WORLD TRADE CENTER HEALTH REGISTRY
2021 COVID-19 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

This survey contains questions that will help the Registry understand how the COVID-19 (or coronavirus) pandemic has affected your life and your health. Although it is sometimes referred to as coronavirus, we will use COVID-19 throughout this survey.

1. Please enter today’s date:
   M  M  D  D  Y  Y  Y  Y

2. What is your date of birth?
   M  M  D  D  Y  Y  Y  Y

3. What sex were you assigned at birth?
   ○ Female
   ○ Male
   ○ Neither female nor male

4. Since the COVID-19 pandemic began (March 2020), have you ever been sick with an illness you think might be COVID-19?
   ○ Yes
   ○ No
   ○ Do not know  Go to Question 9

5. In what month and year were you sick with an illness that you think might be COVID-19?
   M  M  Y  Y  Y  Y

6. While you were sick with an illness you thought might be COVID-19, did you experience the following symptoms? Select all that apply.
   ○ Cough
   ○ Shortness of breath at rest
   ○ Shortness of breath with exertion
   ○ Wheeze
   ○ Loss of taste or smell
   ○ Sore throat
   ○ Fever (or felt feverish)/sweats/chills
   ○ Muscle/joint pains or aches
   ○ Chest pain/discomfort/tightness
   ○ Fatigue
   ○ Headache
   ○ Nausea/vomiting/diarrhea/stomach pain
   ○ Other (please specify):

7. While you were sick, did you seek care from a health care professional?
   ○ Yes
   ○ No  Go to Question 9

8. Where did you seek medical care? Select all that apply.
   ○ Visit to your primary care provider’s office or another doctor’s office
   ○ Telephone call to a doctor’s office
   ○ Teledicine, such as a video call with a health care provider
   ○ Retail clinic or pharmacy
   ○ Urgent care, such as CityMD
   ○ Emergency room
   ○ Hospital, not in the emergency room
   ○ Some other place (please specify):

9. Have you ever been tested for the COVID-19 virus by either saliva, a nasal swab, or throat swab? This is not the antibody test (blood test).
   ○ Yes
   ○ No  Go to Question 11
   ○ Do not know

10. Did you ever get a positive test result for the COVID-19 virus?
    ○ Yes
    ○ No
    ○ Do not know

11. There is a test to detect antibodies to the virus that causes COVID-19. The test is usually done with a blood sample. Have you ever had an antibody test for COVID-19?
    ○ Yes
    ○ No  Go to Question 13
    ○ Do not know

12. What was the result of the test to detect antibodies to COVID-19?
    ○ Positive or detected
    ○ Negative or not detected
    ○ Indeterminate or equivocal (The test could not tell if you had antibodies for COVID-19)
    ○ Do not know

2021 COVID-19 SURVEY

Do not know
13. How long were you sick with COVID-19?
   - Never → Go to Question 16
   - Less than 1 week
   - At least 1 week, but less than 2 weeks
   - At least 2 weeks, but less than 4 weeks
   - At least 4 weeks, but less than 8 weeks
   - More than 8 weeks

14. How long were you hospitalized for COVID-19 illness?
   - Never → Go to Question 16
   - Less than 24 hours
   - More than 24 hours, but less than 1 week
   - At least 1 week, but less than 2 weeks
   - At least 2 weeks, but less than 4 weeks
   - At least 4 weeks, but less than 8 weeks
   - More than 8 weeks

15. While you were hospitalized for COVID-19 illness, were you:
   (Select all that apply.)
   - Admitted into an intensive care unit (ICU)
   - Intubated
   - Put on kidney dialysis
   - None of the above

16. Not including yourself, was anyone living in your home infected with COVID-19 or suspected COVID-19?
   - Yes
   - No
   - Do not know

17. Not including yourself, was anyone living in your home hospitalized due to COVID-19?
   - Yes
   - No

18. During the pandemic, did you lose any coworkers, friends, loved ones, or family members due to COVID-19?
   - Yes
   - No

Please answer questions 19-20 based on the place you spent most of your time during the peak of the COVID-19 pandemic in your area.

19. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. Include bedrooms, kitchens, etc. Do not include bathrooms, porches, balconies, foyers, halls, or unfinished basements.

20. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, enter “0”.

21. Including yourself, how many people were living in your household during the peak of the COVID-19 pandemic in your area?

22. Did you feel like this was too crowded? That there were too many people given the size of the space?
   - Yes
   - No

23. How many children under the age of 18 live in your household?

24. How many adults in your household require caregiving due to a disability or health issues unrelated to COVID-19?

25. At any point between March 2020 and now, were any of your family members or loved ones living in a nursing home, rehabilitation center, or other long-term care facility?
   - Yes
   - No
26. Below is a list of ways to protect yourself and others from potential COVID-19 exposure. How often have you done each of the following since March 2020?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cleaned your hands with water and soap for at least 20 seconds, or with hand sanitizer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Avoided touching your eyes, nose, and mouth with unwashed hands</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>c. Avoided close contact with people who are sick, including those inside your home</td>
<td></td>
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<td></td>
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<tr>
<td>d. Stayed at least 6 feet from people outside your household</td>
<td></td>
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<tr>
<td>e. Covered your nose and mouth with a face mask or a cloth face cover when around others</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>f. Cleaned and disinfected frequently touched surfaces</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

27. The next questions are about worries you might have had during the COVID-19 pandemic. For these questions, please think about the time during the pandemic that was the most difficult for you. During that time, how worried were you that …

<table>
<thead>
<tr>
<th></th>
<th>Not at all worried</th>
<th>A little worried</th>
<th>Somewhat worried</th>
<th>Extremely worried</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You, yourself, might get COVID-19?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. You might infect someone else with COVID-19?</td>
<td></td>
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</tr>
<tr>
<td>c. Someone in your family or a close friend might get very sick from COVID-19?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d. Adequate health care would not be available if you or your family got sick from COVID-19?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e. You or your family members could not afford to pay for treatment or testing for COVID-19?</td>
<td></td>
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<tr>
<td>f. You or your family would not be able to get health care for another medical problem (not COVID-19)?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>g. Family members or others you are close to would not be able to cope with being isolated/alone?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>h. You would not be able to take care of people in your family who needed help?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>i. You will lose income due to a workplace closure or have reduced hours because of the COVID-19 pandemic?</td>
<td></td>
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</tr>
<tr>
<td>j. You or your family will suffer a significant financial loss because of COVID-19?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
28. Did you have health insurance before the COVID-19 pandemic began (before March 2020)?
   ○ Yes
   ○ No

29. Were you without health insurance at any point since the COVID-19 pandemic began (March 2020)?
   ○ Yes
   ○ No → Go to Question 31

30. How long were you without health insurance?
   □ □ weeks OR □ □ months

31. Since the COVID-19 pandemic began (March 2020), did you need medical care not related to COVID-19?
   ○ Yes
   ○ No → Go to Question 35

32. Did you get the medical care that you needed?
   ○ Yes → Go to Question 35
   ○ No

33. What kind of medical care was it that you needed but did not get? Select all that apply.
   ○ Diagnostic procedure
   ○ Care for a chronic condition
   ○ Medical specialist visit
   ○ Prescription medication
   ○ Care to address pain
   ○ Care for a mental health-related issue
   ○ Other type of care (please specify):

34. There are many reasons people are unable to get medical care during the COVID-19 pandemic. Were you unable to get care for any of the following reasons? Select all that apply.
   ○ Could not get an appointment soon enough
   ○ Too afraid to go to the clinic/doctor’s office
   ○ The clinic/doctor’s office was not open
   ○ Your health provider advised you to delay getting medical care
   ○ Unable to get to your clinic/doctor’s office (Transportation)
   ○ Unable to make contact with your clinic/doctor’s office
   ○ Did not know where to get medical care/test/treatment
   ○ Did not have time or took too long
   ○ Could not afford to pay
   ○ No insurance or not covered by your insurance
   ○ Different language from the doctor, nurse, receptionist
   ○ Could not get time off from work
   ○ Was refused service
   ○ Could not get child care or help caring for another family member
   ○ Other reason (please specify):

35. Compared with before the beginning of the COVID-19 pandemic (before March 2020), would you say your physical health is now better, worse, or about the same?
   ○ Better
   ○ Worse
   ○ About the same

36. Compared with before the beginning of the COVID-19 pandemic (before March 2020), would you say your mental or emotional health is now better, worse, or about the same?
   ○ Better
   ○ Worse
   ○ About the same

This space is intentionally blank.
Please go to Question 37 on the next page.
37. Many people have experienced changes in their emotions and behaviors during the COVID-19 pandemic. Compared with how you were doing before the pandemic started (before March 2020), how much have you been bothered by the following:

<table>
<thead>
<tr>
<th></th>
<th>A lot more than usual</th>
<th>A little more than usual</th>
<th>No change</th>
<th>A little less than usual</th>
<th>A lot less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Feeling nervous or anxious</td>
<td></td>
<td></td>
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<tr>
<td>b. Not being able to stop worrying</td>
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<tr>
<td>c. Feeling sad</td>
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<tr>
<td>d. Feeling annoyed or irritable</td>
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<tr>
<td>e. Experiencing lack of motivation</td>
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<tr>
<td>f. Feeling lonely</td>
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<tr>
<td>g. Feeling hopeless</td>
<td></td>
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</tbody>
</table>

38. Please indicate the extent to which you agree or disagree with the following statements. Since the beginning of the COVID-19 pandemic (March 2020):

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I had difficulty communicating with people outside my home.</td>
<td></td>
<td></td>
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<tr>
<td>b. I have found new ways of connecting with family and friends.</td>
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<tr>
<td>c. I have received emotional support from family or friends when needed.</td>
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</tr>
<tr>
<td>d. I have experienced more conflict at work or with family, friends, or other people in my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I have been able to find reliable and accurate information about COVID-19 from news sources or government officials.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39. Please indicate to what extent each of the following statements describes your feelings.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>More or less</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I experience a general sense of emptiness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. There are plenty of people I can rely on when I have problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. There are many people I can trust completely.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. There are enough people I feel close to.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I miss having people around.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. I often feel rejected.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
40. Which of the following describes your employment status before the COVID-19 pandemic started in March 2020? Select all that apply.

- Employed full-time
- Employed part-time
- Self-employed
- Retired
- On maternity or parental leave
- Looking for work
- Unemployed
- Unable to work because of health
- Homemaker
- Student

41. What setting(s) were you working in when the COVID-19 pandemic reached its peak in your area? Select all that apply.

- At home
- In a medical setting (hospital, clinic, doctor’s office, urgent care center, etc.)
- In an office or apartment building
- In a private household or households (nanny, housekeeper, etc.)
- In a setting with regular customer interaction (delivery, transport, retail, food service, restaurant, etc.)
- In the community as a first responder (police, EMS, firefighter, National Guard, etc.)
- In a warehouse or factory
- Outside (gardening, construction, road work, etc.)
- Other (please specify):

- Did not work during this time

42. When the COVID-19 pandemic hit its peak in your area, did you continue to work outside the home to provide an essential service (for example, health care provider, first responder, essential retail)?

- Yes
- No

43. Have you been let go from a job or had to work reduced hours because of COVID-19? If you worked more than one job, think about the job that provides your primary income.

- Yes
- No ➔ Go to Question 45

44. How long were you or have you been out of work or working with reduced hours?

[ ] weeks OR [ ] months

45. Did you retire as a direct result of COVID-19 for financial, health, or other reasons?

- Yes
- No

46. Has your household experienced any of the following financial difficulties because of the COVID-19 pandemic? Select all that apply.

- Unable to pay the rent or mortgage
- Unable to pay the gas, oil, or electricity bills
- Unable to pay the telephone (including cellphone) or internet bills
- Unable to buy groceries because of lack of money
- Asked to move out or threatened with eviction or foreclosure
- Experienced homelessness
- None of the above

47. Since the COVID-19 pandemic, has there been a change in your household’s wealth? Wealth is the difference between your assets (such as savings, stocks, home equity), and debts (such as mortgage, credit card, and student loans).

- No, there has not been a change
- Yes, my household’s wealth has decreased
- Yes, my household’s wealth has increased

This space is intentionally blank. Please go to Question 48 on the next page.
48. For each of the following behaviors, indicate No or Yes. If YES, continue to answer the additional question in each row.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Did you do this before the COVID-19 pandemic started (before March 2020)?</th>
<th>After the start of the pandemic, did you do this more or less than usual because of COVID-19?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>a. Smoke cigarettes or vape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Drink alcoholic beverages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Use cannabis (marijuana), either recreationally or for medical reasons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Use painkillers such as OxyContin, Vicodin, Percocet, morphine, or methadone, with or without a prescription</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Use benzodiazepines such as Xanax, Valium, Klonopin, or Ativan, with or without a prescription</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Use Ambien or other sleep medication, with or without a prescription</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Use illegal drugs such as cocaine, heroin, methamphetamine, or hallucinogens</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

49. Did your exercise habits change after the start of the COVID-19 pandemic in March 2020?

- Yes, exercised more
- Yes, exercised less
- No change

50. Did your eating habits change after the start of the COVID-19 pandemic in March 2020?

- Yes, ate more
- Yes, ate less
- No change

51. On average, how many hours of sleep did you get most nights …

<table>
<thead>
<tr>
<th>Number of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Before the start of the pandemic (before March 2020)?</td>
</tr>
<tr>
<td>b. At the peak of the pandemic in your area?</td>
</tr>
<tr>
<td>c. In the last 30 days?</td>
</tr>
</tbody>
</table>

52. How would you rate your sleep quality overall …

<table>
<thead>
<tr>
<th>Very bad</th>
<th>Fairly bad</th>
<th>Fairly good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Before the start of the pandemic (before March 2020)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. At the peak of the pandemic in your area?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. In the last 30 days?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

53. The following questions are about discrimination that you may have experienced in connection to COVID-19 since March 2020.

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Has someone harassed or insulted you in connection to COVID-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Has someone physically attacked you in connection to COVID-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Has someone confronted you about your connection to countries or communities with reported COVID-19 cases?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Have you been turned away or discouraged from being tested or treated by a medical facility when seeking care for COVID-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Have you experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior while getting health care for COVID-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Have you decided not to seek health care for COVID-19 because you anticipated bias or discrimination?</td>
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</tbody>
</table>
54. The following questions are examples of discrimination you might have experienced in your lifetime. For each of the following situations, indicate No or Yes. If YES, continue to answer the additional question in each row.

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Once</th>
<th>Two or three times</th>
<th>Four or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. At school</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. Getting hired or getting a job</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. At work</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d. Getting housing</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e. Getting medical care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>f. Getting service in a store or restaurant</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>g. Getting credit, bank loans, or a mortgage</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>h. On the street or in a public setting</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>i. From the police or in the courts</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

55. How do you identify your gender?
- Woman
- Man
- Transgender woman
- Transgender man
- Non-binary or genderqueer person
- Other gender (please specify): _________________________

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.

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

57. Please use the space below to tell us anything else about your experience with the COVID-19 pandemic.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

This is the end of the survey.
Thank you for completing the 2021 COVID-19 Survey.
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.