

WORLD
TRADE
CENTER
HEALTH REGISTRY

CHILD
FOLLOW-UP
SURVEY 2007



If your child's personalized ID number
does not appear directly below,
please contact us at
866-NYC-WTCR (866-692-9827)

READ THIS FIRST

Dear Parent or Guardian:

The World Trade Center Health Registry (WTCHR) is contacting you about this research because your child was one of the 71,000 persons enrolled in the Registry. It is important that we regularly contact you for an update on your child's physical and mental health. This survey is for children aged 5 to 10 years old as of April 1, 2007. A separate survey is being sent to the parents or guardians of enrollees 11 to 17 years old.

This first follow-up survey is your opportunity to update us about the health of your child. Your answers are very important. They may help us understand the potential long-term health effects of the 9/11 disaster.

About the Survey. The survey will take 15 to 30 minutes to complete. Your participation on behalf of your child is voluntary. We will link your answers in this follow-up survey to the survey completed for your child in 2003 or 2004. All information provided will be kept strictly confidential. Your answers are legally protected by a Federal Certificate of Confidentiality. Your child will remain in the Registry even if you choose not to take part in this survey. The New York City Department of Health and Mental Hygiene (NYC DOHMH) may contact you to provide information about health care services for your child based on the responses to this survey.

A pre-addressed, postage-paid envelope is enclosed for you to use to return the survey to us. Please return the survey **within 10 days** if possible.

The Registry is a long term effort; the information you provide us over time will be used to inform future public health policy. We understand, however, that many people have concerns related to September 11 that need immediate attention. We refer you to the enclosed updated January 2007 Resource Guide which provides information about physical and mental health services and resources, as well as other 9/11-related services and resources provided by over 70 organizations. We hope this resource guide will assist you in linking with health facilities, services, and other resources as needed. You may also call LifeNet (1-800-LIFENET), a free and confidential mental health service which provides information and referrals 24 hours a day, 7 days a week.

We thank you and your child for being a part of the World Trade Center Health Registry.

Sincerely,

Thomas Frieden, M.D., M.P.H.
Commissioner, NYC DOHMH

Mark Farfel, Sc.D.
Director, WTCHR
Principal Investigator, WTCHR

Robert Brackbill, Ph.D., M.P.H.
Founding Principal Investigator, WTCHR

The Registry is an important effort of the NYC DOHMH in partnership with the federal Agency for Toxic Substances and Disease Registry (ATSDR). Macro International Inc., a research company, is working for the NYC DOHMH to conduct this survey and is required to keep the information strictly confidential.

SURVEY INSTRUCTIONS

Who should complete this survey?

This survey was sent to households with a child 5 to 10 years of age as of April 1, 2007 who is enrolled in the WTC Health Registry. The survey should be completed by a parent or legal guardian of the child. If you are not the parent or legal guardian for the child, please give this survey to the appropriate person.

If the child does not live at your address, but you are the parent or guardian, it is okay for you to complete this survey. If the child lives at another address and you are not the parent or guardian, please forward it to their current address or call us at 212-442-1585 or 866-NYC-WTCR so we may send another survey to the appropriate address.

If this survey has been sent to a household where the child enrolled in the Registry has passed away, please accept our sincere condolences. We are very sorry for your loss. Please do not complete the survey. Instead, contact the Registry at 212-442-1585 to notify us.

How should this survey be completed?

Mark answers with an X or enter a number where appropriate. Answer questions based on your child's experiences. Report all health issues, not just those that may be related to 9/11. Please pay careful attention to the wording of questions. For example, some questions ask about your child's health in the "last 30 days" or "last 12 months" or "last 4 weeks". For most of the questions in this survey, we are interested in ALL of your child's symptoms and experiences in the time frame specified, not just those that seem unusual or those that might be related to the events of September 11, 2001. For those questions where we do want to know specifically about symptoms that may be related to September 11, this has been noted in the instructions for those questions.

What do I do if more than one child in my household is enrolled in the WTC Health Registry?

A separate survey will be sent for each child enrolled in the Registry. The surveys are being sent in batches, so they may not arrive at your home at the same time. Please be sure to use the correct survey for each child. You will have the opportunity to write the name of the child for whom you are completing the survey.

What if I get upset while answering questions?

Many people still get upset when thinking about 9/11. If you want to talk about these feelings, you can call LifeNet (800-LIFENET) which is a confidential and free mental health referral and crisis hotline. It is available 24 hours a day, 7 days a week.

What do I do when I am done?

Place the completed survey in the pre-addressed, postage-paid return envelope that came in the packet and mail to:

WTC Health Registry, 116 John Street Rm 800, New York, NY 10038.

Thank you for completing the WTC Health Registry's first follow-up survey on your child's behalf. If you have any questions about your child's rights as a WTCHR enrollee, please contact the NYC DOHMH Institutional Review Board Chairperson, Dr. Olivette Burton, at 212-788-4483. If you have any questions about the Registry or the survey, please contact Registry staff at 212-442-1585, 1-866-NYC-WTCR (866-692-9827), or wtchr@health.nyc.gov.

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Please read the survey instructions on the opposite page.
Mark answer with an "x" or provide a number.

Today's date:

□□ / □□ / □□□□

(Month / Day / Year)

1 Are you the parent or legal guardian of the child enrolled in the WTC Health Registry?

₁ Yes

₂ No **STOP.** Please give this survey to the child's parent or legal guardian or call 212-442-1585 or toll-free at 866-NYC-WTCR (866-692-9827).

2 What is YOUR name? (This information will help us keep track of adults who respond on behalf of their children at each follow-up survey.)

First Name: _____

Last Name: _____

3 What is the name of YOUR CHILD enrolled in the WTC Health Registry? (This information will help us keep track of surveys if more than one child lives in your household. If you have more than one child enrolled in the Registry, you will receive separate surveys for each child.)

First Name: _____

Last Name: _____

4 What is your relationship to the child?
(Check ALL that apply.)

₁ Mother (biological, step, foster, adoptive)

₂ Father (biological, step, foster, adoptive)

₃ Female or male guardian

₄ Adult sister or brother (biological, step, foster, half, adoptive)

₅ Aunt or Uncle

₆ Grandparent

₇ Other family member

₈ Other, please specify: _____

5 What is your child's gender?

₁ Male

₂ Female

6 What is your child's date of birth?

□□ / □□ / □□□□

(Month / Day / Year)

7 The following questions ask about household composition. Answer for the home where your child spends the most time.

(If your child spends half of his or her time at each of two homes, please answer for the home where the questionnaire arrived.)

a. How many people does your child live with?

□ Number of adults (18 years old or older)

□ Number of children (17 years old or younger)

b. Which best describes the household where your child spends the most time?

₁ Single parent household

₂ Two parent household

₃ Other, please specify: _____

8 Approximately how many days per month does your child live in another household?

(For example, if your child spends two days per week with another parent:

2 days per week X 4 weeks = 8 → enter 08)

□ Days per month

Not applicable, my child lives in one household.

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

- ₁ Never attended school or only attended kindergarten
- ₂ Grades 1 through 8 (elementary or middle school)
- ₃ Grades 9 through 11 (some high school)
- ₄ Grade 12 or GED (high school graduate)
- ₅ College 1 year to 3 years (some college or technical school)
- ₆ College 4 years or more (college graduate)
- ₇ Post-graduate degree

10 Would you say that in general your child's health is: (Choose ONE answer.)

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₅ Poor

11 For questions 11a through 11c, please provide answers based on the last 30 days.

a. Thinking about your child's physical health, which includes physical illness and injury, for how many days during the last 30 days was your child's physical health not good?

Enter number of days OR None

b. Thinking about your child's mental health, which includes stress, depression, and problems with emotions, for how many days during the last 30 days was your child's mental health not good?

Enter number of days OR None

c. For how many days did poor physical or mental health keep your child from doing his/her usual activities, during the last 30 days?

Enter number of days OR None

12 Has anyone ever brought your child to see a doctor or other health professional for any of the following symptoms? (Answer as best you can.)

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hearing problem or loss? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Heartburn, indigestion or reflux? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sinus problems, nose irritation, or postnasal irritation (which occurred when your child did not have a cold or the flu)? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Skin rash or irritation? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Problems with coughing? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Problems breathing such as feeling out of breath or short of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Throat irritation? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Hoarseness or loss of voice? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Wheezing or whistling sound in the chest? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Other, please specify: _____ | | |

13 For questions 13a through 13k, how often has your child had each of the following health symptoms during the last 12 months?

(Include symptoms even if your child did not see a doctor. If your child's symptoms vary throughout the year, base your answer on the seasons when problems are worse.)

a. Severe headaches?

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

b. Hearing problem or loss?

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

c. Heartburn, indigestion or reflux?

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

d. Sinus problems, nose irritation, or postnasal irritation (which occurred when your child did not have a cold or the flu)?

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

e. Skin rash or irritation?

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

f. Problems with coughing?

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

g. Problems with breathing, such as feeling out of breath or short of breath?

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

h. Throat irritation?

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

i. Hoarseness or loss of voice?

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

j. Wheezing?

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

k. Other, please specify: _____

- ₁ Never (not in the last 12 months)
- ₂ Rarely (less than once a month)
- ₃ Sometimes (1-4 times per month)
- ₄ Often (more than once a week, but not daily)
- ₅ Very often (daily)

- 14** The next six questions are about asthma.
- a. Has a doctor or health professional ever said that your child had asthma?
- ₁ Yes
- ₂ No → SKIP to Question **15**
- b. How old was your child when the doctor or other health professional first said that your child had asthma? (Answer as best you can.)
- years old
- c. Did the doctor or other health professional say before September 11, 2001 that your child had asthma?
- ₁ Yes
- ₂ No
- d. During the last 12 months, has your child had an episode of asthma or an asthma attack?
- ₁ Yes
- ₂ No
- e. During the last 12 months, how many times did your child go to an emergency room or urgent care center because of asthma?
- Enter number of visits OR None
- f. In the last 12 months, has your child used an inhaler or nebulizer prescribed by a doctor for asthma?
- ₁ Yes
- ₂ No
- 15** Does anyone who lives in your child's home smoke cigarettes, cigars, or pipes anywhere inside the home? (Include all households.)
- ₁ Yes
- ₂ No

- 16** About how long has it been since your child last visited a doctor for a routine check-up? A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition.
- ₁ Within the past year (last 12 months)
- ₂ Over a year but less than 2 years ago
- ₃ Over 2 years ago but less than 5 years ago
- ₄ 5 or more years ago
- ₅ Never in my child's life
- 17** Was there a time in the last 12 months when your child needed health care, but did not get it?
- ₁ Yes
- ₂ No → SKIP to Question **18**
- a. What type of health care did your child need, but did not get during the last 12 months? (Check ALL that apply)
- ₁ Routine check-up (e.g. immunizations)
- ₂ A specialist (e.g. ear, nose, throat doctor)
- ₃ Inpatient care (e.g. hospitalization)
- ₄ Diagnostic services (e.g. lab test)
- ₅ Outpatient care (e.g. seeing a doctor for the flu)
- ₆ Prescription medicines
- ₇ Mental health care or counseling
- ₈ Dental care
- ₉ Eye exam
- ₁₀ Other, please specify: _____

b. What prevented your child from getting the health care that he or she needed in the last 12 months? (Check ALL that apply.)

- ₁ Lacked money
- ₂ Lacked insurance
- ₃ Lacked transportation
- ₄ Lacked childcare
- ₅ Did not know where to go for care
- ₆ Was unable to find a provider who could diagnose or treat my child's condition
- ₇ Other, please specify: _____

c. Regarding health care that your child did not receive in the last 12 months, were you seeking health care for a problem that may be related to September 11, 2001?

- ₁ Yes
- ₂ No
- ₃ I don't know

18 During the last 12 months have you or another parent or guardian talked to a professional about a mental or emotional problem your child might have? (For example, a doctor, psychiatrist, psychologist, counselor, nurse, social worker, other health professional or clergy member.)

- ₁ Yes
- ₂ No

19 Questions 19a and 19b ask about the emotional health of your child's parents or guardians. Your answers are confidential.

a. During the last 12 months, were you told by a health professional that you had any of the following emotional conditions? (Check ALL that apply.)

- ₁ Yes, depression
- ₂ Yes, post-traumatic stress disorder (PTSD)
- ₃ Yes, an anxiety disorder, other than PTSD
- ₄ Yes, another condition. Please specify:

- ₅ No

b. During the last 12 months, was your child's other parent or guardian told by a health professional that he/she had any of the following emotional conditions? (Check ALL that apply.)

- ₁ Yes, depression
- ₂ Yes, post-traumatic stress disorder (PTSD)
- ₃ Yes, an anxiety disorder, other than PTSD
- ₄ Yes, another condition. Please specify:

- ₅ No
- ₆ I don't know
- ₇ Not applicable, I am my child's only parent/guardian

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Below is a list of problems or complaints that people sometimes have in response to stressful experiences like the events of September 11, 2001.

- 20** For these next questions, please indicate what you've learned or been told about your child's behavior during the last 4 weeks in relation to the WTC disaster on 9/11.

In the last 4 weeks...	Yes	No
a. Has your child often thought about what happened at the WTC site or what he/she saw?	<input type="checkbox"/>	<input type="checkbox"/>
b. Has your child had problems falling asleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>
c. Has your child had nightmares about what happened?	<input type="checkbox"/>	<input type="checkbox"/>
d. Has your child tried not to think about the WTC attack and does not want to hear or talk about it?	<input type="checkbox"/>	<input type="checkbox"/>
e. Has your child stopped going places or doing things that might make him/her think about the attack?	<input type="checkbox"/>	<input type="checkbox"/>
f. Has your child tried to keep away from people who might remind him/her of the WTC attack?	<input type="checkbox"/>	<input type="checkbox"/>
g. Has your child stopped thinking about the future or about things he/she might do when older?	<input type="checkbox"/>	<input type="checkbox"/>
h. Has it been harder for your child to keep her/his mind on things or to concentrate?	<input type="checkbox"/>	<input type="checkbox"/>

- 21** Now think about the problems your child may have been having in the last 4 weeks. Consider problems at home, at school or with other people because of the way your child has been feeling or acting. Please mark answers if your child had these problems not at all, hardly ever, some of the time, or a lot of the time.

Because of the way your child has been feeling or acting in the <u>last 4 weeks</u> ,	Not at all	Hardly ever	Some of the time	A lot of the time
a. How often have you (or another of your child's parents or guardians) felt worried about him/her?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. How often have you (or another of your child's parents or guardians) gotten annoyed or upset with him/her?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. How often has your child not been able to do things or go places with the family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. How often did your child feel bad or upset?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. How often has your child not been able to do things or go places with other people his/her age?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. How often have your child's teachers gotten annoyed or upset with him/her?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. How much of a problem has your child had with schoolwork or grades?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Sometimes people exposed to a traumatic event experience ongoing symptoms of distress. Some people may continue to suffer emotionally and have impaired functioning even after a significant amount of time has passed.

If you, your child, or someone else you know is still experiencing such difficulties, we encourage you to contact a mental health professional or call 1-800-LIFENET (1-800-543-3638), a toll free number that you can call 24 hours a day, 7 days a week, to get free referrals and other services.

The next set of questions asks about your child's school experience on September 11, 2001. Please answer as best as you can.

22 Did your child evacuate from school on September 11, 2001?

- ₁ Yes
- ₂ No → SKIP to Question **23**

a. Approximately what time did your child evacuate from school?

: AM or PM

b. After evacuating from school, approximately how long did it take your child to get to a safe location such as his/her home or the home of a friend or relative?

Approximately: Hours ₁₋₁₀ AND Minutes ₁₋₅₉

23 The next set of questions asks about your child's exposure to the dust and debris cloud on September 11, 2001. We asked similar questions during the initial WTCHR interview, but we want to obtain additional information about your child's dust and debris cloud experience.

a. On September 11, 2001, was your child in the dust and debris cloud that resulted from the collapse of the WTC towers?

- ₁ Yes
- ₂ No → SKIP to Question **24**

b. On September 11, 2001, when was your child first caught in the dust and debris cloud?

- ₁ After the first tower began to collapse but before the collapse of the second tower
- ₂ Less than 1 hour after the collapse of the second tower
- ₃ More than 1 hour after the collapse of the second tower

c. When your child was in the dust and debris cloud, which of the following did he/she experience? (Check ALL that apply.)

- ₁ Your child could not see more than a couple of feet in front of him/her
- ₂ Your child had trouble walking or finding his/her way because the dust was so thick
- ₃ Your child had to find shelter like under a car or in a doorway
- ₄ Your child was covered from head to toe with dust and debris
- ₅ Your child could not hear anything

24 The next set of questions asks about your child's home experience on and shortly after September 11, 2001.

a. Between September 11th and September 18th, 2001, did your child leave his/her primary home for at least 24 hours because of the WTC attack?

- ₁ Yes
- ₂ No

b. If your child did not leave his/her home for at least 24 hours between September 11th and September 18th, 2001, what were some of the reasons? (Check ALL that apply.)

- ₁ It wasn't necessary
- ₂ Some family members wanted to stay
- ₃ Some family members wanted to stay and help with the recovery
- ₄ The family could not afford to leave
- ₅ There was nowhere else to go
- ₆ Some family members were afraid to leave
- ₇ Some family members couldn't because of a disability
- ₈ Some family members couldn't because of a pet
- ₉ Some family members couldn't leave a loved one
- ₁₀ Other reason: _____
- ₁₁ Not applicable, my child left his/her home between September 11th and September 18th, 2001.

c. What was the condition inside your child's home after the WTC disaster (before any cleanup)? (Answer for the home where your child spends the most time. Check ALL that apply to at least one room.)

- ₁ No damage was done
- ₂ Fine coating of dust on surfaces
- ₃ Heavy coating of dust on surfaces (so thick you couldn't see what was underneath)
- ₄ Broken window(s)
- ₅ Damage to home or furnishings
- ₆ Debris from the disaster was present
- ₇ Other, please specify:

25 The EPA clean-up program was a voluntary program during 2002 to 2003 for homes south of Canal Street in Manhattan. People had the option of signing up for cleaning and testing or for testing only.

a. Was your child's home part of the EPA's cleanup program?

- ₁ Yes
- ₂ No → SKIP to Question 26
- ₃ I don't know

b. What did the EPA do to your child's home in 2002-2003?

- ₁ Cleaned and tested
- ₂ Tested only

26 The next set of questions asks about loss as a result of September 11, 2001. We sincerely extend our sympathy to all who suffered any loss during or following the WTC disaster. These questions are asked because it is important to understand the emotional impact of the disaster on enrollees.

a. Did your child think that he/she might be injured or killed during the WTC disaster on September 11, 2001?

- ₁ Yes
- ₂ No

b. Did your child know anyone who was in the WTC disaster on the day of the attack, but escaped without being hurt?

- ₁ Yes
- ₂ No

c. Did anyone your child know die on September 11, 2001 as result of the WTC disaster?

- ₁ Yes
- ₂ No

d. Would you please tell us who lost their lives? (Please indicate all persons your child knew.)

- ₁ Not applicable, my child did not know anyone who died as a result of the disaster
- ₂ Child's mother (biological, step, foster, adoptive)
- ₃ Child's father (biological, step, foster, adoptive)
- ₄ Child's other legal guardian
- ₅ Child's sibling (brother or sister, biological, step, foster, adoptive)
- ₆ Child's grandparent
- ₇ Other family member, please specify:

- ₈ A friend of my child
- ₉ A friend of the family
- ₁₀ The parent of a friend of my child
- ₁₁ Someone else, please specify:

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27 For this next section, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last 6 months.

Over the <u>last 6 months</u> , my child:	Not true	Somewhat true	Certainly true
a. Is considerate of other people's feelings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Is restless, overactive, cannot stay still for long	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Often complains of headaches, stomachaches or sickness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Often loses temper	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Is rather solitary, prefers to play alone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Is generally well behaved, usually does what adults request	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Has many worries or often seems worried	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Is helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Is constantly fidgeting or squirming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. Has at least one good friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. Often fights with other children or bullies them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m. Is often unhappy, depressed or tearful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
n. Is generally liked by other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
o. Is easily distracted, concentration wanders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
p. Is nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
q. Is kind to younger children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
r. Often lies or cheats	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
s. Is picked on or bullied by other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
t. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
u. Thinks things out before acting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
v. Steals from home, school, or elsewhere	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
w. Gets along better with adults than with other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
x. Has many fears, easily scared	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
y. Has good attention span, sees work through to the end	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

You are nearing the end of this survey. Questions 28 and 29 are asked to collect information on economic status.

28 In 2005, what was the total income before taxes for the household where the child lives?
(Answer for the household where the child spends the most time. Answer as best you can.)

- ₁ Less than \$25,000
- ₂ \$25,000 to less than \$50,000
- ₃ \$50,000 to less than \$75,000
- ₄ \$75,000 to less than \$100,000
- ₅ \$100,000 or more

29 Approximately how much additional financial support does this household receive per month?
(For example, from child support, social security, Medicaid, food stamps. Exclude income reported in Question 28. Answer for the household where the child spends the most time. Answer as best you can.)

\$, .00 per month

Not applicable, this household does not receive additional financial support

WORLD TRADE CENTER HEALTH REGISTRY - CHILD FOLLOW-UP SURVEY 2007

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

What are the last 4 digits of your child's social security number? (This information will remain strictly confidential and will only be used to match information about your child in the registry to other health registries.)

Enter last 4 digits:

31 **What is your current e-mail address?**

(This information will be used to update our records in order to contact you in the future.)

Enter e-mail address: _____

32 **Please let us know if you have any additional health concerns related to your child since September 11, 2001:**

33 **We would like to hear about your experiences as a respondent for your child enrolled in the WTC Health Registry. Do you have comments or suggestions about the Registry, or any important questions you felt the survey did not cover?**

THANK YOU for participating on behalf of your child in the WTC Health Registry's first follow-up survey. The WTC Health Registry is an important public health endeavor for the New York City metropolitan area and the nation. Your contribution will help researchers understand the scope of the health effects related to this tragedy. We greatly appreciate your cooperation, the time that you took to complete the survey, and the information you provided.

Please return this completed survey in the pre-addressed, postage-paid return envelope provided to:

WTC Health Registry, 116 John Street Rm 800, New York, NY 10038



the mental health association
of new york city, inc.

LifeNet

If you or a family member has a mental health
emergency or crisis, call

1-800-LifeNet (1-800-543-3638)

1-212-982-5284 (TTY)

For more information, go online at: www.nyc.gov/html/doh