This survey is about enrollee:

Please read the survey instructions on the opposite page.

Today's date:

☐☐ / ☐☐ / ☐☐☐☐
(Month) (Day) (Year)

1 **Are you the parent or legal guardian of the adolescent named above?**

- ☐ Yes
- ☐ No – **Stop.** Please give this survey to the adolescent's parent or legal guardian or call us at 866-NYC-WTCR (866) 692-9827.

2 **What is your relationship to the adolescent?**

- ☐ Mother (biological, step, foster, adoptive)
- ☐ Father (biological, step, foster, adoptive)
- ☐ Adult sister or brother (biological, step, foster, half, adoptive)
- ☐ Aunt or uncle
- ☐ Grandparent
- ☐ Other family member
- ☐ Other, please specify: _____

3 **What is <u>your</u> name?**

First Name: _____

Middle Name: _____

Last Name: _____

4 **What is your adolescent's gender?**

- ☐ Male
- ☐ Female

5 **What is your adolescent's date of birth?**

☐☐ / ☐☐ / ☐☐☐☐
(Month) (Day) (Year)

6 **The following questions ask about household composition. Answer for the home where your adolescent spends the <u>most</u> time.** (If your adolescent spends half of his or her time at each of two homes, please answer for the home where the questionnaire arrived.)

a. How many adults and children does your adolescent live with?

☐☐ Number of adults (18 years old or older)

☐☐ Number of other children (17 years old or younger) in the household

b. Which best describes your adolescent's household composition?

☐ Single parent household

☐ Two parent household

☐ Other, please specify:

_____

7 **On average, how many days <u>per month</u> does your adolescent live in <u>another</u> household?**

☐ Not applicable, my adolescent lives in one household

OR

☐☐ Days per month

8 **In 2010, what was the total income before taxes for the household where the adolescent lives?** (Answer for the household where the adolescent spends the most time. If your adolescent spends half of his or her time at each of two homes, please answer for the home where the questionnaire arrived.)

☐ $25,000 or less

☐ $25,001 - $50,000

☐ $50,001 - $75,000

☐ $75,001 - $150,000

☐ More than $150,000

9 **What is the highest level of education reached by either of your adolescent's parents or guardians?** (Answer for the parents/ guardians the adolescent lives with the most.)

☐ Never attended school or only attended kindergarten

☐ Grades 1 through 8 (elementary or middle school)

☐ Grades 9 through 11 (some high school)

☐ Grade 12 or GED (high school graduate)

☐ College 1 year to 3 years (some college or technical school)

☐ College 4 years or more (college graduate)

☐ Post-graduate degree

10 **In the last month, how much does this sound like your adolescent…**

My Adolescent	Never	Almost Never	Sometimes	Often	Almost Always
a. Feels happy	☐	☐	☐	☐	☐
b. Feels good about himself or herself	☐	☐	☐	☐	☐
c. Feels good about his or her health	☐	☐	☐	☐	☐
d. Gets support from family or friends	☐	☐	☐	☐	☐
e. Thinks good things will happen to him or her	☐	☐	☐	☐	☐
f. Thinks his or her health will be good in the future	☐	☐	☐	☐	☐

In the last month…	Poor	Fair	Good	Very Good	Excellent
g. In general, how was your adolescent's health?	☐	☐	☐	☐	☐

11 **In the last 12 months, how often has your adolescent had the following symptoms?**

	Not in the last 12 months	Less than once a month	1-4 times per month	More than once a week, but not daily	Daily
a. Severe headaches	☐	☐	☐	☐	☐
b. Sinus problems, nose irritation or postnasal irritation (which occurred when your adolescent did not have a cold, the flu or seasonal allergies)	☐	☐	☐	☐	☐
c. Problems with coughing	☐	☐	☐	☐	☐
d. Problems with breathing such as feeling out of breath or short of breath	☐	☐	☐	☐	☐
e. Wheezing or whistling sound in the chest	☐	☐	☐	☐	☐
f. Eczema or atopic dermatitis	☐	☐	☐	☐	☐
g. Heartburn or acid reflux	☐	☐	☐	☐	☐
h. Throat irritation	☐	☐	☐	☐	☐
i. Hoarseness or loss of voice	☐	☐	☐	☐	☐

12 **In the last 12 months, has your adolescent gone to see a doctor or other health professional for the following symptoms?**

	No	Yes
a. Severe headaches	☐	☐
b. Sinus problems, nose irritation or postnasal irritation (which occurred when your adolescent did not have a cold, the flu or seasonal allergies)	☐	☐
c. Problems with coughing	☐	☐
d. Problems with breathing such as feeling out of breath or short of breath	☐	☐
e. Wheezing or whistling sound in the chest	☐	☐
f. Eczema or atopic dermatitis	☐	☐
g. Heartburn or acid reflux	☐	☐
h. Throat irritation	☐	☐
i. Hoarseness or loss of voice	☐	☐

13 **Has your adolescent had other health symptoms in the last 12 months?**

☐ Yes

☐ No

If yes, please specify the health symptoms _____

14 **Has your adolescent ever had an itchy rash that was coming and going for at least 6 months?**

☐ Yes

☐ No → **Go to Question 17**

15 **Has he/she had this itchy rash at any time in the last 12 months?**

☐ Yes

☐ No → **Go to Question 17**

16 **In the last 12 months, did your adolescent have this itchy rash in any of the following places: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, around the neck, ears or eyes?**

☐ Yes

☐ No

☐ I don't know

17 **How many times has your adolescent been taken to an emergency room or urgent care facility since 9/11/2001?**

Enter number of times: _____ OR None ☐

18 **How many times has your adolescent been hospitalized since 9/11/2001?**

Enter number of times: _____ OR None ☐

19 **When did your adolescent last visit a doctor for a routine check-up (not for a specific injury, illness, or condition)?**

☐ Within the last 12 months

☐ Over a year ago but less than 2 years ago

☐ Over 2 years ago but less than 5 years ago

☐ 5 or more years ago

☐ Never in my adolescent's life

☐ I don't know

20 **Do you have at least one person or location you think of as your adolescent's personal doctor or healthcare provider?**

☐ Yes

☐ No

21 **In the last 12 months, was your adolescent on a sports team or did he/she take sports after school or on weekends?**

☐ Yes

☐ No

22 **In the last 12 months, did your adolescent participate in any clubs or in any other organized events or activities after school or on weekends?**

☐ Yes

☐ No

23 **In the last 12 months, did your adolescent earn money from any work, including regular jobs as well as babysitting, cutting grass or other occasional work?**

☐ Yes

☐ No

24 **The next six questions are about asthma.**

a. Has a doctor or other health professional ever said that your adolescent had asthma?

☐ Yes

☐ No → **Go to Question 25**

b. How old was your adolescent when the doctor or other health professional first said that he/she had asthma? (Answer as best you can.)

☐☐ years old

c. Did the doctor or other health professional say that your adolescent had asthma before September 11, 2001?

☐ Yes

☐ No

d. In the last 12 months, has your adolescent had an episode of asthma or an asthma attack?

☐ Yes

☐ No

e. In the last 12 months, how many times did your adolescent go to an emergency room or urgent care center because of asthma?

Number of times ☐☐ OR None ☐

f. In the last 12 months, did your adolescent use an inhaler or nebulizer prescribed by a doctor for asthma?

☐ Yes

☐ No

25 **Does your adolescent have any kind of health care coverage, including private health insurance, prepaid plans such as an HMO, managed care, or government plans such as Medicaid?**

☐ Yes

☐ No

26 **Since 09/11/2001 was your adolescent without health insurance at any point?**

☐ Yes

☐ No → **Go to Question 28**

27 **Within the last 12 months was your adolescent without health insurance at any point?**

☐ Yes

☐ No

28 **Have you <u>ever</u> been told by a doctor or other health professional that your adolescent had any of these conditions?** If YES, continue to answer the additional questions in each row. If NO, go to the next row for another condition.

				Is your adolescent taking any prescription medication for this condition?	
	No	**Yes**	**Year first told**	**No**	**Yes**
a. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)	☐	☐ →	☐☐☐☐	☐	☐
b. Learning disability or learning problem	☐	☐ →	☐☐☐☐	☐	☐
c. Depression	☐	☐ →	☐☐☐☐	☐	☐
d. Post-traumatic stress disorder (PTSD)	☐	☐ →	☐☐☐☐	☐	☐
e. Anxiety disorder, other than PTSD	☐	☐ →	☐☐☐☐	☐	☐
f. Diabetes	☐	☐ →	☐☐☐☐	☐	☐
g. High blood pressure or hypertension	☐	☐ →	☐☐☐☐	☐	☐
h. Thyroid problem	☐	☐ →	☐☐☐☐	☐	☐
i. Leukemia/Lymphoma	☐	☐ →	☐☐☐☐	☐	☐
j. Sarcoidosis	☐	☐ →	☐☐☐☐	☐	☐
k. Allergies	☐	☐ →	☐☐☐☐	☐	☐
l. Eczema or atopic dermatitis	☐	☐ →	☐☐☐☐	☐	☐
m. Other condition, please specify: _____	☐	☐ →	☐☐☐☐	☐	☐

29 **a. During the last 12 months, was there ever a time when your adolescent needed health care for physical health problems, but didn't receive it?**

- ☐ Yes
- ☐ No → **Go to Question 30**

b. Why didn't your adolescent get the physical health care that he/she needed? (Check all that apply.)

- ☐ Didn't think anything could help
- ☐ Couldn't afford to pay
- ☐ No insurance or not covered by insurance
- ☐ Problems with transportation, scheduling, childcare or other family responsibilities
- ☐ Did not know where to go or what kind of doctor to go to for care
- ☐ Was unable to find a provider who could diagnose or treat my adolescent's condition
- ☐ Afraid to ask for help or what others would think
- ☐ Didn't get around to it or didn't bother
- ☐ Preferred to manage it myself

30 **a. During the last 12 months, was there ever a time when your adolescent needed mental health care or counseling, but didn't receive it?**

- ☐ Yes
- ☐ No → **Go to Question 31**

b. Why didn't your adolescent get the mental health care that he/she needed? (Check all that apply.)

- ☐ Didn't think anything could help
- ☐ Couldn't afford to pay
- ☐ No insurance or not covered by insurance
- ☐ Problems with transportation, scheduling, childcare or other family responsibilities
- ☐ Did not know where to go or what kind of doctor to go to for care
- ☐ Was unable to find a provider who could diagnose or treat my adolescent's condition
- ☐ Afraid to ask for help or what others would think
- ☐ Didn't get around to it or didn't bother
- ☐ Preferred to manage it myself

The next set of questions is about loss or grief your adolescent might have experienced as a result of the WTC disaster on 9/11/2001.

31 **Was any member of your family in the WTC disaster, but escaped unhurt?**

- ☐ Yes
- ☐ No
- ☐ I don't know

32 **Was any member of your family injured or hurt in the WTC disaster?**

- ☐ Yes
- ☐ No
- ☐ I don't know

33 **a. Did your adolescent personally know anyone who died as a result of the WTC disaster?**

- ☐ Yes
- ☐ No → **Go to Question 34**
- ☐ I don't know → **Go to Question 34**

b. Would you please tell us who lost their lives? (Check all that apply)

- ☐ The child's mother (biological, step, foster, adoptive)
- ☐ The child's father (biological, step, foster, adoptive)
- ☐ The child's sibling (brother or sister, biological, step, foster, adoptive)
- ☐ The child's grandparent
- ☐ Other family member, please specify:

  _____
- ☐ The child's legal guardian who is NOT a family member
- ☐ The child's friend
- ☐ A friend of the family
- ☐ The parent of the child's friend
- ☐ Someone else, please specify relationship:

  _____

34 **During the last 12 months, has your adolescent received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.**

- ☐ Yes
- ☐ No

35 **Since 9/11/2001 has your child received any treatment or counseling for substance use?**

- ☐ Yes
- ☐ No

The next set of questions is about you, the adolescent's parent or guardian who is completing this survey booklet.

36 **In general, how satisfied are you with your life?**

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

37 **In general, would you say that your health is:**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

38 **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 ☐

39 **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 ☐

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

Enter number of days: _____ OR None ☐

41 **In 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?	☐	☐	☐	☐	☐
b. Nervous?	☐	☐	☐	☐	☐
c. Restless or fidgety?	☐	☐	☐	☐	☐
d. Hopeless?	☐	☐	☐	☐	☐
e. That everything was an effort?	☐	☐	☐	☐	☐
f. Worthless?	☐	☐	☐	☐	☐

42 **a. Have you ever been told by a doctor or other health professional that you had any of these conditions?**

	No	Yes	Year first told
1. Depression	☐	☐ →	☐☐☐☐
2. Post-traumatic stress disorder (PTSD)	☐	☐ →	☐☐☐☐
3. Anxiety disorder, other than PTSD	☐	☐ →	☐☐☐☐
4. Nerves, emotions, or other mental health problems	☐	☐ →	☐☐☐☐

b. Since 9/11/2001 have you taken any medication (prescription or over-the-counter) for any of these conditions?

			In the last 12 months?	
	No	Yes	No	Yes
1. Depression	☐	☐ →	☐	☐
2. Post-traumatic stress disorder (PTSD)	☐	☐ →	☐	☐
3. Anxiety disorder, other than PTSD	☐	☐ →	☐	☐
4. Nerves, emotions, or other mental health problems	☐	☐ →	☐	☐

The following information is needed from you to properly keep track of who is enrolled in the Registry.

43 **What are the last 4 digits of your adolescent's social security number?**

Enter last 4 digits: ☐☐☐☐

44 **What is your current email address?**

Enter e-mail address: _____

Thank you for completing the survey.

This is the end of the Parent/Guardian Booklet.

Please place this booklet in one of the small envelopes provided. Then place it in the large, pre-addressed, postage-paid return envelope. When both booklets (Parent/Guardian and Adolescent) are in the large envelope, mail the envelope back. If the large envelope was not included or is lost, call us at 866-692-9827