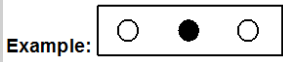


WTC HEALTH REGISTRY HURRICANE SANDY SURVEY

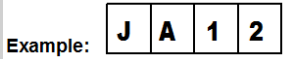
This survey is for:

Instructions

Fill in the circles using a black or blue pen.



Print answers in capital letters.



1. Today's date

| | | | | | |
|-------|-----|------|--|--|--|
| | | | | | |
| Month | Day | Year | | | |

2. What is your date of birth?

| | | | | | |
|-------|-----|------|--|--|--|
| | | | | | |
| Month | Day | Year | | | |

3. What is your gender?

- Male
- Female

In this survey, Hurricane or Superstorm Sandy is sometimes referred to as "Sandy" or "the storm". The first set of questions is about the home you lived in at the time of Sandy. (Questions 4 to 10)

4. During the time right before Sandy did you own your home, rent your home, or live in some other arrangement?

- Owned
- Rented
- Other (staying with relatives or friends, etc.)

5. Was the home you lived in...

- An apartment
- A townhouse
- A semi-attached or attached single family house
- A detached/free-standing single family house
- Other

6. On what floor or floors did you live? (Fill in all that apply.)

- Basement
- 1st floor
- 2nd floor
- 3rd to 6th floor
- 7th to 10th floor
- 11th to 15th floor
- 16th floor or higher

7. Before Sandy, how many people lived in your household, including you?

Enter number of people:

| | |
|--|--|
| | |
|--|--|

8. Before Sandy, including you, how many people in your household were...

Less than 2 years old

| | |
|--|--|
| | |
|--|--|

2-17 years old

| | |
|--|--|
| | |
|--|--|

18-64 years old

| | |
|--|--|
| | |
|--|--|

65 years or older

| | |
|--|--|
| | |
|--|--|

9. Which of the following did your household have prepared before Sandy happened? Don't include things you did during or after the storm. (Fill in all that apply.)

- Three days' worth of drinking water per person in your household
- Non-perishable food or snacks, such as canned foods and ready to eat foods
- A first aid kit
- A flashlight
- A battery operated radio
- Personal care and hygiene items such as toothpaste, diapers, and toilet paper
- All needed medicines available and ready in case of an evacuation
- An evacuation plan that all household members knew about
- None of the above

10. Before Sandy, did you know whether you lived in an evacuation zone?

- Yes, I knew I lived in an evacuation zone
- Yes, I knew I did **NOT** live in an evacuation zone
- No, I did not know whether I lived in an evacuation zone

The next questions are about your experiences during and after the storm. (Questions 11 to 54)

11. Were you at or near your home when the storm hit (Monday night or early Tuesday, Oct. 29-30, 2012)?

- Yes, at my home
- Yes, near my home
- No
- Don't know/Not sure

12. At any time during or after the storm, did you ever think you were stranded? By stranded we mean that you were trapped somewhere by the storm, storm damage, or flood waters.

- Yes
- No → (Go to Question 15)
- Don't know/not sure → (Go to Question 15)

13. Did you need to be rescued?

- Yes, by police, firefighters, or other emergency workers
- Yes, by a friend, neighbor, or someone else
- No → (Go to Question 15)

14. How long did you wait to be rescued?

| | | |
|------|-------|---------|
| | | |
| Days | Hours | Minutes |

15. At any time during or after the storm, did you fear for your life or safety?

- Yes
- No

16. At any time during or after the storm, were you unsure about the safety or whereabouts of family members, close friends or neighbors?

- Yes
- No

17. Were any of your family members, close friends or neighbors seriously injured or killed in the storm or flooding?

- Yes
- No
- Don't know/not sure

18. At any time during or after the storm, did you witness anything terrible happen to someone that made you think they might get killed or hurt very badly?

- Yes
- No
- Don't know/not sure

19. At any time during or after the storm, were you personally threatened, robbed, or physically assaulted?

- Yes
- No
- Don't know/not sure

20. At any time during or after the storm, were any of your family members, close friends or neighbors personally threatened, robbed, or physically assaulted?

- Yes
- No
- Don't know/not sure

21. At any time during or after the storm, was your home broken into, robbed, or looted when no one was at home?

- Yes
- No
- Don't know/not sure

22. At any time during or after the storm, were you unable to communicate with your family, close friends or neighbors?

- Yes
- No
- Don't know/not sure

23. At any time before, during or after the storm did you evacuate from your home?

- Yes
- No → (Go to Question 37)

24. When did you evacuate from your home?

- Before Sandy arrived (Before Monday night, October 29, 2012)
- During the storm (Monday night or early Tuesday, October 29-30, 2012)
- After Sandy had hit (later on Tuesday, Oct 30, 2012)
- After the storm had passed (on or after Wednesday, October 31, 2012)
- Don't know/not sure

25. How did you evacuate from your home?

- Walked, drove, or rode, not through water → (Go to Question 27)
- Walked or swam through water
- Drove or rode in a vehicle through water
- Rode in a boat or other floating device
- Evacuated another way → (Go to Question 27)

26. When you evacuated, about how high was the water?

- Below or up to your ankles
- Between your ankles and your knees
- Higher than your knees
- Higher than your waist
- Don't know/not sure

27. Where did you go when you first evacuated from your home? (Select only one.)

- Shelter or evacuation center
- Hotel
- Home of family or friends
- A second home (such as a vacation home)
- Other

28. Did everyone in your household evacuate to the same place?

- Yes
- No, some evacuated to a different place
- No, not all evacuated
- Don't know/not sure

29. About how many days did you spend, or have you spent away from home since you evacuated?

Number of days

30. If you had pets, were they also safely evacuated?

- Yes
- No
- Not applicable, I had no pets
- Don't know/not sure

31. During the first 30 days after Sandy (until the end of November), did you experience any of the following while you were away from home? (Fill in all that apply.)

- Lack of privacy
- Feeling threatened by another person
- Lack of sleep
- Feeling disconnected (not knowing what is happening)
- Not knowing where your friends or loved ones were
- None of the above

32. Have you returned to live in the same home you were living in before Sandy?

- Yes
- No → (Go to Question 35)

33. After you evacuated, how soon did you return to live in your home?

- Within 1 week
- More than 1 week, but less than 1 month
- Between 1 month and 3 months
- More than 3 months

34. Have all of your household members who evacuated returned home to live?

- Yes
 - No
 - Don't know/not sure
- (Go to Question 37)

35. Are you planning to return to live in the same home you lived in before the storm?

- Yes
- No
- Don't know/not sure

36. Are you now living in a place that you consider a temporary home (such as a hotel, with family or friends, or a short-term rental)?

- Yes
- No
- Don't know/not sure

37. Did you provide shelter to people in your home due to Sandy?

- Yes
- No

38. Did any part of your home flood because of Sandy?

- Yes
- No → (Go to Question 41)
- Don't know/not sure → (Go to Question 41)

39. Which parts of your home flooded? (Fill in all that apply)

- Living areas (where you eat, sleep, relax)
- Non-living area (basement, building lobby, garage, storage areas) → (Go to Question 41)
- Other → (Go to Question 41)

40. How high did the flood waters reach inside the living areas of your home?

- Less than 1 foot
- 1 foot or more, but less than 2 feet
- 2 feet or more, but less than 3 feet
- 3 feet or more, but less than 6 feet
- 6 feet or more

41. Which of the following best describes the degree of damage to your home as a result of Sandy? (Consider only damage, not loss of services.)

- None or minimal damage
- Damaged, but habitable
- Damaged, and uninhabitable until repairs were, or are made
- Destroyed

42. Did you experience the loss of any of the following items due to Sandy?
(Fill in all that apply.)

- Important documents, including ones stored on a computer
- Items of sentimental value (photos, keepsakes, etc.)
- Items of financial value (jewelry, electronics, etc.)
- Vehicle(s), such as a car, truck, motorcycle or boat
- Other possessions
- None of the above

43. How much would you estimate to be the total financial cost of damage to your home and/or possessions due to Sandy?

- None - my home and possessions were not damaged or lost
- Less than \$5,000
- \$5,000 to less than \$25,000
- \$25,000 to less than \$50,000
- \$50,000 to less than \$100,000
- \$100,000 or more
- Don't know/not sure

44. What is the total amount you anticipate receiving and/or have already received from insurance, FEMA, and/or other sources of financial compensation for your Sandy losses?

- None
- Less than \$5,000
- \$5,000 to less than \$25,000
- \$25,000 to less than \$50,000
- \$50,000 to less than \$100,000
- \$100,000 or more
- Don't know/not sure

45. Since Sandy, have you seen signs of mold, or smelled a moldy or musty odor in your home that wasn't there before?

- Yes
- No
- Don't know/not sure

46. Which of the following did you personally do at a home or homes damaged by Sandy, whether it was your home or someone else's home?
(Fill in all that apply.)

- Remove water
- Remove mud, debris, or "muck"
- "Tear out" work
- Major repair
- None of the above

47. Would you describe your current living conditions as better, worse, or about the same as your living conditions were before Sandy?

- Better
- Worse
- About the same
- Don't know/not sure

48. How much do you agree with the following statement: "*Before Sandy, my neighborhood was close-knit or unified?*"

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

49. As far as you know, have you been exposed to any of the following due to Sandy?
(Fill in all that apply.)

- Sewage
- Debris
- Dirty or contaminated flood water
- Visible mold
- Exhaust fumes from generators
- Diesel fuel or heating oil leaks or spills
- None of the above

50. Have you or anyone in your household lost a job, business, or other major source of household income because of Sandy?

- Yes
- No → (Go to Question 52)
- Don't know/not sure → (Go to Question 52)

51. Was the job or business in your home?

- Yes
- No

52. Did you lose any of these services at your home because of the storm?

If YES, indicate the length of time you were without each service and if you are still without service.

| Services | No | Yes | Length of Time Without Service | | | | Fill in if you are still without service |
|---------------------|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|-----------------------|--|
| | | | Up to 1 day | Between 2 and 7 days | Between 8 and 30 days | More than 30 days | |
| Electricity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Running water | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Land line telephone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cell phone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Internet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

53. In the first 2 months after Sandy (November and December 2012), how much of a problem for you was each of the following issues?

| Issues | Not a problem at all | A small problem | Somewhat of a problem | A big problem | An extremely big problem |
|--|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Access to safe food and/or drinking water | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of electricity or heat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Getting medical care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Getting medications | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of public transportation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Crowded or unsanitary living conditions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Getting gasoline | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of information, or getting misinformation from authorities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Workplace closed because of damage | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Closing of businesses in your neighborhood (such as grocery stores, ATMs, restaurants) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Closing of businesses near your workplace | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Getting loans or other financial assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Getting necessary home repairs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family arguments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dealing with a housing problem for a relative, close friend or neighbor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

54. How stressful overall would you say your experiences with Sandy and its aftermath have been?

Fill in the circle above the number that best represents your answer, where 0 means not at all stressful and 10 means the most stressful thing you can imagine.

0 1 2 3 4 5 6 7 8 9 10
 Not at all stressful Most stressful thing imaginable

The next questions are about your physical health. (Questions 55 to 57)

**55. In the first week after Sandy did you sustain any injuries as a result of Sandy?
If YES, indicate the type of injury and part of body associated with the injury (or injuries).**

- Yes
- No → (Go to Question 57)
- Don't know/not sure → (Go to Question 57)

| Type of injury | Did not sustain injury | Sustained injury to my... | | | | | | | |
|---------------------------------------|------------------------|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Arm(s) | Back | Body/torso | Foot/feet | Head | Leg(s) | Neck | Eye(s) |
| Cut, abrasion, or puncture wound | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Strain/sprain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Burn | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Broken bone (fracture) or dislocation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Blunt injury (hit hard by an object) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

56. Where did you receive treatment for the most serious of your injuries?

- At a hospital or an emergency department
- At a doctor's office
- Other
- Not applicable, I did not receive treatment

57. In the last 30 days, have you experienced any of these symptoms when you did NOT have a cold, the flu, or seasonal allergies?

For each symptom, fill in NO or YES. If YES, answer the additional questions.

| Symptoms | No | Yes | For how many days did you have this symptom during the <u>last 30 days</u> ? | Since Sandy, have you seen a doctor or other health professional for this symptom? | | | | |
|---|--------------------------|-----------------------------|--|--|--|--|--|--|
| Shortness of breath | No <input type="radio"/> | Yes <input type="radio"/> → | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> → | | | | | No <input type="radio"/> Yes <input type="radio"/> |
| | | | | | | | | |
| Wheezing | No <input type="radio"/> | Yes <input type="radio"/> → | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> → | | | | | No <input type="radio"/> Yes <input type="radio"/> |
| | | | | | | | | |
| Persistent cough | No <input type="radio"/> | Yes <input type="radio"/> → | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> → | | | | | No <input type="radio"/> Yes <input type="radio"/> |
| | | | | | | | | |
| Sinus problems, nose irritation, and/or post nasal irritation | No <input type="radio"/> | Yes <input type="radio"/> → | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> → | | | | | No <input type="radio"/> Yes <input type="radio"/> |
| | | | | | | | | |
| Chest pains, not related to exertion | No <input type="radio"/> | Yes <input type="radio"/> → | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> → | | | | | No <input type="radio"/> Yes <input type="radio"/> |
| | | | | | | | | |
| Eye irritation | No <input type="radio"/> | Yes <input type="radio"/> → | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> → | | | | | No <input type="radio"/> Yes <input type="radio"/> |
| | | | | | | | | |
| Throat irritation | No <input type="radio"/> | Yes <input type="radio"/> → | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> → | | | | | No <input type="radio"/> Yes <input type="radio"/> |
| | | | | | | | | |
| Skin rash or irritation | No <input type="radio"/> | Yes <input type="radio"/> → | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> → | | | | | No <input type="radio"/> Yes <input type="radio"/> |
| | | | | | | | | |
| Frequent severe headaches | No <input type="radio"/> | Yes <input type="radio"/> → | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> → | | | | | No <input type="radio"/> Yes <input type="radio"/> |
| | | | | | | | | |
| Heartburn or acid reflux | No <input type="radio"/> | Yes <input type="radio"/> → | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> → | | | | | No <input type="radio"/> Yes <input type="radio"/> |
| | | | | | | | | |

The next questions are about your emotions and mental health related to Sandy. (Questions 58 and 59)

58. How much have you been bothered by the following problems in the last 30 days?

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

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

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. So sad that nothing could cheer you up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Restless or fidgety? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Hopeless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. That everything was an effort? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Worthless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next questions are about your general health and well-being. (Questions 60 to 73)

**60. Have you experienced any of the following health conditions since Sandy?
(Fill in all that apply.)**

- Hypothermia (low body temperature)
- Worsening of asthma
- Worsening of heart disease
- Worsening of arthritis
- None of the above

61. Since Sandy, was there ever a time when you needed health care for a physical health problem, but didn't receive it?

- Yes
- No

62. Since Sandy, have you received any counseling for problems with your emotions, nerves or mental health?

- Yes
- No

63. Since Sandy, was there ever a time when you needed mental health care or counseling, but didn't receive it?

- Yes
- No

64. In general, would you say that your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

65. 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?

Enter number of days **OR** NONE

66. 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?

Enter number of days **OR** NONE

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

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

68. How optimistic do you feel about the way things will turn out for you in the future?

- Very optimistic
- Somewhat optimistic
- Not very optimistic
- Not at all optimistic

69. Which of the following best describes how compassionate you are about the needs of other people now, compared to how you were before Sandy?

- Much more compassionate
- More compassionate
- About the same as before
- Less compassionate
- Much less compassionate

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

73. Since Sandy, how often did family members or friends ...

| | Never | Once or twice | A few times | Many times |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Let you know they would be around if you needed them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help you with cleaning up or repairing your property? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Give, loan, or offer you money? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Give you information on how to do something related to Sandy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

These next few questions are about volunteer or paid work you did in response to the storm. (Questions 74 to 77)

**74. Did you participate in any of the following tasks as a volunteer after Sandy?
(Fill in all that apply)**

- Did not volunteer → (Go to Question 76)
- Rescue
- Working in a shelter or evacuation center
- Checking in on people
- Clearing downed trees
- Demolition and/or outdoor debris removal
- Distributing food, water, clothing or other necessities
- Removing indoor debris or doing “tear out”
- Other

75. How long did you do Sandy related volunteer work?

- Less than 1 week
- 1 week to less than 2 weeks
- 2 weeks to less than 1 month
- 1 month to less than 3 months
- 3 months or more

76. Did you participate in any of the following tasks in a paid professional capacity as part of your job after Sandy?

(Fill in all that apply.)

- Did not do this as part of my job → (Go to Question 78)
- Rescue
- Performing security duties
- Working in a shelter or evacuation center
- Checking in on people
- Clearing downed trees and/or power lines
- Demolition and/or outdoor debris removal
- Distributing food, water, clothing or other necessities
- Removing indoor debris or doing “tear out”
- Other

77. How long did you do Sandy related work in a paid professional capacity?

- Less than 1 week
- 1 week to less than 2 weeks
- 2 weeks to less than 1 month
- 1 month to less than 3 months
- 3 months or more

The following questions are about your experiences with the events of September 11, 2001 and Hurricane Irene in August 2011. (Questions 78 to 79)

| 78. How much have you been bothered by the following problems in the <u>last 30 days</u>? | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Repeated, disturbing memories, thoughts, or images of the events of 9/11? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Repeated disturbing dreams of the events of 9/11? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Suddenly acting or feeling as if events of 9/11 were happening again (as if you were reliving it)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

79. Did you evacuate your home because of Hurricane Irene in August, 2011?

- Yes
- No
- Don't know/not sure

The following information will help us keep track of who is completing this questionnaire. This information will be kept strictly confidential.

80. Enter the last 4 digits of your Social Security Number:

81. What is your current email address? _____

82. What is your current mailing address?

Street: _____

Apt. No. _____

City: _____ State: _____ Zip code: _____

83. Is there anything else you would like to tell us about your experiences during Sandy and its aftermath?

Thank you for completing the survey.

Please place the completed survey in the envelope provided and drop it in the mail.

If the envelope was not included or was lost, call us at 866-692-9827.