



**Mount
Sinai**

*Selikoff Centers for
Occupational Health*



AFTER VISIT QUESTIONNAIRE

Form Approved
OMB No. 0920-0953
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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.

Your answers are **completely anonymous**.

- When scheduling your appointment, how helpful and courteous was the staff assisting you?
 a. Very Helpful b. Helpful
 c. Not Helpful d. Does not apply
- How satisfied are you with the ease of the check-in process at the clinic?
 a. Very satisfied b. Satisfied
 c. Neutral d. Dissatisfied
- How well were you kept informed of any delays during your visit?
 a. Informed b. Somewhat informed
 c. Not informed d. Does not apply
- Did the staff introduce themselves and their role to you during your visit?
 a. Yes b. No c. Sometimes
- Did the staff clearly explain benefits, 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
- Did the doctor or nurse practitioner listen to you and address your concerns?
 a. Yes b. No c. Somewhat

7. Were the next steps pertaining to your care explained to you?
 a. Yes b. No c. Somewhat
8. Did you find the clinic's facilities clean and inviting?
 a. Yes b. No c. Somewhat
9. Did you find the available educational materials useful? Examples of educational materials are: information sheets, pamphlets, the Selikoff mobile application, etc.
 a. Yes b. No
 c. Somewhat d. Does not apply
10. Do you have any other thoughts, comments, or suggestions about how we can improve?

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.