World Trade Center Health Registry
2020 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:

M M / D D / Y Y Y Y

2. Are you the enrollee named on the cover letter?
- ○ 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? *Please pick the one best option below.*
- ○ The enrollee is deceased
- ○ A physical or mental disability
- ○ A language barrier
- ○ The survey was too difficult for the enrollee to read
- ○ Other reason (Please specify):

→ *Go to Question 5*

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:

M M / D D / Y Y Y Y

Place of death: *Enter the state if the death occurred in the US, or the country if the death occurred outside of the US.*

State:

Country:

5. What is your date of birth?

M M / D D / Y Y Y Y

6. What is your sex?
- ○ Male
- ○ Female

7. What is your current marital status?
- ○ Married → *Go to Question 9*
- ○ Widowed
- ○ Divorced or separated
- ○ Never married

8. Do you currently live with a partner?
- ○ Yes
- ○ No

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
- ○ Retired
- ○ 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

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

- ◯ Grade 8 or less
- ◯ 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 2019 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, would you say your health is:

- ◯ Excellent
- ◯ Very good
- ◯ Good
- ◯ Fair
- ◯ Poor

14. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.

- ◯ Yes, limited a lot
- ◯ Yes, limited a little
- ◯ No, not limited at all

b. Climbing several flights of stairs.

- ◯ Yes, limited a lot
- ◯ Yes, limited a little
- ◯ No, not limited at all

15. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a. Accomplished less than you would like.

- ◯ All of the time
- ◯ Most of the time
- ◯ Some of the time
- ◯ A little of the time
- ◯ None of the time

b. Were limited in the kind of work or other activities.

- ◯ All of the time
- ◯ Most of the time
- ◯ Some of the time
- ◯ A little of the time
- ◯ None of the time

16. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

a. Accomplished less than you would like.

- ◯ All of the time
- ◯ Most of the time
- ◯ Some of the time
- ◯ A little of the time
- ◯ None of the time

b. Did work or other activities less carefully than usual.

- ◯ All of the time
- ◯ Most of the time
- ◯ Some of the time
- ◯ A little of the time
- ◯ None of the time

17. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- ◯ Not at all
- ◯ A little bit
- ◯ Moderately
- ◯ Quite a bit
- ◯ Extremely

18. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks…

a. Have you felt calm and peaceful?
- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ None of the time

b. Did you have a lot of energy?
- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ None of the time

c. Have you felt downhearted and depressed?
- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ None of the time

19. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ None of the time

20. Do you use any assistive devices because of a health condition? *Examples include a cane, a wheelchair, an adapted bed, a hearing assistive telephone, and other similar devices.*
- ○ Yes
- ○ No

21. 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

22. 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

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

☐☐ days

24. What is your current weight?

☐☐☐ pounds

25. In general, how physically active are you?
- ○ Very active
- ○ Somewhat active
- ○ Not very active
- ○ Not active at all

26. During the last 30 days, how many hours of actual sleep did you get most nights?
- ○ Less than 4 hours
- ○ 4 hours
- ○ 5 hours
- ○ 6 hours
- ○ 7 hours
- ○ 8 hours
- ○ 9 hours
- ○ 10 hours
- ○ 11 or more hours

27. During the last 30 days, how would you rate your sleep quality overall?
- ○ Very good
- ○ Fairly good
- ○ Fairly bad
- ○ Very bad

28. 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 35*

29. During the last 12 months, has your confusion or memory loss happened more often or gotten worse?
- ○ Yes
- ○ No

30. 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?
- ○ Always
- ○ Usually
- ○ Sometimes
- ○ Rarely
- ○ Never

31. **As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?**
- ○ Always
- ○ Usually
- ○ Sometimes
- ○ Rarely
- ○ Never

(Rarely / Never) → *Go to Question 33*

32. **When you need help with these day-to-day activities, how often are you able to get the help that you need?**
- ○ Always
- ○ Usually
- ○ Sometimes
- ○ Rarely
- ○ Never

33. **During the last 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?**
- ○ Always
- ○ Usually
- ○ Sometimes
- ○ Rarely
- ○ Never

34. **Have you or anyone else discussed your confusion or memory loss with a health care professional?**
- ○ Yes
- ○ No

35. **For each of the following symptoms, indicate No or Yes. If YES, continue to answer the additional questions in each row.**

	In the last 30 days, have you experienced this symptom when you did not have a cold, the flu, or seasonal allergies?		In the last 30 days, how many days did you experience this symptom?	In the last 30 days, have you been awakened during the night by this symptom when you did not have a cold, the flu, or seasonal allergies?	
	No	Yes	Number of days	No	Yes
a. Shortness of breath	○	○ →	☐☐ →	○	○
b. Wheezing	○	○ →	☐☐ →	○	○
c. Persistent cough	○	○ →	☐☐ →	○	○

36. **In the last 30 days, have you used a prescription inhaler for any breathing problem?**
- ○ Yes
- ○ No

37. **During the last 12 months, on average, how often have you experienced heartburn or acid reflux?**
- ○ Never → *Go to Question 39*
- ○ Less than once a month
- ○ About once a month
- ○ About once a week
- ○ At least twice a week

38. **In the last 30 days, have you taken any medications for heartburn or acid reflux?**
- ○ Yes
- ○ No

39. Have you ever been told by a doctor or other health professional that you had any of the following 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. Type 2 diabetes, or sugar diabetes	○	○ →	☐☐☐☐
h. Chronic bronchitis	○	○ →	☐☐☐☐
i. Emphysema, or COPD	○	○ →	☐☐☐☐
j. Reactive airways dysfunction syndrome, or RADS	○	○ →	☐☐☐☐
k. Pulmonary fibrosis	○	○ →	☐☐☐☐
l. Asbestosis	○	○ →	☐☐☐☐
m. Chronic sinusitis	○	○ →	☐☐☐☐
n. Alzheimer's disease or some other form of dementia	○	○ →	☐☐☐☐
o. Sleep apnea, or obstructive sleep apnea	○	○ →	☐☐☐☐
p. Gastroesophageal reflux disease, or GERD	○	○ →	☐☐☐☐
q. Thyroid disease	○	○ →	☐☐☐☐
r. Peripheral neuropathy	○	○ →	☐☐☐☐
s. Multiple chemical sensitivity, or MCS	○	○ →	☐☐☐☐
t. Hearing loss	○	○ →	☐☐☐☐
u. Parkinson's disease	○	○ →	☐☐☐☐
v. Periodontal disease or gum disease	○	○ →	☐☐☐☐
w. Chronic pain	○	○ →	☐☐☐☐
x. Reproductive health problem (Please specify): ________	○	○ →	☐☐☐☐
y. Lung cancer	○	○ →	☐☐☐☐
z. Other cancer 1 (Please specify): ________	○	○ →	☐☐☐☐
aa. Other cancer 2 (Please specify): ________	○	○ →	☐☐☐☐
bb. Other disease* (Please specify): ________	○	○ →	☐☐☐☐

**Note: Asthma, autoimmune diseases, and mental health conditions are covered later in this survey and should not be added here.*

40. Have you ever been told by a doctor or other health professional that you had asthma?
- ○ Yes
- ○ No → *Go to Question 49*

41. In what year were you first told by a doctor or other health professional that you had asthma?

Year first told: ☐☐☐☐

42. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?
- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ None of the time

43. During the past 4 weeks, how often have you had shortness of breath?
- ○ More than once a day
- ○ Once a day
- ○ 3 to 6 times a week
- ○ Once or twice a week
- ○ Not at all

44. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?
- ○ 4 or more nights a week
- ○ 2 to 3 nights a week
- ○ Once a week
- ○ Once or twice
- ○ Not at all

45. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as Albuterol, Ventolin®, Proventil®, or Maxair®)?
- ○ 3 or more times per day
- ○ 1 or 2 times per day
- ○ 2 or 3 times per week
- ○ Once a week or less
- ○ Not at all

46. How would you rate your asthma control during the past 4 weeks?
- ○ Not controlled at all
- ○ Poorly controlled
- ○ Somewhat controlled
- ○ Well controlled
- ○ Completely controlled

47. During the last 12 months, have you had an asthma episode, also known as an asthma attack or an asthma flare-up?
- ○ Yes
- ○ No

48. In the last 12 months, have you had a pulmonary function test (for example, spirometry)? *For pulmonary function tests, you breathe into a mouthpiece connected to a machine that measures how much air you breathe out, and how quickly.*
- ○ Yes
- ○ No

49. Have you ever been told by a doctor or other health professional that you had an autoimmune disease?
- ○ Yes
- ○ No → *If male, go to Question 59*
  If female, go to Question 51

50. What type(s) of autoimmune disease were you diagnosed with? *Select all that apply.*
- ○ Amyotrophic lateral sclerosis (ALS) or Lou Gehrig's disease
- ○ Mixed connective tissue disease
- ○ Multiple sclerosis (MS)
- ○ Myositis (polymyositis or dermatomyositis)
- ○ Rheumatoid arthritis (RA)
- ○ Scleroderma
- ○ Sjögren's syndrome
- ○ Systemic lupus erythematosus
- ○ Other (Please specify): ____________

IF YOU ARE MALE → *Go to Question 59*

IF YOU ARE FEMALE → *Continue to Question 51*

PLEASE ANSWER QUESTIONS 51-58 ONLY IF YOU ARE FEMALE.

We know that these may be sensitive questions, and we appreciate your response.

51. *(If female)* **Are you currently pregnant?**
- ○ Yes
- ○ No
- ○ Don't know

52. *(If female)* **How many times have you been pregnant including miscarriages, stillbirths, ectopic or tubal pregnancies, abortions, and live births?** *If you are pregnant now, please count this pregnancy.*
- ☐☐ times
- ○ None → *Go to Question 55*

53. How old were you when you became pregnant for the first time?
- ☐☐ years old

54. How many children have you given birth to?
- ☐☐ child(ren)

55. *(If female)* **Have you gone through menopause?** *Menopause is when you have gone for 12 months or more without having a menstrual period, not counting when you were pregnant, breastfeeding, or taking hormonal medication, such as hormonal contraception.*
- ○ Yes
- ○ No → *Go to Question 57*

56. How old were you when you went through menopause?
- ☐☐ years old

57. *(If female)* **In the last 12 months, did you have a mammogram?**
- ○ Yes
- ○ No → *Go to Question 61*

58. What was the main reason you had your most recent mammogram?
- ○ Part of a routine exam
- ○ Because of a problem
- ○ Other reason

→ Go to Question 61

59. *(If 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 61*

60. What was the main reason you had your most recent PSA test?
- ○ Part of a routine exam
- ○ Because of a problem
- ○ Other reason

61. Has your biological father ever had cancer?
- ○ Yes
- ○ No
- ○ Don't know

(No / Don't know) → *Go to Question 63*

62. Which of the following type(s) of cancer has your biological father ever had? *Select all that apply.*
- ○ Colon
- ○ Prostate
- ○ Other (Please specify): ____________

63. Has your biological mother ever had cancer?
- ○ Yes
- ○ No
- ○ Don't know

(No / Don't know) → *Go to Question 65*

64. Which of the following type(s) of cancer has your biological mother ever had? *Select all that apply.*
- ○ Breast
- ○ Colon
- ○ Other (Please specify): ____________

65. Do you have any biological brothers/sisters who have ever had cancer? *Include half-brothers/sisters but not step-brothers/sisters.*
- ○ Yes
- ○ No
- ○ Don't know

(No / Don't know) → *Go to Question 67*

66. Which of the following type(s) of cancer have any of your biological brothers/sisters ever had? *Select all that apply.*
- ○ Breast
- ○ Colon
- ○ Prostate
- ○ Other (Please specify): ____________

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

- ◯ Yes
- ◯ No

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

- ◯ Yes
- ◯ No

69. About how long has it been since you last visited a doctor for a routine checkup? *A routine checkup is a general physical exam, not an exam 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

70. During the last 12 months, was there ever a time when you needed health care for physical health problems, but were unable to receive it for any reason?

- ◯ Yes
- ◯ No

71. During the last 12 months, was there ever a time when you needed mental health care or counseling, but were unable to receive it for any reason?

- ◯ Yes
- ◯ No

72. How long has it been since you last visited a dentist or a dental clinic for any reason? *Include visits to dental specialists, such as orthodontists.*

- ◯ 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

73. How many of your permanent teeth have been removed because of tooth decay or gum disease? *Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.*

- ◯ None
- ◯ 1 to 5
- ◯ 6 or more but not all
- ◯ All

74. The World Trade Center Health Program (WTCHP) provides services through the following clinics:

- FDNY WTC clinics
- Mount Sinai – Icahn School of Medicine
- NYU School of Medicine
- Northwell Health (formerly 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
- NYC Health + Hospitals System WTC Environmental Health Center – at Bellevue Hospital, Elmhurst Hospital and Gouverneur Healthcare Services
- William Street Clinic
- The Nationwide Provider Network (formerly the National Responder Program) or Logistics Health Incorporated (LHI)

Have you ever received services for a 9/11-related health condition through any of these clinics?

- ◯ Yes
- ◯ No
- ◯ Don't know

75. Have you ever been certified for a 9/11-related mental health condition by the WTCHP? *Certification of a 9/11-related health condition means the federal WTCHP has determined a patient's condition to be eligible for treatment through the WTCHP.*

- ◯ Yes
- ◯ No
- ◯ Pending certification

No / Pending certification → *Go to Question 78*

76. Was there ever a time when you needed mental health care or counseling but were unable to receive it through the WTCHP for any reason?

- ◯ Yes
- ◯ No
- ◯ Not applicable – did not seek care through the program

No / Not applicable → *Go to Question 78*

77. Why could you not get the mental health care or counseling that you needed through the WTCHP? *Select all that apply.*

- ◯ Phone sessions were not available
- ◯ Live video sessions were not available
- ◯ There was limited appointment availability
- ◯ The wait time in the clinic was too long
- ◯ My schedule was too busy
- ◯ I had problems with transportation
- ◯ I could not find a provider I liked
- ◯ Other reason(s) not listed above

78. Below is a list of problems that people sometimes have in response to stressful experiences like the events of September 11, 2001. In the last 30 days, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Repeated, disturbing, and unwanted memories of the events of 9/11?	○	○	○	○	○
b. Repeated, disturbing dreams of the events of 9/11?	○	○	○	○	○
c. Suddenly feeling or acting as if the events of 9/11 were actually happening again (as if you were actually back there reliving it)?	○	○	○	○	○
d. Feeling very upset when something reminded you of the events of 9/11?	○	○	○	○	○
e. Having strong physical reactions when something reminded you of the events of 9/11 (for example, heart pounding, trouble breathing, sweating)?	○	○	○	○	○
f. Avoiding memories, thoughts, or feelings related to the events of 9/11?	○	○	○	○	○
g. Avoiding external reminders of the events of 9/11 (for example, people, places, conversations, activities, objects, or situations)?	○	○	○	○	○
h. Trouble remembering important parts of the events of 9/11?	○	○	○	○	○
i. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	○	○	○	○	○
j. Blaming yourself or someone else for the events of 9/11 or what happened after it?	○	○	○	○	○
k. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	○	○	○	○	○
l. Loss of interest in activities that you used to enjoy?	○	○	○	○	○
m. Feeling distant or cut off from other people?	○	○	○	○	○
n. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	○	○	○	○	○
o. Irritable behavior, angry outbursts, or acting aggressively?	○	○	○	○	○
p. Taking too many risks or doing things that could cause you harm?	○	○	○	○	○
q. Being “superalert” or watchful or on guard?	○	○	○	○	○
r. Feeling jumpy or easily startled?	○	○	○	○	○
s. Having difficulty concentrating?	○	○	○	○	○
t. Trouble falling or staying asleep?	○	○	○	○	○

→ ***If you answered “Not at all” to all of the questions above (Question 78a-t) → Go to Question 80***

79. Thinking about the problems in Question 78:

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 when you were having some of these problems, did you drink alcohol to improve your mood or to make yourself feel better?

- ○ Yes
- ○ No

c. During the last 12 months when you were having some of these problems, did you ever, even once, use an opioid drug to improve your mood or to make yourself feel better? *Opioid drugs include pain killers such as oxycodone, hydrocodone, codeine, morphine, fentanyl, and others. Heroin is also an opioid drug.*

- ○ Yes
- ○ No

80. 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	○	○	○	○

81. 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?	○	○	○	○	○

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82. Have you ~~ever~~ been told by a doctor or other health professional that you had any of the following mental health conditions? If YES, please provide the year you were first told you had that condition and the year you last visited a doctor or other health professional for that condition.

	No	Yes	Year first told	Year of last visit
a. Depression	○	○ →	☐☐☐☐ →	☐☐☐☐
b. Post-traumatic stress disorder (PTSD)	○	○ →	☐☐☐☐ →	☐☐☐☐
c. An anxiety disorder, other than PTSD	○	○ →	☐☐☐☐ →	☐☐☐☐
d. Problems with your use of alcohol or drugs	○	○ →	☐☐☐☐ →	☐☐☐☐
e. Other mental health problems, including problems with your nerves or emotions	○	○ →	☐☐☐☐ →	☐☐☐☐

→ ***If you answered "No" to all of the questions above (Question 82a-e) → Go to Question 86***

83. During the last 12 months, have you had a counseling or therapy session lasting 30 minutes or longer for any of the conditions listed in the previous question? *Please do not include visits that were for medication only.*

○ Yes
○ No → *Go to Question 85*

84. The next several questions are about counseling or therapy sessions lasting 30 minutes or longer.

a. During the last 12 months, for which of the following conditions have you had counseling or therapy? *Select all that apply.*

○ Depression
○ PTSD
○ An anxiety disorder, other than PTSD
○ Problems with your use of alcohol or drugs
○ Other mental health problems, including problems with your nerves or emotions

b. During the last 12 months, 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. During the last 12 months, on average, 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

d. During the last 12 months, overall, how helpful was the counseling or therapy that you had?

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

85. During the <u>last 12 months</u>, for which of the following mental health conditions have you taken any prescription medication? *Select all that apply.*

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

86. During the <u>last 12 months</u>, have you experienced any of the following situations?

	No	Yes
a. Could not pay for food, housing, or other basic necessities for a period of 3 months or longer	○	○
b. Serious problems at work or lost a job	○	○
c. Serious legal problems	○	○
d. Serious family problems involving your spouse or partner, child, or parents	○	○
e. Took care of a close family member or friend with a serious or life-threatening illness	○	○
f. The death of a spouse or partner, close family member, or friend	○	○

87. The next question asks about events you may have experienced <u>since 9/11</u>. We know that these may be sensitive topics and we appreciate your responses.

<u>Since 9/11</u>, has your life been threatened by any of the following situations? *Answer "Yes" only if you were physically harmed or thought you would be physically harmed.*

	No	Yes
a. A disaster, either natural or human-made	○	○
b. A serious accident, including a car accident, an accident at work, or another type of accident	○	○
c. An attack with a gun, knife, or some other weapon	○	○
d. An attack <u>without</u> a weapon, but with the intent to kill or seriously injure you	○	○
e. A situation in which someone used physical force or threat of force to make you have some type of unwanted sexual contact	○	○
f. Any other situation in which you were seriously injured or feared you might be killed or seriously injured	○	○
g. A situation in which you saw someone seriously injured or violently killed	○	○
h. A life-threatening illness	○	○

88. The next question asks about events during your first 18 years of life. We know that these may be sensitive topics and we appreciate your responses.

Prior to your 18th birthday:

	No	Yes
a. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, humiliate you, or act in a way that made you afraid that you might be physically hurt?	○	○
b. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?	○	○
c. Did an adult or person at least 5 years older than you ever touch or fondle you, have you touch their body in a sexual way, or attempt or actually have oral, anal, or vaginal intercourse with you?	○	○
d. Did you often or very often feel that no one in your family loved you or thought you were important or special, or that your family didn't look out for each other, feel close to each other, or support each other?	○	○
e. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you, or that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	○	○
f. Was a biological parent ever lost to you through divorce, abandonment, or other reason?	○	○
g. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her; sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard; or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	○	○
h. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	○	○
i. Was a household member depressed or mentally ill, or did a household member attempt suicide?	○	○
j. Did a household member go to prison?	○	○

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

- ○ Yes
- ○ No → *Go to Question 94*

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

- ○ Every day
- ○ Some days } → *Go to Question 92*
- ○ Not at all

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

M M / Y Y Y Y

☐☐ / ☐☐☐☐

→ *Go to Question 94*

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

☐☐ cigarettes

93. 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

94. In the last 12 months, have you tried an electronic cigarette, also known as an e-cigarette or a vape product?

- ○ Yes
- ○ No → *Go to Question 96*

95. In the last 30 days, how often did you use an electronic cigarette?

- ○ Every day
- ○ Some days
- ○ Not at all

96. 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 <u>ever</u> – even once – had a drink of any type of alcoholic beverage? *Do <u>not</u> include times when you only had a sip or two.*

- ○ Yes
- ○ No → *Go to Question 97*

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 97*
- ○ More than 12 months ago → *Go to Question 97*

c. During the <u>last 30 days</u>, 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 <u>on average</u>?

☐☐ drinks

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

☐☐ drinks

→ *If female, go to Question 96g*

f. *(If male)* **Considering all types of alcoholic beverages, how many times during the <u>last 30 days</u> did you have 5 or more drinks on one occasion?**

☐☐ times

→ *If male, go to Question 97*

g. *(If female)* **Considering all types of alcoholic beverages, how many times during the <u>last 30 days</u> did you have 4 or more drinks on one occasion?**

☐☐ times

97. 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 <u>last 12 months</u>, has a doctor or other health professional given you a prescription for a pain reliever?

- ○ Yes
- ○ No → *Go to Question 97d*

b. During the <u>last 12 months</u>, have you <u>ever</u> – even once – taken the pain reliever that you were prescribed?

- ○ Yes
- ○ No → *Go to Question 97d*

c. During the <u>last 12 months</u>, have you <u>ever</u> – even once – taken <u>more</u> of the pain reliever than you were prescribed? *This includes taking a higher dosage or taking it more often than directed.*

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No → *Go to Question 98*

e. During the <u>last 12 months</u>, on average, how often have you taken a prescription pain reliever that was <u>not</u> prescribed to you?

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

☐☐☐☐☐☐☐☐

f. Now think about the <u>last time</u> you used a prescription pain reliever in any way a doctor did <u>not</u> direct you to use. What were the reasons you used the prescription pain reliever the last time?

Select all that apply.

- ○ To relieve physical pain
- ○ To relax or relieve tension
- ○ To experiment or to see what it's like
- ○ To feel good or get high
- ○ To help with my sleep
- ○ To help with my feelings or emotions
- ○ To increase or decrease the effect(s) of some other drug
- ○ Because I am "hooked" or I have to have it
- ○ I used it for some other reason

98. Have you <u>ever</u> 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
- ○ No → *Go to Question 100*

99. When did your stay(s) occur?

- ○ Before 9/11
- ○ After 9/11
- ○ Both before and after 9/11

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

	Not at all true	Hardly true	Moderately true	Exactly true
a. I can always manage to solve difficult problems if I try hard enough.	○	○	○	○
b. If someone opposes me, I can find the means and ways to get what I want.	○	○	○	○
c. It is easy for me to stick to my aims and accomplish my goals.	○	○	○	○
d. I am confident that I could deal efficiently with unexpected events.	○	○	○	○
e. Thanks to my resourcefulness, I know how to handle unforeseen situations.	○	○	○	○
f. I can solve most problems if I invest the necessary effort.	○	○	○	○
g. I can remain calm when facing difficulties because I can rely on my coping abilities.	○	○	○	○
h. When I am confronted with a problem, I can usually find several solutions.	○	○	○	○
i. If I am in trouble, I can usually think of a solution.	○	○	○	○
j. No matter what comes my way, I'm usually able to handle it.	○	○	○	○

101. 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?	○	○	○	○	○

102. In the last 30 days, have you visited, talked, texted, or emailed with friends at least twice?
○ Yes
○ No

103. In the last 30 days, have you attended a religious service at least twice?
○ Yes
○ No

104. In the last 30 days, have you been actively involved in a volunteer organization or club?
○ Yes
○ No

105. 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 to help confirm that this survey was completed by or for the enrollee it was sent to. This information will remain strictly confidential. If you would like to provide this information over the phone, please call us at 866-692-9827.

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

☐☐☐☐

107. Go Paperless! You can receive Registry communications via email.

What is your current email address? *PLEASE PRINT IN CAPITAL LETTERS.*

This is the end of the survey.

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.

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

Visit nyc.gov/911health for the latest information on 9/11-related research and services.

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