



12286

WORLD TRADE CENTER HEALTH REGISTRY
Health & Quality of Life 15 years After 9/11 Survey

INSTRUCTIONS:

● Please fill in circles completely using a black or blue ink pen. →

Example:

<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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● Written answers should be printed in capital letters. →

Example:

J	A	1	2
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1. Please enter today's date

		/			/				
Month	Day		Year						

2. What is your date of birth?

		/			/				
Month	Day		Year						

3. What is your sex?

- Male
- Female

4. In general, how satisfied are you with your life?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

5. In general, would you say your health is

- Excellent
- Very good
- Good
- Fair
- Poor

6. 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
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7. 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
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8. For how many days did poor physical or mental health keep you from doing your usual activities during the last 30 days?

		Days
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Questions 9 and 10 are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

9. 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

10. Climbing several flights of stairs.

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

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

11. Accomplished less than you would like.

- Yes
- No

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

- Yes
- No

During the past 4 weeks, 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)?

13. Accomplished less than you would like.

- Yes
- No

14. Did work or activities less carefully than usual.

- Yes
- No

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

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

These questions are about how you have been feeling 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...

16. Have you felt calm & peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

17. Did you have a lot of energy?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

18. Have you felt down-hearted and blue?

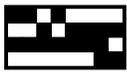
- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

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 friends, relatives, etc.)?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

Please continue to Question 20 on the next page.

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**20. In the following table, how much do the statements reflect your ideas of yourself?**

	Not like me at all	Not much like me	Somewhat like me	Mostly like me	Very much like me
I have overcome setbacks to conquer an important challenge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New ideas and projects sometimes distract me from previous ones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My interests change from year to year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setbacks don't discourage me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been obsessed with a certain idea or project for a short time but later lost interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a hard worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often set a goal but later choose to pursue a different one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty maintaining my focus on projects that take more than a few months to complete.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I finish whatever I begin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have achieved a goal that took years of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I become interested in new pursuits every few months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am diligent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell me to what extent each of the following statements describes your feelings.

21. I experience a general sense of emptiness.

- Yes
- More or less
- No

22. There are plenty of people I can rely on when I have problems.

- Yes
- More or less
- No

23. There are many people I can trust completely.

- Yes
- More or less
- No

24. There are enough people I feel close to.

- Yes
- More or less
- No

25. I miss having people around.

- Yes
- More or less
- No

26. I often feel rejected.

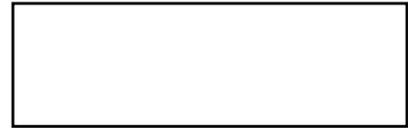
- Yes
- More or less
- No

27. Do you feel intense fear in response to or when anticipating entering any of the following 5 situations? *Select all that apply*

- Using public transportation, such as automobiles, buses, trains, ships, or planes
- Being in open spaces such as parking lots, marketplaces, or bridges
- Being in enclosed spaces, such as shops, theaters, or cinemas
- Standing in line or being in a crowd
- Being outside of the home alone
- None of the above

28. During the past 7 days, how much have you been bothered by any of the following problems?

	Not at all	A little bit	Somewhat	Quite a bit	Very much
Stomach or bowel problems	<input type="radio"/>				
Back pain	<input type="radio"/>				
Pain in your arms, legs, or joints	<input type="radio"/>				
Headaches	<input type="radio"/>				
Chest pain or shortness of breath	<input type="radio"/>				
Dizziness	<input type="radio"/>				
Feeling tired or having low energy	<input type="radio"/>				
Trouble sleeping	<input type="radio"/>				



29. Overall, how much benefit have you been able to find related to your 9/11 experience?

- A good deal of benefit
- Some benefit
- Very little benefit
- No benefit

30. Overall, how much sense would you say you have made of your experience and/or loss on 9/11/01?

- A good deal of sense
- Some sense
- Very little sense
- No sense

Many people helped others or were helped by others on 9/11. Questions 31 and 32 are to get a better understanding of your experience on 9/11.

31. I feel people did enough to help other people on 9/11.

- Strongly agree
- Moderately agree
- Neither agree nor disagree
- Moderately disagree
- Strongly disagree

32. I feel I did enough to help other people on 9/11.

- Strongly agree
- Moderately agree
- Neither agree nor disagree
- Moderately disagree
- Strongly disagree

We would like to get a better understanding of your experiences on 9/11. Please answer the following questions the best you can.

33. On September 11th, 2001, were you in a building south of Chambers Street between the time of the first plane impact and noon?

- Yes
- No → (Go to Question 37)

34. How did you become alerted that there was a problem? Select all that apply.

- Alarm tone
- Voice alarm message to evacuate
- Flashing strobe light
- Member of building staff
- Evacuation coordinator/ fire warden
- Colleague/ resident
- Other: (Please specify)

35. What did you think was going on?

- Real fire emergency
- False alarm (the alarm is sounding by mistake)
- Test of equipment
- Regularly scheduled fire drill
- Security situation
- Weather emergency
- I didn't know what was going on
- Other: (Please Specify)

36. Once you were alerted that there was a problem, did you receive any instructions on where to go or what to do from one of the following? Select all that apply.

- Voice alarm message
- A member of building staff
- A colleague/ resident
- An evacuation coordinator/ fire warden
- No instructions were given
- Other: (Please specify)

37. Were you injured on 9/11?

- Yes
- No → (Go to question 49)

The next few questions are about your most serious injury you received on 9/11

38. How did your injury happen?

- Hit by a falling object
 - Tripped and fell
 - Hit your head on an object
 - Came into contact with something hot (fire, ashes)
 - Descending downstairs
 - Other: (Please specify)
-

39. At any time during the week following your injury did you spend the day in a bed, chair, or couch because of your injury?

- Yes
- No

40. At any time during the week following your injury did you use a cane or crutch to help you walk because of your injury?

- Yes
- No

41. At any time during the week following your injury did you spend time in a wheelchair because of your injury?

- Yes
- No

42. Where did you receive treatment for the most serious of your injuries?

- At a hospital or emergency room
- At a doctor's office
- Other
- Not applicable, I did not receive treatment

43. Did you have surgery for your injury?

- Yes
- No → (Go to Question 45)

44. How many surgeries did you have for your injury?

- 1
- 2 or more

Physical therapy is defined as the treatment of a disease or injury by physical methods such as massage, heat treatment, and exercise rather than by drugs or surgery.

45. Have you ever received physical therapy?

- Yes
- No → (If no, skip to 47)

46. Have you received physical therapy in the past 30 days?

- Yes
- No

Now we would like to find out how your injury has affected your ability to work at your job. For the purposes of this survey, your job could be any of the following:

- Full-time or part-time self-employment or paid employment
- Housework
- College or university student

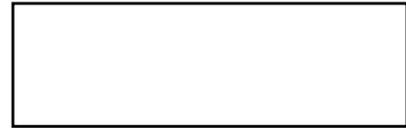
47. At any time since 9/11 has your injury completely prevented you from being able to work at your job?

- Yes
- No

48. At any time since 9/11 has your injury partially restricted your ability to work at your job?

- Yes
- No

Please continue to Question 49 on the next page.



49. During the last 12 months, was there a time when you needed mental health care or counseling but did not receive it?

- Yes
- No → (Go to Question 51)

50. Why did you not receive the mental health care or counseling? *Select all that apply.*

- I feel bad about having a mental health problem
- I worry about telling people I receive mental health care
- I am scared of how other people will react if they find out about my mental health problems
- I feel embarrassed because of my mental health problems
- I am scared of my employer finding out I have mental health problems
- Could not afford to pay
- No insurance or not covered by my insurance
- Problems with transportation, schedule, child care, or other family responsibilities
- Other: (Please specify)

51. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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52. As a result of 9/11, I experienced this change:

	Never	Very small degree	Small degree	Moderate degree	Great degree	Very great degree
I changed my priorities about what is important in life.	<input type="radio"/>					
I have a greater appreciation for the value of my own life.	<input type="radio"/>					
I developed new interests.	<input type="radio"/>					
I have a greater feeling of self-reliance.	<input type="radio"/>					
I have a better understanding of spiritual matters.	<input type="radio"/>					
I more clearly see that I can count on people in times of trouble.	<input type="radio"/>					
I have a greater sense of closeness with others.	<input type="radio"/>					
I am more willing to express my emotions.	<input type="radio"/>					
I know better that I can handle difficulties.	<input type="radio"/>					
I am able to do better things with my life.	<input type="radio"/>					
I am better able to accept the way things work out.	<input type="radio"/>					
I can better appreciate each day.	<input type="radio"/>					
New opportunities are available which wouldn't have been otherwise.	<input type="radio"/>					
I have more compassion for others.	<input type="radio"/>					
I put more effort into my relationships.	<input type="radio"/>					
I am more likely to try to change things which need changing.	<input type="radio"/>					
I have a stronger religious faith.	<input type="radio"/>					
I discovered that I'm stronger than I thought I was.	<input type="radio"/>					
I learned a great deal about how wonderful people are.	<input type="radio"/>					
I better accept needing others.	<input type="radio"/>					



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53. Did you ever drink alcohol to improve your mood or to make yourself feel better when you were thinking about your experiences on 9/11?

- Yes
- No

54. Did you ever take any drugs or medicines on your own, that is, without a prescription, in greater amounts or more often or longer than prescribed to help improve your mood or to make yourself feel better when you were thinking about your experiences on 9/11?

- Yes
- No

55. In the last 30 days, have you visited, talked, or emailed with friends at least twice?

- Yes
- No

56. In the last 30 days, have you attended a religious service at least twice?

- Yes
- No

57. In the last 30 days, have you been actively involved in a volunteer organization or club?

- Yes
- No

58. 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

59. Please fill in the circle that indicates how often someone is:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
To take you to the doctor if you need to go?	<input type="radio"/>				
To have a good time with?	<input type="radio"/>				
To hug you?	<input type="radio"/>				
To prepare your meals if you are unable to do it yourself?	<input type="radio"/>				
To understand your problems?	<input type="radio"/>				



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 full Social Security number, please call us at 866-692-9827.

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

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61. Do you have any additional comments about your 9/11 experiences and health?

**Thank you for helping us learn about the long-term health effects of 9/11.
We appreciate your input and will keep you answers confidential.
This is the end of the survey.**

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

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