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?

- 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)?

- Yes
- No

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
   - None of the time

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.

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.

This space is intentionally blank
20. In the following table, how much do the statements reflect your ideas of yourself?

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomach or bowel problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain in your arms, legs, or joints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest pain or shortness of breath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling tired or having low energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble sleeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

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

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)

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)
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

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.

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.
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?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious or on edge</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
52. As a result of 9/11, I experienced this change:

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

<table>
<thead>
<tr>
<th>Close Friends or relatives</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>To take you to the doctor if you need to go?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To have a good time with?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To hug you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To prepare your meals if you are unable to do it yourself?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To understand your problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you for helping us learn about the long-term health effects of 9/11. We appreciate your input and will keep your 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.