AFTER VISIT QUESTIONNAIRE





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Please help us improve your experience by answering a few questions about your recent visit at the Selikoff Centers for Occupational Health.

When scheduling your appointment, how helpful and courteous was the

Your answers are completely anonymous.

staff assisting you?

1.

		a. Very Helpful		b. Helpful								
		c. Not Helpful		d. Does not apply								
2.	How satisfied are you with the ease of the check-in process at the clinic?											
		a. Very satisfied		b. Satisfied								
		c. Neutral		d. Dissatisfied								
3.	How well were you kept informed of any delays during your visit?											
		a. Informed		b. Somewhat informed								
		c. Not informed		d. Does not apply								
4.	Did th	ne staff introduce the	mselve	s and their role to you during your visit?								
		a. Yes	o. No	c. Sometimes								
5.	Did th	ne staff clearly explair	its, such as Workers' Compensation									
	benefits, Victim Compensation Fund benefits, Social Security Disability											
	Insurance, WTC Health Program certification, etc.											
		a. Yes		b. No								
		c. Somewhat		d. Does not apply								
6.	Did th	ne doctor or nurse pr	actition	er listen to you and address your concern	าร?							
		a. Yes	o. No	c. Somewhat								

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7.	Were the next steps pertaining to your care explained to you?										
		a. Y es		b. No		c. Somewl	hat				
8.	Did y	you find the clinic's facilities clean and inviting?									
		a. Yes		b. No		c. Somewl	hat				
9.	Did you find the available educational materials useful? Examples of educational materials are: information sheets, pamphlets, the Selikoff mobil application, etc.										
		a. Y es			b. No						
	Ш	c. Somew	<i>ı</i> hat	Ш	d. Doe	s not apply					
10.	_	ou have any mprove?	other tl	houghts,	commei	nts, or sugge	stions abou	ut how we			
								/			

Thank you for taking the time to share your input. Your feedback is greatly appreciated as we work to improve our services for all our patients.

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).