were able to answer my questions

- Strongly Agree
- Agree
- Neutral
- Disagree

9. Please rate the Social Worker who met with you:

My Social Worker listened to me and offered support

- Strongly Agree
- Agree
- Neutral
- Disagree
- Does not apply

My Social Worker explained information clearly

- Strongly Agree
- Agree
- Neutral
- Disagree
- Does not apply

10. Please rate the Provider who examined you
(Doctor or Nurse Practitioner)

My Provider listened to me:

- Strongly Agree
- Agree
- Neutral
- Disagree

My Provider explained information clearly:

- Strongly Agree
- Agree
- Neutral
- Disagree

11. Have you been assigned a Patient Service Coordinator (doctors' or nurses' assistant)/Nurse Case Manager through the Program?

- Yes
- No
- Not Sure

If Yes, how satisfied are you with your Patient Service Coordinator/Nurse Case Manager?

- Very Satisfied
- Satisfied
- Neutral
- Not Satisfied

12. Many forms/questionnaires need to be filled out prior to your exam in order to provide crucial information to your care team. How can we improve the information collection process for you?

How can we improve your and other responders' experience?

13. Would you like a Member Services Specialist to Contact you to address any questions you may have?

- Yes
- No

If Yes, please complete below?

Name: _____

Phone Number: _____

Best time to reach you: _____