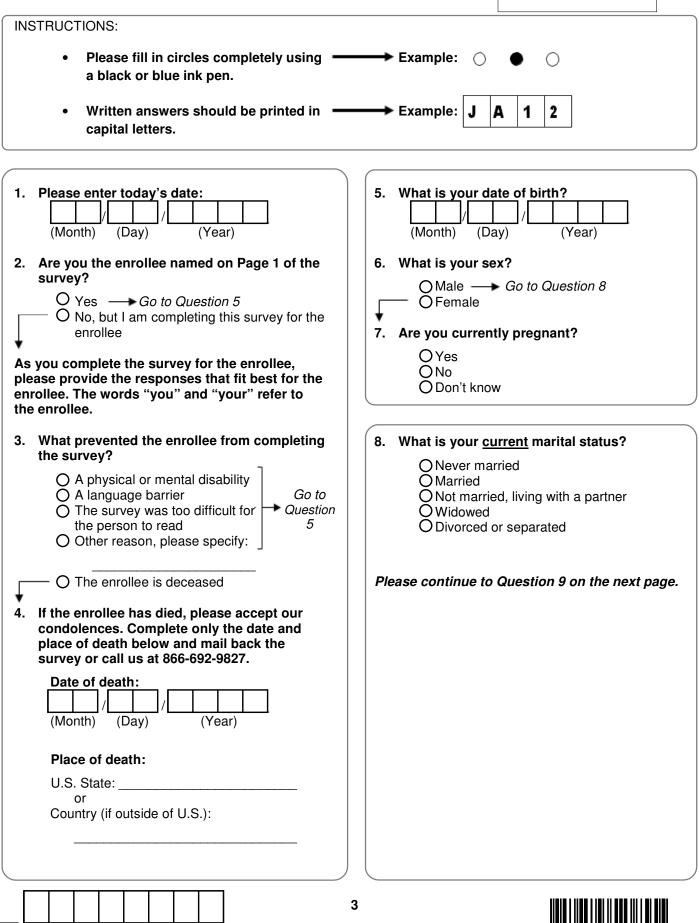
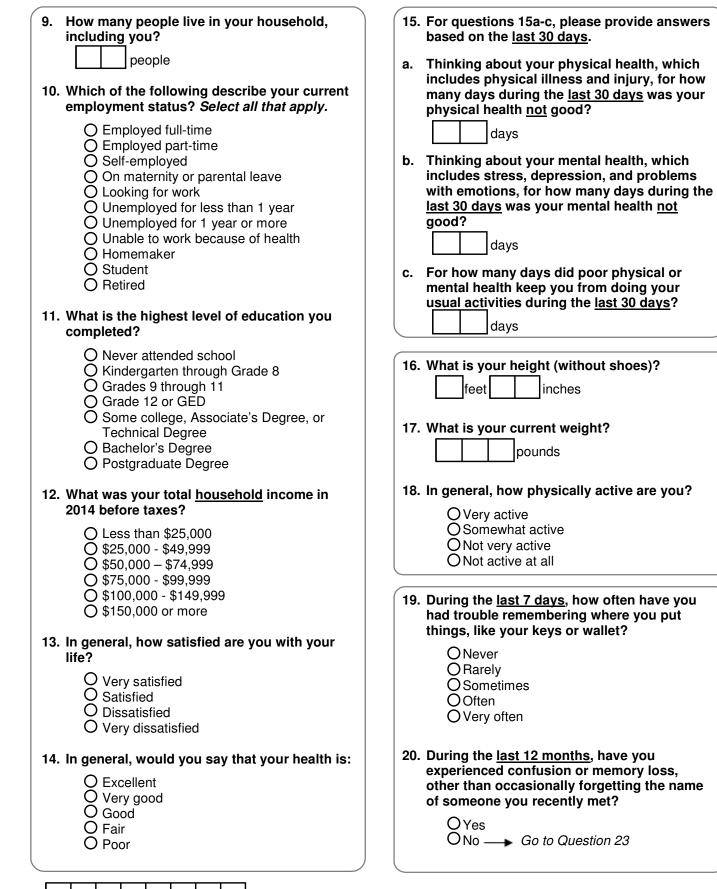
#### WORLD TRADE CENTER HEALTH REGISTRY 2015 HEALTH SURVEY







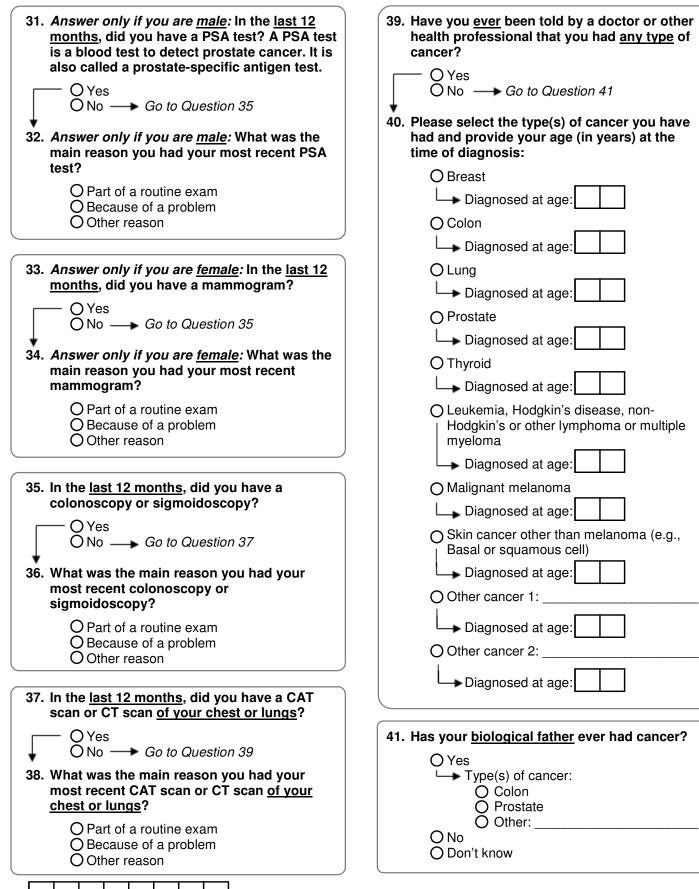
<ul> <li>21. During the <u>last 12 months</u>, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?</li> <li>O Never</li> <li>O Rarely</li> <li>O Sometimes</li> <li>O Usually</li> <li>O Always</li> </ul> 22. During the <u>last 12 months</u> , has your confusion or memory loss happened more often or gotten worse?	<ul> <li>24. In the last 30 days, have you used an inhaler prescribed by a doctor for any breathing problem? <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>25. Do you ever cough up any "stuff," such as mucus or phlegm? <ul> <li>Yes, every day</li> <li>Yes, most days a week</li> <li>Yes, a few days a month</li> <li>Only with occasional colds or chest infections</li> <li>No, never</li> </ul> </li> </ul>
O No	
<ul> <li>23. The next questions ask about symptoms when you did <u>not</u> have a cold, the flu, or seasonal allergies.</li> <li>a. In the <u>last 30 days</u>, which of the following symptoms have you experienced? Select all that apply.</li> <li>O Shortness of breath <ul> <li>O Shortness of breath</li> <li>On how many days?</li> <li>days</li> <li>Wheezing</li> <li>On how many days?</li> <li>days</li> <li>Persistent cough</li> <li>On how many days?</li> <li>days</li> <li>None of the above — Go to Question 24</li> </ul> </li> <li>b. In the <u>last 30 days</u>, how many days have you experienced at least one of the symptoms above?</li> <li>days</li> <li>c. In the <u>last 30 days</u>, have you been awakened during the night by a cough, wheezing, or shortness of breath when you did <u>not</u> have a cold, the flu, or seasonal allergies?</li> </ul>	<ul> <li>26. During the <u>last 12 months</u>, how often have you experienced heartburn or acid reflux?</li> <li>Never - Go to Question 30</li> <li>Less than once a month</li> <li>About once a month</li> <li>About once a week</li> <li>At least twice a week</li> <li>27. In the <u>last 12 months</u>, have you seen a doctor or other health professional for heartburn or acid reflux?</li> <li>Yes</li> <li>No</li> <li>28. In the <u>last 30 days</u>, have you experienced heartburn or acid reflux? If yes, indicate the number of days.</li> <li>Yes</li> <li>On how many days? days</li> <li>29. In the <u>last 30 days</u>, have you taken any medications for heartburn or acid reflux?</li> </ul>



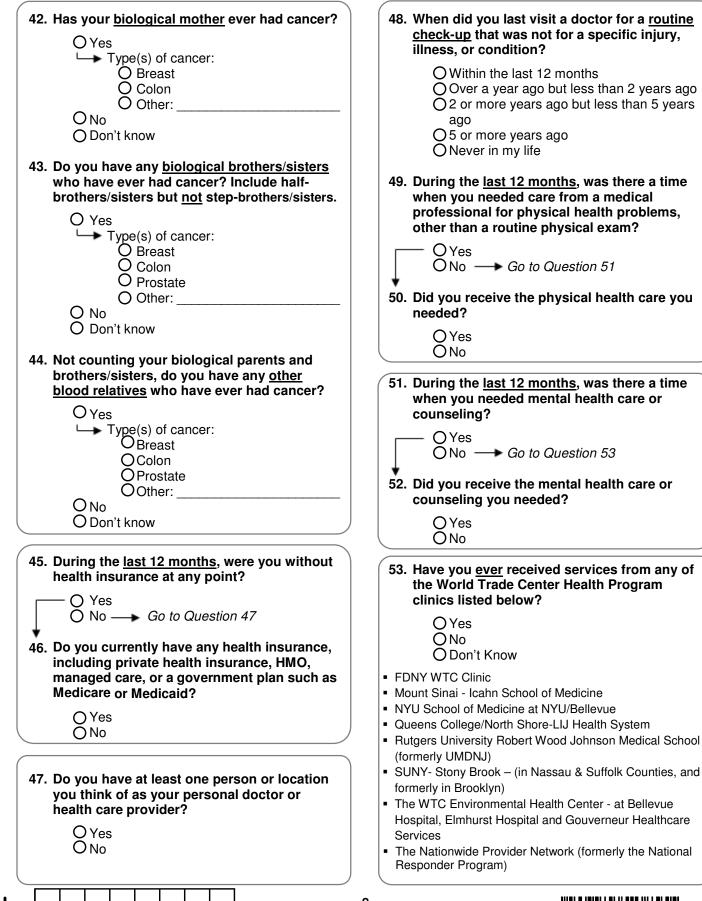
## 30. Have you <u>ever</u> been told by a doctor or other health professional that you had any of these conditions? If yes, please provide the year you were first told you had that condition.

	No	Yes	Year first told
a. Hypertension, or high blood pressure	0	0 —	→
b. High cholesterol	0	0 —	→
c. Angina, or angina pectoris	0	0 —	→ <u> </u>
d. Heart attack, or myocardial infarction	0	0 —	→
e. Coronary heart disease	0	0 —	→
f. Stroke	0	0 —	→
g. Diabetes, or sugar diabetes	0	0 —	→
h. Asthma	0	0 —	→
i. Chronic bronchitis	0	0 —	→
j. Emphysema, or COPD	0	0 —	→
k. Reactive airways dysfunction syndrome, or RADS	0	0 —	→
I. Sarcoidosis	0	0 —	→
m. Pulmonary fibrosis	0	0 —	→
n. Asbestosis	0	0 —	→
o. Sleep apnea, or obstructive sleep apnea	0	0 —	→
p. Gastroesophageal reflux disease, or GERD	0	0 —	→
q. Thyroid disease	0	0 —	→
r. Peripheral neuropathy	0	0 —	→
s. Rheumatoid arthritis	0	0 —	→
t. Other auto-immune disorders (e.g., lupus, MS, ALS, scleroderma, or polymyositis)	0	0 —	→
u. *Other disease (excluding cancer), Please specify:	0	o —	→□□□
v. *Other disease (excluding cancer), Please specify:	0	0 —	→ □ □ □
*Note: Cancer is covered later in this survey.			











54. In the last 30 days, how much have you been bothered by the following problems?						
		Not at all	A little bit	Moderately	Quite a bit	Extremely
a.	Repeated, disturbing memories, thoughts, or images of the events of 9/11	0	0	0	0	0
b.	Repeated, disturbing dreams of the events of 9/11	0	0	0	0	0
C.	Suddenly acting or feeling as if the events of 9/11 were happening again (as if you were reliving it)	0	0	0	0	0
d.	Feeling very upset when something reminded you of the events of 9/11	0	0	0	0	0
e.	Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the events of 9/11	0	0	0	0	0
f.	Avoiding thinking about or talking about the events of 9/11 or avoiding having feelings related to it	0	0	0	0	0
g.	Avoiding activities or situations because they remind you of the events of 9/11	0	0	Ο	0	0
h.	Trouble remembering the important parts of the events of 9/11	0	0	0	0	0
i.	Loss of interest in activities that you used to enjoy	0	0	0	0	0
j.	Feeling distant or cut off from other people	0	0	0	0	0
k.	Feeling emotionally numb or being unable to have loving feelings for those close to you	0	0	0	0	0
١.	Feeling as if your future will somehow be cut short	0	0	0	0	0
m	. Trouble falling or staying asleep	0	0	0	0	0
n.	Feeling irritable or having angry outbursts	0	0	0	0	0
о.	Having difficulty concentrating	0	0	0	0	0
p.	Being "super alert" or watchful or on guard	0	0	0	0	0
q.	Feeling jumpy or easily startled	0	0	0	0	0

If you answered "Not at all" to <u>all</u> of the questions above (Question 54a-q) — Go to Question 56



- 55. Thinking about the problems in the previous question:
- a. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
  - O Not difficult at all O Somewhat difficult O Very difficult O Extremely difficult
- b. During the <u>last 12 months</u>, have you experienced any of these problems continuously for longer than 1 month?

O Yes O No

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

O Yes O No

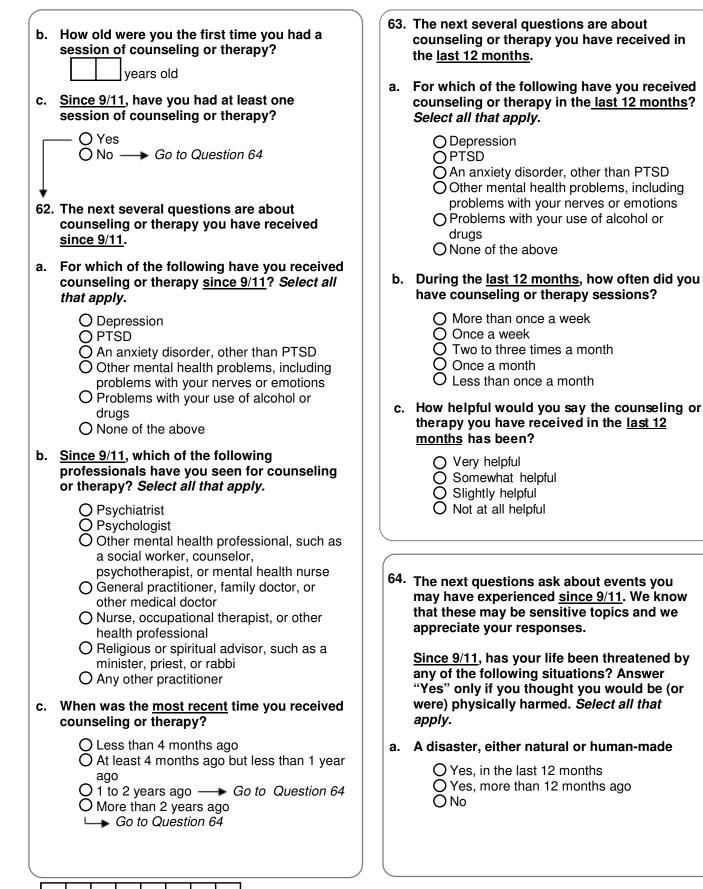
#### 56. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	0	0	0	0
b. Feeling down, depressed, or hopeless	0	0	0	0
c. Trouble falling or staying asleep, or sleeping too much	0	0	0	0
d. Feeling tired or having little energy	0	0	0	0
e. Poor appetite or overeating	0	0	0	0
f. Feeling bad about yourself, or that you are a failure or have let yourself or your family down	0	0	0	0
g. Trouble concentrating on things, such as reading the newspaper or watching television	0	0	0	0
<ul> <li>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</li> </ul>	0	0	0	0



57. During the <u>last 30 days</u> , about how often die	l 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?	0	0	0	0	0
b. Nervous?	0	0	0	0	0
c. Restless or fidgety?	0	0	0	0	0
d. Hopeless?	0	0	0	0	0
e. That everything was an effort?	0	0	0	0	0
f. Worthless?	0	0	0	0	0
<ul> <li>58. Which of the following conditions have you ever been told by a doctor or other health professional that you have? Select all that apply.</li> <li>O Depression <ul> <li>In what year were you first told?</li> <li>O Post-traumatic stress disorder (PTSD)</li> <li>In what year were you first told?</li> <li>O An anxiety disorder, other than PTSD</li> <li>In what year were you first told?</li> </ul> </li> <li>O Other mental health problems, including problems with your nerves or emotions <ul> <li>In what year were you first told?</li> <li>O Other mental health problems, including problems with your nerves or emotions</li> <li>In what year were you first told?</li> <li>O Problems with your use of alcohol or drugs</li> <li>In what year were you first told?</li> <li>O None of the above</li> </ul> </li> </ul>	60.	Other n problem OProblem drugs ONone of During the <u>la</u> following co prescription apply. O Depres O PTSD O An anx O Other n problem O Problem drugs O None of The next sev counseling of received for the previous Have you <u>ev</u> or therapy la Please do <u>no</u> medication of O Yes	nditions ha Ith professions iety disorder mental health ms with your ms with your of the above ast 12 month nditions ha medication iety disorder mental health ms with your ms with your of the above veral question of the above veral question any of the of a question. er had a see asting 30 mi ot include vi	, other than in problems, in nerves or er use of alcohone in the problems, in nerves or er use of alcohone in the problems, in nerves or er use of alcohone are aboone are aboone may have conditions lies ison of counters or long is that we	PTSD ncluding motions nol or h of the n any that PTSD ncluding motions nol or ut re isted in unseling nger?





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

OYes, in the last 12 months OYes, more than 12 months ago ONo

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

OYes, in the last 12 months OYes, more than 12 months ago ONo

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

OYes, in the last 12 months OYes, more than 12 months ago ONo

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

OYes, in the last 12 months OYes, more than 12 months ago ONo

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

> OYes, in the last 12 months OYes, more than 12 months ago ONo

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

OYes, in the last 12 months OYes, more than 12 months ago ONo

#### h. A life-threatening illness

OYes, in the last 12 months OYes, more than 12 months ago ONo

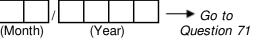
## 65. During the <u>last 12 months</u>, which of the following situations have you experienced? *Select all that apply.*

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

# 66. Have you smoked at least 100 cigarettes in your entire life? O Yes O No - Go to Question 71 67. Do you now smoke cigarettes every day, some days or not at all?



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



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

cigarettes

- 70. How soon after waking do you smoke your first cigarette?
  - O Within 5 minutes
  - O 5 to 30 minutes
  - O 31 to 60 minutes
  - O More than 60 minutes



71. The next questions are about drinks of 72. For the next few questions, please think alcoholic beverages. By a "drink," we mean a about prescription pain relievers such as can or bottle of beer, a glass of wine or a Oxycodone (e.g., Percocet, Endocet, wine cooler, a shot of liquor, or a mixed drink OxyContin) or Hydrocodone (e.g., Vicodin, with liquor in it. We are not asking about Norco, Lortab). Do not include "over the times when you only had a sip or two from a counter" medications. drink. a. During the last 12 months, has a doctor or a. Have you ever - even once - had a drink of other health professional given you a any type of alcoholic beverage? Do not prescription for a pain reliever? include times when you only had a sip or O Yes two. O No → Go to Question 72d O Yes  $\bigcirc$  No  $\longrightarrow$  Go to Question 72 b. When was the most recent time you took the b. How long has it been since you last drank an pain reliever that you were prescribed? alcoholic beverage? O Within the last 30 days O Within the last 30 days O More than 30 days ago O More than 30 days ago but within the last O Never – I did not take the pain reliever 12 months ---- Go to Question 72 └─▶ Go to Question 72d O More than 12 months ago └─▶ Go to Question 72 During the last 30 days, how many days did c. C. Have you ever - even once - taken more of you have at least 1 drink of any alcoholic the pain reliever than you were prescribed? beverage? This includes taking a higher dosage or taking it more often than directed. davs O Yes, within the last 30 days d. On the days when you drank, about how O Yes, more than 30 days ago but within the many drinks did you drink on average? last 12 months drinks O No e. In the last 30 days, what is the maximum number of drinks you have consumed on d. During the last 12 months, have you ever one single occasion? even once – taken a prescription pain reliever that was not prescribed to you? drinks O Yes, within the last 30 days f. Answer only if you are male: Considering all O Yes, more than 30 days ago but within the types of alcoholic beverages, how many last 12 months times during the last 30 days did you have 5 O No or more drinks on one occasion? times g. Answer only if you are female: Considering 73. Have you ever stayed overnight or longer at all types of alcoholic beverages, how many a hospital, rehabilitation facility, or mental times during the last 30 days did you have 4 health center so you could receive treatment or more drinks on one occasion? or counseling for alcohol or drug use? times O Yes, before 9/11 O Yes, after 9/11 O Yes, both before and after 9/11 O No



74. Following is a list of statements. For each c. Thanks to my resourcefulness, I know how statement, please indicate to what extent it is to handle unforeseen situations. true or not true about you. O Not at all true O Hardly true a. It is easy for me to stick to my aims and O Moderately true accomplish my goals. O Exactly true O Not at all true O Hardly true d. I can remain calm when facing difficulties O Moderately true because I can rely on my coping abilities. O Exactly true O Not at all true O Hardly true b. I am confident that I could deal efficiently O Moderately true with unexpected events. O Exactly true O Not at all true O Hardly true e. No matter what comes my way, I'm usually O Moderately true able to handle it. O Exactly true O Not at all true O Hardly true O Moderately true O Exactly true

75. How often is someone available:					
	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. To take you to the doctor if you need to go?	0	0	0	0	0
b. To have a good time with?	0	0	0	0	0
c. To hug you?	0	0	0	0	0
d. To prepare your meals if you are unable to do it yourself?	0	0	0	0	0
e. To understand your problems?	0	0	0	0	0

76. In the <u>last 30 days</u> , have you visited, talked, or emailed with friends at least twice? O Yes O No
77. In the <u>last 30 days</u> , have you attended a religious service at least twice?
O Yes O No
78. In the last 30 days, have you been actively involved in a volunteer organization or club?
O Yes O No
79. About how many close friends or relatives do you have now? Include people you feel at ease with and can talk with about what is on your mind.
close friends or relatives
The following information is requested from you to properly keep track of who is enrolled in the Registry. This information will remain strictly confidential. If you would like to provide us with your <u>full</u> Social Security number, please call us at 866-692-9827.

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

81. What is your current email address?

Thank you for helping us learn about t We appreciate your input and will I This is the end o	keep your answers confidential.
Please place the completed surv If the envelope was not included or	•
Visit <u>nyc.gov/9-11healthinfo</u> for the latest inform	ation on 9/11-related research and services.
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