WORLD TRADE CENTER HEALTH REGISTRY
2015 HEALTH SURVEY

INSTRUCTIONS:

- **Please fill in circles completely using a black or blue ink pen.** → **Example:** ○ ● ○
- **Written answers should be printed in capital letters.** → **Example:** J A 1 2

1. Please enter today's date:

___/___/_____
(Month) (Day) (Year)

2. Are you the enrollee named on Page 1 of the survey?

- ○ Yes → *Go to Question 5*
- ○ No, but I am completing this survey for the enrollee

As you complete the survey for the enrollee, please provide the responses that fit best for the enrollee. The words "you" and "your" refer to the enrollee.

3. What prevented the enrollee from completing the survey?

- ○ A physical or mental disability
- ○ A language barrier
- ○ The survey was too difficult for the person to read
- ○ Other reason, please specify: _____

→ *Go to Question 5*

- ○ The enrollee is deceased

4. If the enrollee has died, please accept our condolences. Complete only the date and place of death below and mail back the survey or call us at 866-692-9827.

Date of death:

___/___/_____
(Month) (Day) (Year)

Place of death:

U.S. State: _____
or
Country (if outside of U.S.):

_____

5. What is your date of birth?

___/___/_____
(Month) (Day) (Year)

6. What is your sex?

- ○ Male → *Go to Question 8*
- ○ Female

7. Are you currently pregnant?

- ○ Yes
- ○ No
- ○ Don't know

8. What is your <u>current</u> marital status?

- ○ Never married
- ○ Married
- ○ Not married, living with a partner
- ○ Widowed
- ○ Divorced or separated

Please continue to Question 9 on the next page.

9. How many people live in your household, including you?

☐☐ people

10. Which of the following describe your current employment status? *Select all that apply.*

- ○ Employed full-time
- ○ Employed part-time
- ○ Self-employed
- ○ On maternity or parental leave
- ○ Looking for work
- ○ Unemployed for less than 1 year
- ○ Unemployed for 1 year or more
- ○ Unable to work because of health
- ○ Homemaker
- ○ Student
- ○ Retired

11. What is the highest level of education you completed?

- ○ Never attended school
- ○ Kindergarten through Grade 8
- ○ Grades 9 through 11
- ○ Grade 12 or GED
- ○ Some college, Associate's Degree, or Technical Degree
- ○ Bachelor's Degree
- ○ Postgraduate Degree

12. What was your total household income in 2014 before taxes?

- ○ Less than $25,000
- ○ $25,000 - $49,999
- ○ $50,000 – $74,999
- ○ $75,000 - $99,999
- ○ $100,000 - $149,999
- ○ $150,000 or more

13. In general, how satisfied are you with your life?

- ○ Very satisfied
- ○ Satisfied
- ○ Dissatisfied
- ○ Very dissatisfied

14. In general, would you say that your health is:

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

15. For questions 15a-c, please provide answers based on the last 30 days.

a. Thinking about your physical health, which includes physical illness and injury, for how many days during the last 30 days was your physical health not good?

☐☐ days

b. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the last 30 days was your mental health not good?

☐☐ days

c. For how many days did poor physical or mental health keep you from doing your usual activities during the last 30 days?

☐☐ days

16. What is your height (without shoes)?

☐ feet ☐☐ inches

17. What is your current weight?

☐☐☐ pounds

18. In general, how physically active are you?

- ○ Very active
- ○ Somewhat active
- ○ Not very active
- ○ Not active at all

19. During the last 7 days, how often have you had trouble remembering where you put things, like your keys or wallet?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Very often

20. During the last 12 months, have you experienced confusion or memory loss, other than occasionally forgetting the name of someone you recently met?

- ○ Yes
- ○ No → *Go to Question 23*

21. During the last 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Usually
- ○ Always

22. During the last 12 months, has your confusion or memory loss happened more often or gotten worse?

- ○ Yes
- ○ No

23. The next questions ask about symptoms when you did not have a cold, the flu, or seasonal allergies.

a. In the last 30 days, which of the following symptoms have you experienced? *Select all that apply.*

- ○ Shortness of breath
  - → On how many days? ☐☐ days
- ○ Wheezing
  - → On how many days? ☐☐ days
- ○ Persistent cough
  - → On how many days? ☐☐ days
- ○ None of the above → *Go to Question 24*

b. In the last 30 days, how many days have you experienced at least one of the symptoms above?

☐☐ days

c. In the last 30 days, have you been awakened during the night by a cough, wheezing, or shortness of breath when you did not have a cold, the flu, or seasonal allergies?

- ○ Yes
- ○ No

24. In the last 30 days, have you used an inhaler prescribed by a doctor for any breathing problem?

- ○ Yes
- ○ No

25. Do you ever cough up any "stuff," such as mucus or phlegm?

- ○ Yes, every day
- ○ Yes, most days a week
- ○ Yes, a few days a month
- ○ Only with occasional colds or chest infections
- ○ No, never

26. During the last 12 months, how often have you experienced heartburn or acid reflux?

- ○ Never → *Go to Question 30*
- ○ Less than once a month
- ○ About once a month
- ○ About once a week
- ○ At least twice a week

27. In the last 12 months, have you seen a doctor or other health professional for heartburn or acid reflux?

- ○ Yes
- ○ No

28. In the last 30 days, have you experienced heartburn or acid reflux? If yes, indicate the number of days.

- ○ Yes
  - → On how many days? ☐☐ days
- ○ No

29. In the last 30 days, have you taken any medications for heartburn or acid reflux?

- ○ Yes
- ○ No

30. Have you <u>ever</u> been told by a doctor or other health professional that you had any of these conditions? If yes, please provide the year you were first told you had that condition.

	No	Yes	Year first told
a. Hypertension, or high blood pressure	○	○ →	
b. High cholesterol	○	○ →	
c. Angina, or angina pectoris	○	○ →	
d. Heart attack, or myocardial infarction	○	○ →	
e. Coronary heart disease	○	○ →	
f. Stroke	○	○ →	
g. Diabetes, or sugar diabetes	○	○ →	
h. Asthma	○	○ →	
i. Chronic bronchitis	○	○ →	
j. Emphysema, or COPD	○	○ →	
k. Reactive airways dysfunction syndrome, or RADS	○	○ →	
l. Sarcoidosis	○	○ →	
m. Pulmonary fibrosis	○	○ →	
n. Asbestosis	○	○ →	
o. Sleep apnea, or obstructive sleep apnea	○	○ →	
p. Gastroesophageal reflux disease, or GERD	○	○ →	
q. Thyroid disease	○	○ →	
r. Peripheral neuropathy	○	○ →	
s. Rheumatoid arthritis	○	○ →	
t. Other auto-immune disorders (e.g., lupus, MS, ALS, scleroderma, or polymyositis)	○	○ →	
u. *Other disease (excluding cancer), Please specify: _____	○	○ →	
v. *Other disease (excluding cancer), Please specify: _____	○	○ →	

*Note: Cancer is covered later in this survey.

31. *Answer only if you are male:* In the last 12 months, did you have a PSA test? A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

- ○ Yes
- ○ No → *Go to Question 35*

32. *Answer only if you are male:* What was the main reason you had your most recent PSA test?

- ○ Part of a routine exam
- ○ Because of a problem
- ○ Other reason

33. *Answer only if you are female:* In the last 12 months, did you have a mammogram?

- ○ Yes
- ○ No → *Go to Question 35*

34. *Answer only if you are female:* What was the main reason you had your most recent mammogram?

- ○ Part of a routine exam
- ○ Because of a problem
- ○ Other reason

35. In the last 12 months, did you have a colonoscopy or sigmoidoscopy?

- ○ Yes
- ○ No → *Go to Question 37*

36. What was the main reason you had your most recent colonoscopy or sigmoidoscopy?

- ○ Part of a routine exam
- ○ Because of a problem
- ○ Other reason

37. In the last 12 months, did you have a CAT scan or CT scan of your chest or lungs?

- ○ Yes
- ○ No → *Go to Question 39*

38. What was the main reason you had your most recent CAT scan or CT scan of your chest or lungs?

- ○ Part of a routine exam
- ○ Because of a problem
- ○ Other reason

39. Have you ever been told by a doctor or other health professional that you had any type of cancer?

- ○ Yes
- ○ No → *Go to Question 41*

40. Please select the type(s) of cancer you have had and provide your age (in years) at the time of diagnosis:

- ○ Breast
  - → Diagnosed at age: ☐☐
- ○ Colon
  - → Diagnosed at age: ☐☐
- ○ Lung
  - → Diagnosed at age: ☐☐
- ○ Prostate
  - → Diagnosed at age: ☐☐
- ○ Thyroid
  - → Diagnosed at age: ☐☐
- ○ Leukemia, Hodgkin's disease, non-Hodgkin's or other lymphoma or multiple myeloma
  - → Diagnosed at age: ☐☐
- ○ Malignant melanoma
  - → Diagnosed at age: ☐☐
- ○ Skin cancer other than melanoma (e.g., Basal or squamous cell)
  - → Diagnosed at age: ☐☐
- ○ Other cancer 1: _____
  - → Diagnosed at age: ☐☐
- ○ Other cancer 2: _____
  - → Diagnosed at age: ☐☐

41. Has your biological father ever had cancer?

- ○ Yes
  - → Type(s) of cancer:
    - ○ Colon
    - ○ Prostate
    - ○ Other: _____
- ○ No
- ○ Don't know

42. Has your biological mother ever had cancer?

- ○ Yes
  - → Type(s) of cancer:
    - ○ Breast
    - ○ Colon
    - ○ Other: _____
- ○ No
- ○ Don't know

43. Do you have any biological brothers/sisters who have ever had cancer? Include half-brothers/sisters but not step-brothers/sisters.

- ○ Yes
  - → Type(s) of cancer:
    - ○ Breast
    - ○ Colon
    - ○ Prostate
    - ○ Other: _____
- ○ No
- ○ Don't know

44. Not counting your biological parents and brothers/sisters, do you have any other blood relatives who have ever had cancer?

- ○ Yes
  - → Type(s) of cancer:
    - ○ Breast
    - ○ Colon
    - ○ Prostate
    - ○ Other: _____
- ○ No
- ○ Don't know

45. During the last 12 months, were you without health insurance at any point?

- ○ Yes
- ○ No → *Go to Question 47*

46. Do you currently have any health insurance, including private health insurance, HMO, managed care, or a government plan such as Medicare or Medicaid?

- ○ Yes
- ○ No

47. Do you have at least one person or location you think of as your personal doctor or health care provider?

- ○ Yes
- ○ No

48. When did you last visit a doctor for a routine check-up that was not for a specific injury, illness, or condition?

- ○ Within the last 12 months
- ○ Over a year ago but less than 2 years ago
- ○ 2 or more years ago but less than 5 years ago
- ○ 5 or more years ago
- ○ Never in my life

49. During the last 12 months, was there a time when you needed care from a medical professional for physical health problems, other than a routine physical exam?

- ○ Yes
- ○ No → *Go to Question 51*

50. Did you receive the physical health care you needed?

- ○ Yes
- ○ No

51. During the last 12 months, was there a time when you needed mental health care or counseling?

- ○ Yes
- ○ No → *Go to Question 53*

52. Did you receive the mental health care or counseling you needed?

- ○ Yes
- ○ No

53. Have you ever received services from any of the World Trade Center Health Program clinics listed below?

- ○ Yes
- ○ No
- ○ Don't Know

- FDNY WTC Clinic
- Mount Sinai - Icahn School of Medicine
- NYU School of Medicine at NYU/Bellevue
- Queens College/North Shore-LIJ Health System
- Rutgers University Robert Wood Johnson Medical School (formerly UMDNJ)
- SUNY- Stony Brook – (in Nassau & Suffolk Counties, and formerly in Brooklyn)
- The WTC Environmental Health Center - at Bellevue Hospital, Elmhurst Hospital and Gouverneur Healthcare Services
- The Nationwide Provider Network (formerly the National Responder Program)

54. In the last 30 days, how much have you been bothered by the following problems?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Repeated, disturbing memories, thoughts, or images of the events of 9/11	○	○	○	○	○
b. Repeated, disturbing dreams of the events of 9/11	○	○	○	○	○
c. Suddenly acting or feeling as if the events of 9/11 were happening again (as if you were reliving it)	○	○	○	○	○
d. Feeling very upset when something reminded you of the events of 9/11	○	○	○	○	○
e. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the events of 9/11	○	○	○	○	○
f. Avoiding thinking about or talking about the events of 9/11 or avoiding having feelings related to it	○	○	○	○	○
g. Avoiding activities or situations because they remind you of the events of 9/11	○	○	○	○	○
h. Trouble remembering the important parts of the events of 9/11	○	○	○	○	○
i. Loss of interest in activities that you used to enjoy	○	○	○	○	○
j. Feeling distant or cut off from other people	○	○	○	○	○
k. Feeling emotionally numb or being unable to have loving feelings for those close to you	○	○	○	○	○
l. Feeling as if your future will somehow be cut short	○	○	○	○	○
m. Trouble falling or staying asleep	○	○	○	○	○
n. Feeling irritable or having angry outbursts	○	○	○	○	○
o. Having difficulty concentrating	○	○	○	○	○
p. Being “super alert” or watchful or on guard	○	○	○	○	○
q. Feeling jumpy or easily startled	○	○	○	○	○

If you answered “Not at all” to all of the questions above (Question 54a-q) → Go to Question 56

55. Thinking about the problems in the previous question:

a. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ○ Not difficult at all
- ○ Somewhat difficult
- ○ Very difficult
- ○ Extremely difficult

b. During the last 12 months, have you experienced any of these problems continuously for longer than 1 month?

- ○ Yes
- ○ No

c. During the last 12 months when you were having some of these problems, did you drink alcohol to improve your mood or to make yourself feel better?

- ○ Yes
- ○ No

56. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	○	○	○	○
b. Feeling down, depressed, or hopeless	○	○	○	○
c. Trouble falling or staying asleep, or sleeping too much	○	○	○	○
d. Feeling tired or having little energy	○	○	○	○
e. Poor appetite or overeating	○	○	○	○
f. Feeling bad about yourself, or that you are a failure or have let yourself or your family down	○	○	○	○
g. Trouble concentrating on things, such as reading the newspaper or watching television	○	○	○	○
h. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	○	○	○	○

57. During the last 30 days, about how often did you feel:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. So sad that nothing could cheer you up?	○	○	○	○	○
b. Nervous?	○	○	○	○	○
c. Restless or fidgety?	○	○	○	○	○
d. Hopeless?	○	○	○	○	○
e. That everything was an effort?	○	○	○	○	○
f. Worthless?	○	○	○	○	○

58. Which of the following conditions have you ever been told by a doctor or other health professional that you have? *Select all that apply.*

- ○ Depression
  - → In what year were you first told? ☐☐☐☐
- ○ Post-traumatic stress disorder (PTSD)
  - → In what year were you first told? ☐☐☐☐
- ○ An anxiety disorder, other than PTSD
  - → In what year were you first told? ☐☐☐☐
- ○ Other mental health problems, including problems with your nerves or emotions
  - → In what year were you first told? ☐☐☐☐
- ○ Problems with your use of alcohol or drugs
  - → In what year were you first told? ☐☐☐☐
- ○ None of the above

59. During the last 12 months, for which of the following conditions have you seen a doctor or other health professional? *Select all that apply.*

- ○ Depression
- ○ PTSD
- ○ An anxiety disorder, other than PTSD
- ○ Other mental health problems, including problems with your nerves or emotions
- ○ Problems with your use of alcohol or drugs
- ○ None of the above

60. During the last 12 months, for which of the following conditions have you taken any prescription medication? *Select all that apply.*

- ○ Depression
- ○ PTSD
- ○ An anxiety disorder, other than PTSD
- ○ Other mental health problems, including problems with your nerves or emotions
- ○ Problems with your use of alcohol or drugs
- ○ None of the above

61. The next several questions are about counseling or therapy you may have received for any of the conditions listed in the previous question.

a. Have you ever had a session of counseling or therapy lasting 30 minutes or longer? Please do not include visits that were for medication only.

- ○ Yes
- ○ No → *Go to Question 64*

b. How old were you the first time you had a session of counseling or therapy?

☐☐ years old

c. Since 9/11, have you had at least one session of counseling or therapy?

- ○ Yes
- ○ No → *Go to Question 64*

62. The next several questions are about counseling or therapy you have received since 9/11.

a. For which of the following have you received counseling or therapy since 9/11? *Select all that apply.*

- ○ Depression
- ○ PTSD
- ○ An anxiety disorder, other than PTSD
- ○ Other mental health problems, including problems with your nerves or emotions
- ○ Problems with your use of alcohol or drugs
- ○ None of the above

b. Since 9/11, which of the following professionals have you seen for counseling or therapy? *Select all that apply.*

- ○ Psychiatrist
- ○ Psychologist
- ○ Other mental health professional, such as a social worker, counselor, psychotherapist, or mental health nurse
- ○ General practitioner, family doctor, or other medical doctor
- ○ Nurse, occupational therapist, or other health professional
- ○ Religious or spiritual advisor, such as a minister, priest, or rabbi
- ○ Any other practitioner

c. When was the most recent time you received counseling or therapy?

- ○ Less than 4 months ago
- ○ At least 4 months ago but less than 1 year ago
- ○ 1 to 2 years ago → *Go to Question 64*
- ○ More than 2 years ago

↳ *Go to Question 64*

63. The next several questions are about counseling or therapy you have received in the last 12 months.

a. For which of the following have you received counseling or therapy in the last 12 months? *Select all that apply.*

- ○ Depression
- ○ PTSD
- ○ An anxiety disorder, other than PTSD
- ○ Other mental health problems, including problems with your nerves or emotions
- ○ Problems with your use of alcohol or drugs
- ○ None of the above

b. During the last 12 months, how often did you have counseling or therapy sessions?

- ○ More than once a week
- ○ Once a week
- ○ Two to three times a month
- ○ Once a month
- ○ Less than once a month

c. How helpful would you say the counseling or therapy you have received in the last 12 months has been?

- ○ Very helpful
- ○ Somewhat helpful
- ○ Slightly helpful
- ○ Not at all helpful

64. The next questions ask about events you may have experienced since 9/11. We know that these may be sensitive topics and we appreciate your responses.

Since 9/11, has your life been threatened by any of the following situations? Answer "Yes" only if you thought you would be (or were) physically harmed. *Select all that apply.*

a. A disaster, either natural or human-made

- ○ Yes, in the last 12 months
- ○ Yes, more than 12 months ago
- ○ No

b. A serious accident, including a car accident, an accident at work, or another type of accident

- ○ Yes, in the last 12 months
- ○ Yes, more than 12 months ago
- ○ No

c. An attack with a gun, knife, or some other weapon

- ○ Yes, in the last 12 months
- ○ Yes, more than 12 months ago
- ○ No

d. An attack without a weapon, but with the intent to kill or seriously injure you

- ○ Yes, in the last 12 months
- ○ Yes, more than 12 months ago
- ○ No

e. A situation in which someone used physical force or threat of force to make you have some type of unwanted sexual contact

- ○ Yes, in the last 12 months
- ○ Yes, more than 12 months ago
- ○ No

f. Any other situation in which you were seriously injured or feared you might be killed or seriously injured

- ○ Yes, in the last 12 months
- ○ Yes, more than 12 months ago
- ○ No

g. A situation in which you saw someone seriously injured or violently killed

- ○ Yes, in the last 12 months
- ○ Yes, more than 12 months ago
- ○ No

h. A life-threatening illness

- ○ Yes, in the last 12 months
- ○ Yes, more than 12 months ago
- ○ No

65. During the last 12 months, which of the following situations have you experienced? *Select all that apply.*

- ○ Could not pay for food, housing, or other basic necessities for a period of 3 months or longer
- ○ Serious problems at work or lost a job
- ○ Serious family problems involving your spouse, child, or parents
- ○ Took care of a close family member or friend with a serious or life-threatening illness
- ○ Serious legal problems
- ○ The death of a spouse or partner, close family member, or friend
- ○ None of the above

66. Have you smoked at least 100 cigarettes in your entire life?

- ○ Yes
- ○ No → *Go to Question 71*

67. Do you now smoke cigarettes every day, some days or not at all?

- ○ Every day → *Go to Question 69*
- ○ Some days → *Go to Question 69*
- ○ Not at all

68. In what month and year did you last smoke a cigarette, even one or two puffs?

☐☐ / ☐☐☐☐ → *Go to Question 71*

(Month) (Year)

69. On average, how many cigarettes do you smoke per day?

☐☐ cigarettes

70. How soon after waking do you smoke your first cigarette?

- ○ Within 5 minutes
- ○ 5 to 30 minutes
- ○ 31 to 60 minutes
- ○ More than 60 minutes

71. The next questions are about drinks of alcoholic beverages. By a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink.

a. Have you ever – even once – had a drink of any type of alcoholic beverage? Do not include times when you only had a sip or two.

- ○ Yes
- ○ No → *Go to Question 72*

b. How long has it been since you last drank an alcoholic beverage?

- ○ Within the last 30 days
- ○ More than 30 days ago but within the last 12 months → *Go to Question 72*
- ○ More than 12 months ago → *Go to Question 72*

c. During the last 30 days, how many days did you have at least 1 drink of any alcoholic beverage?

☐☐ days

d. On the days when you drank, about how many drinks did you drink on average?

☐☐ drinks

e. In the last 30 days, what is the maximum number of drinks you have consumed on one single occasion?

☐☐ drinks

f. *Answer only if you are male:* Considering all types of alcoholic beverages, how many times during the last 30 days did you have 5 or more drinks on one occasion?

☐☐ times

g. *Answer only if you are female:* Considering all types of alcoholic beverages, how many times during the last 30 days did you have 4 or more drinks on one occasion?

☐☐ times

72. For the next few questions, please think about prescription pain relievers such as Oxycodone (e.g., Percocet, Endocet, OxyContin) or Hydrocodone (e.g., Vicodin, Norco, Lortab). Do not include "over the counter" medications.

a. During the last 12 months, has a doctor or other health professional given you a prescription for a pain reliever?

- ○ Yes
- ○ No → *Go to Question 72d*

b. When was the most recent time you took the pain reliever that you were prescribed?

- ○ Within the last 30 days
- ○ More than 30 days ago
- ○ Never – I did not take the pain reliever → *Go to Question 72d*

c. Have you ever – even once – taken more of the pain reliever than you were prescribed? This includes taking a higher dosage or taking it more often than directed.

- ○ Yes, within the last 30 days
- ○ Yes, more than 30 days ago but within the last 12 months
- ○ No

d. During the last 12 months, have you ever – even once – taken a prescription pain reliever that was not prescribed to you?

- ○ Yes, within the last 30 days
- ○ Yes, more than 30 days ago but within the last 12 months
- ○ No

73. Have you ever stayed overnight or longer at a hospital, rehabilitation facility, or mental health center so you could receive treatment or counseling for alcohol or drug use?

- ○ Yes, before 9/11
- ○ Yes, after 9/11
- ○ Yes, both before and after 9/11
- ○ No

74. Following is a list of statements. For each statement, please indicate to what extent it is true or not true about you.

a. It is easy for me to stick to my aims and accomplish my goals.

- ○ Not at all true
- ○ Hardly true
- ○ Moderately true
- ○ Exactly true

b. I am confident that I could deal efficiently with unexpected events.

- ○ Not at all true
- ○ Hardly true
- ○ Moderately true
- ○ Exactly true

c. Thanks to my resourcefulness, I know how to handle unforeseen situations.

- ○ Not at all true
- ○ Hardly true
- ○ Moderately true
- ○ Exactly true

d. I can remain calm when facing difficulties because I can rely on my coping abilities.

- ○ Not at all true
- ○ Hardly true
- ○ Moderately true
- ○ Exactly true

e. No matter what comes my way, I'm usually able to handle it.

- ○ Not at all true
- ○ Hardly true
- ○ Moderately true
- ○ Exactly true

75. How often is someone available:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. To take you to the doctor if you need to go?	○	○	○	○	○
b. To have a good time with?	○	○	○	○	○
c. To hug you?	○	○	○	○	○
d. To prepare your meals if you are unable to do it yourself?	○	○	○	○	○
e. To understand your problems?	○	○	○	○	○

76. In the last 30 days, have you visited, talked, or emailed with friends at least twice?

- ○ Yes
- ○ No

77. In the last 30 days, have you attended a religious service at least twice?

- ○ Yes
- ○ No

78. In the last 30 days, have you been actively involved in a volunteer organization or club?

- ○ Yes
- ○ No

79. About how many close friends or relatives do you have now? Include people you feel at ease with and can talk with about what is on your mind.

☐☐ close friends or relatives

The following information is requested from you to properly keep track of who is enrolled in the Registry. This information will remain strictly confidential. If you would like to provide us with your full Social Security number, please call us at 866-692-9827.

80. What are the last 4 digits of your Social Security Number?

☐☐☐☐

81. What is your current email address?

_____

Thank you for helping us learn about the long-term health effects of 9/11.
We appreciate your input and will keep your answers confidential.
This is the end of the survey.

Please place the completed survey in the envelope provided.
If the envelope was not included or was lost, call us at 866-692-9827.

Visit nyc.gov/9-11healthinfo for the latest information on 9/11-related research and services.