



☐ Initial Screening Visit

☐ Treatment or Diagnostic Visit

☐ Monitoring Visit

☐ Lab Work

## **WTC Environmental Health Center Customer Satisfaction Survey Instrument**

1. Please check the box that describes your most recent visit to the WTC EHC

	Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied	Don't Know/Not applicable
ease of eduling your						
nvenience of nic hours						
e cistration/check process when iving for your pointment						
e courtesy and pect shown by nic staff						
e degree to ich your ctor/provider ened to your edical concerns						
ur overall perience with the nic						
			and/or recommend		ve may improve	our services.

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).

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