



7768

WORLD TRADE CENTER HEALTH REGISTRY 9/11 Health and Employment Survey

INSTRUCTIONS:

● Please fill in circles completely using a black or blue ink pen. → Example:

<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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● Written answers should be printed in capital letters. → Example:

J	A	1	2
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1. Please enter today's date:

		/			/				
Month			day			Year			

2. What is your date of birth?

		/			/				
Month			day			Year			

3. What is your sex?

- Male
- Female

Current Health Status

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

- Excellent
- Very good
- Good
- Fair
- Poor

5. For questions 5a-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	OR	None	<input type="radio"/>
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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	OR	None	<input type="radio"/>
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c. For how many days did poor physical or mental health keep you from doing your usual activities during the last 30 days?

		days	OR	None	<input type="radio"/>
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Employment Status

6. During the 6 months after 9/11, did any of the following happen to you as a direct result of the World Trade Center attacks? *Select all that apply.*

- Lost my job
- Had to retire
- Had to take extended leave from work
- None of the above happened to me → Go to Q8

7. What caused you to lose your job, retire, or take extended leave during the 6 months after 9/11? *Select all that apply.*

- Physical and/or mental health condition
- Being laid off due to work downsizing
- My work was relocated
- Other, please specify:

8. Are you currently retired?

- Yes, retired and not employed since
- Yes, retired and am currently employed again
- Yes, retired, employed again at some point, but not currently employed
- No, not retired → **Go to Q34 on page 6**

Retirement and Health

9. When did you retire?

		/				
Month				Year		

10. How many years did you work at the job you retired from?

Number of years:

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7768

11. What type of retirement plan do you have?

- Accidental Disability Retirement
 - Ordinary Disability Retirement
(for injuries not incurred on the job)
 - Regular Service Retirement
 - Other, please specify: _____
- } Go to Q13

12. What condition(s) qualified you for an Accidental Disability Retirement? *Select all that apply.*

- Upper respiratory tract condition *(e.g., rhinitis, sinusitis, vocal cord disease)*
- Lower respiratory tract condition *(e.g., bronchitis, COPD, asthma)*
- Gastroesophageal tract condition *(e.g., esophagitis, gastroesophageal reflux disease or GERD)*
- Psychological condition *(e.g., post-traumatic stress disorder or PTSD, anxiety, depression)*
- Skin condition *(e.g., conjunctivitis, contact dermatitis or burns)*
- Cancer
- Musculoskeletal condition *(e.g., major dysfunction of the spine, joint(s), fractures)*
- Other, please specify: _____

13. Did you ever apply, or reclassify your benefits, to receive World Trade Center (WTC) disability retirement under the WTC Accidental Disability Presumption Law?

The WTC Presumption Law allows public employees and retirees to apply for disability benefits if they were involved in 9/11-related operations and became disabled as a result.

- Yes
- No → Go to Q15
- I don't know what this is → Go to Q15

14. Were you approved to receive WTC disability retirement benefits?

- Yes
- No
- Pending application status

15. Did you ever apply to receive compensation from the September 11th Victim Compensation Fund (VCF)?

VCF was created to provide compensation for any individual who suffered physical harm or was killed as a result of the terrorist-related aircraft crashes of September 11, 2001 or the debris removal efforts that took place in the immediate aftermath of those crashes.

- Yes
- No → Go to Q17
- Not yet, but plan to apply → Go to Q17

16. Have you been approved to receive compensation from the September 11th Victim Compensation Fund (VCF)?

- Yes
- No
- Pending application status

17. Have you ever received social security disability benefits?

- Yes
- No → Go to Q20

18. Over what period of time have you been receiving your social security disability benefits?

From to
Year Year

OR Present



7768

WORLD TRADE CENTER HEALTH REGISTRY 9/11 Health and Employment Survey

19. What condition(s) is associated with your social security disability benefits? *Select all that apply.*

- Respiratory condition (e.g., bronchitis, rhinitis, COPD)
- Digestive system condition (e.g., inflammatory bowel disease, liver dysfunction, gastrointestinal hemorrhage)
- Psychological condition (e.g., post-traumatic stress disorder or PTSD, anxiety, depression)
- Skin condition (e.g., dermatitis, chronic infections of the skin or mucous membranes)
- Cancer
- Musculoskeletal condition (e.g., major dysfunction of the spine, joint(s), fractures)
- Cardiovascular system condition (e.g., chronic heart failure, ischemic heart disease, congenital heart disease)
- Neurological condition (e.g., epilepsy, vascular insult to the brain)
- Immune system condition (e.g., lupus, vasculitis, scleroderma)
- Other, please specify:

20. Do you have health insurance coverage obtained through your (or your partner's) former employer or union?

- Yes
- No

21. What other type(s) of health insurance plan do you have? *Select all that apply.*

- Private (self-purchased)
- Public (e.g., Medicare, Medicaid, CHAMPUS, other military health care plan)
- None

Employment History and Occupational Exposure

22. Where were you last employed before retirement?

- New York City (NYC) Fire Department (FDNY)
- Emergency Medical Services (EMS) at FDNY
- NYC Police Department (NYPD)
- NYC Department of Sanitation (DSNY)
- Other NYC Agency
- Other fire, police, or sanitation department, non-NYC
- Other state or local government agency, non-NYC
- Federal government agency
- Construction company
- Other employer, please print the name:

23. Was this job (the job you retired from) your longest period of employment?

Yes → Go to Q26

No
↓

24. Where were you employed during your longest period of employment?

- New York City (NYC) Fire Department (FDNY)
- Emergency Medical Services (EMS) at FDNY
- NYC Police Department (NYPD)
- NYC Department of Sanitation (DSNY)
- Other NYC Agency
- Other fire, police, or sanitation department, non-NYC
- Other state or local government agency, non-NYC
- Federal government agency
- Construction company
- Other employer, please print the name:

25. In total, how many years did you work at the job you worked for the longest period of time?

Number of years:



7768

26. This question is about your occupational exposure. In any of your previous work environments, have you ever been regularly exposed to any of the following? If yes, please provide the number of years exposed.

	No	Yes	Number of years
a. Metals (e.g., arsenic, cadmium, lead, mercury, calcium)	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
b. Dust or fibers or other fine particles (e.g., asbestos, rock/cement/wood/coal dust, textile/glass fibers)	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
c. Chemicals, acids, or solvents	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
d. Fumes (e.g., diesel engine exhaust, gasoline exhaust, other smoke)	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
e. X-rays or radioactive materials	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
f. Biological agents (e.g., bacteria, viruses, parasites)	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
g. Loud noise, vibration, extreme heat or cold	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
h. Repetitive motion, heavy lifting, or non-neutral postures	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>

Post-Retirement Employment and Income

27. Did you ever think about working again after you retired?

- Yes
 No

28. After retirement, did you have any health conditions that may have affected your ability to seek other work, or limited the type of other work you could do?

- Yes
 No → Go to Q30

29. What health conditions affected your ability or limited the type of work you could do after retirement? **Select all that apply.**

- Upper respiratory tract condition (e.g., rhinitis, sinusitis, vocal cord disease)
 Lower respiratory tract condition (e.g., bronchitis, COPD, asthma)
 Gastroesophageal tract condition (e.g., esophagitis, gastroesophageal reflux disease or GERD)
 Psychological condition (e.g., post-traumatic stress disorder or PTSD, anxiety, depression)
 Skin condition (e.g., conjunctivitis, contact dermatitis or burns)
 Cancer
 Musculoskeletal condition (e.g., major dysfunction of the spine, joint(s), fractures)
 Other, please specify:



7768

WORLD TRADE CENTER HEALTH REGISTRY 9/11 Health and Employment Survey

For questions 30-32, please provide answers based on your personal income, not household income.

30. What are your income source(s) after you retired?
Select all that apply.

- Employer-provided pension plan
- Employer-sponsored retirement savings plan
(e.g., 401k, 403b, 457)
- Social Security
- Pay from a post-retirement job(s)
- Compensation from 9/11 Victim Compensation Fund
- Individual Retirement Accounts (IRAs)
- Other personal savings and investments
- Other, please specify:

31. Has your total income changed after you retired?
Please select answer based on income after taxes.

- Yes, income has decreased
- Yes, income has increased → Go to Q33
- No, income has stayed the same or almost the same
↳ Go to Q33

32. How much has your total income decreased after you retired? Please select answer based on income after taxes.

- Decreased less than 25%
- Decreased about 25% to 50%
- Decreased over 50%

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.

33a. What are the last 4 digits of your Social Security Number?

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33b. What is your current email address?

Thank you for helping us learn about the long-term economic and health impacts of 9/11.

We appreciate your input and will keep your answers confidential.



here if you are currently retired.

This is the end of the survey.



7768

Please continue if you are NOT currently retired.

34. Are you currently employed (full-time, part-time, or self-employed)?

Yes

No → **Go to Q52 on page 9**

35. Where are you currently employed?

- New York City (NYC) Fire Department (FDNY)
- Emergency Medical Services (EMS) at FDNY
- NYC Police Department (NYPD)
- NYC Department of Sanitation (DSNY)
- Other NYC Agency
- Other fire, police, or sanitation department, non-NYC
- Other state or local government agency, non-NYC
- Federal government agency
- Construction company
- Other employer, please print the name:

36. Is this job (the job you are currently employed with) your longest period of employment?

Yes → Go to Q39

No

37. Where were you employed during your longest period of employment?

- New York City (NYC) Fire Department (FDNY)
- Emergency Medical Services (EMS) at FDNY
- NYC Police Department (NYPD)
- NYC Department of Sanitation (DSNY)
- Other NYC Agency
- Other fire, police, or sanitation department, non-NYC
- Other state or local government agency, non-NYC
- Federal government agency
- Construction company
- Other employer, please print the name:

38. In total, how many years did you work (or have you been working) at the job you worked for the longest period of time?

Number of years:

39. This question is about your occupational exposure. In your current and previous work environments, have you ever been regularly exposed to any of the following? If yes, please provide the number of years exposed.

	No	Yes	Number of years
a. Metals (e.g., arsenic, cadmium, lead, mercury, calcium)	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
b. Dust or fibers or other fine particles (e.g., asbestos, rock/cement/wood/coal dust, textile/glassfibers)	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
c. Chemicals, acids, or solvents	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
d. Fumes (e.g., diesel engine exhaust, gasoline exhaust, other smoke)	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
e. X-rays or radioactive materials	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
f. Biological agents (e.g., bacteria, viruses, parasites)	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
g. Loud noise, vibration, extreme heat or cold	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>
h. Repetitive motion, heavy lifting, or non-neutral postures	<input type="radio"/>	<input type="radio"/> →	<input type="text"/> <input type="text"/>



7768

WORLD TRADE CENTER HEALTH REGISTRY 9/11 Health and Employment Survey

40. Did you, or do you plan to, file an application for World Trade Center (WTC) Notice to preserve your rights in the future to receive a WTC disability retirement under the WTC Accidental Disability Presumption Law?

The WTC Presumption Law allows public employees and retirees to apply for disability benefits if they were involved in 9/11-related operations and became disabled as a result. WTC Notice can be filed on or before 9/11/2018.

- Yes
- No
- I don't know what this is

41. Did you ever apply to receive compensation from the September 11th Victim Compensation Fund (VCF)?

VCF was created to provide compensation for any individual who suffered physical harm or was killed as a result of the terrorist-related aircraft crashes of September 11, 2001 or the debris removal efforts that took place in the immediate aftermath of those crashes.

- Yes
- No → Go to Q43
- Not yet, but plan to apply → Go to Q43

42. Have you been approved to receive compensation from the September 11th Victim Compensation Fund (VCF)?

- Yes
- No
- Pending application status

43. Have you ever received social security disability benefits?

- Yes
- No → Go to Q45

44. Over what period of time have you been receiving your social security disability benefits?

From to

Year Year

OR Present

45. At what age are you most likely to retire?

years old

46. Do you have any physical or mental health conditions that may affect your expected retirement age?

- Yes
- No → Go to Q48

47. What health conditions might contribute to your expected retirement age? *Select all that apply.*

- Upper respiratory tract condition (e.g., rhinitis, sinusitis, vocal cord disease)
- Lower respiratory tract condition (e.g., bronchitis, COPD, asthma)
- Gastroesophageal tract condition (e.g., esophagitis, gastroesophageal reflux disease or GERD)
- Psychological condition (e.g., post-traumatic stress disorder or PTSD, anxiety, depression)
- Skin condition (e.g., conjunctivitis, contact dermatitis or burns)
- Cancer
- Musculoskeletal condition (e.g., major dysfunction of the spine, joint(s), fractures)
- Other, please specify:

48. After retirement, will you have health insurance coverage through your (or your partner's) employer or union?

- Yes
- No
- Don't know

49. What other types of health insurance will you have or consider having after retirement? *Select all that apply.*

- Private (self-purchased)
- Public (e.g., Medicare, Medicaid, CHAMPUS, other military health care plan)
- None
- Don't know



7768

50. Do your health insurance options after retirement affect your decision on when to retire?

- Yes
- No
- Not sure

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51a. What are the last 4 digits of your Social Security Number?

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51b. What is your current email address?

Thank you for helping us learn about the long-term economic and health impacts of 9/11.

We appreciate your input and will keep your answers confidential.



here if you are currently employed and not retired.

This is the end of the survey.



7768

WORLD TRADE CENTER HEALTH REGISTRY 9/11 Health and Employment Survey

Please continue if you are NOT currently retired or employed.

52. Have you ever been employed before?

- Yes
- No

53. Do you have any physical or mental health conditions that prevent you from being currently employed?

- Yes
- No → Go to Q55

54. What health conditions do you believe prevent you from being employed? *Select all that apply.*

- Upper respiratory tract condition (e.g., rhinitis, sinusitis, vocal cord disease)
- Lower respiratory tract condition (e.g., bronchitis, COPD, asthma)
- Gastroesophageal tract condition (e.g., esophagitis, gastroesophageal reflux disease or GERD)
- Psychological condition (e.g., post-traumatic stress disorder or PTSD, anxiety, depression)
- Skin condition (e.g., conjunctivitis, contact dermatitis or burns)
- Cancer
- Musculoskeletal condition (e.g., major dysfunction of the spine, joint(s), fractures)
- Other, please specify:

55. Did you ever apply to receive compensation from the September 11th Victim Compensation Fund (VCF)?

VCF was created to provide compensation for any individual who suffered physical harm or was killed as a result of the terrorist-related aircraft crashes of September 11, 2001 or the debris removal efforts that took place in the immediate aftermath of those crashes.

- Yes
- No → Go to Q57
- Not yet, but plan to apply → Go to Q57

56. Have you been approved to receive compensation from the September 11th Victim Compensation Fund (VCF)?

- Yes
- No
- Pending application status

57. Have you ever received social security disability benefits?

- Yes
- No → Go to Q59

58. Over what period of time have you been receiving your social security disability benefits?

From

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 to

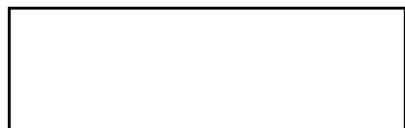
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Year Year

OR Present

59. What types of health insurance do you have now? *Select all that apply.*

- Private (self-purchased)
- Public (e.g., Medicare, Medicaid, CHAMPUS, other military health care plan)
- COBRA (e.g., through former employer)
- Uninsured





7768

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60a. What are the last 4 digits of your Social Security Number?

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60b. What is your current email address?

Thank you for helping us learn about the long-term economic and health impacts of 9/11.

We appreciate your input and will keep your answers confidential.

This is the end of the survey.