When you enrolled in the World Trade Center Health Registry, you reported that you were involved in recovery, clean-up, or other 9/11 disaster-related activities at the Staten Island Recovery Operations at Fresh Kills Landfill or on the barges transporting WTC materials to Fresh Kills Landfill.

We invite you to participate in our survey of Fresh Kills Landfill and Barge workers. Your participation will help us understand the long-term health effects of the 9/11 disaster.

Please take a few minutes to complete the enclosed survey and return it in the postage-paid envelope no later than **November 19, 2010**. Please complete it for yourself only - not for someone else. Your participation is voluntary, and your information will be kept strictly confidential.

For free, confidential counseling information and referral services, please call 800-LifeNet (800-543-3638), anytime, day or night, or call 311 and ask for LifeNet.

We will contact you to answer any questions about the survey if we don't hear from you.

Questions? Need more information? Contact us at (866) 692-9827 or wtchr@health.nyc.gov visit nyc.gov/9-11HealthInfo.

Thank you for your participation.

Sincerely,

Mark Farfel, ScD  
Director, WTC Health Registry

Jim Cone, MD, MPH  
Medical Director, WTC Health Registry
Instructions: Please fill in circles completely using a black or blue ink pen (as shown below).
Written answers should be PRINTED in CAPITAL letters.

Please provide your name, date of birth, and today’s date.

First Name

Last Name

Your Date of Birth: Month / Day / Year

Today’s Date: Month / Day / Year

Before September 11, 2001, did you have experience responding to natural or man-made disasters?

○ Yes  ○ No

Before September 11, 2001, did you ever receive training responding to natural or man-made disasters?

○ Yes  ○ No

After September 11, 2001, did you work or volunteer at the Fresh Kills Landfill, on the barges or trucks transporting materials, or at the piers (Pier 6, Pier 92 or Pier 25 - Stuyvesant High School)?

○ Yes  ○ No

If No, please stop here and return the survey in the postage-paid envelope

We are interested in knowing more about three time periods:
a) the weeks immediately following September 11, from September 12 to September 30, 2001,
b) the remaining months of 2001, from October 1 to December 31, 2001, and
c) the first half of 2002, from January 1 to June 30, 2002.

Please indicate where and when you worked for at least 1 shift by filling in the appropriate circle(s).
(Fill in all that apply)

<table>
<thead>
<tr>
<th>Worksite</th>
<th>a) Sept. 12 to Sept. 30, 2001</th>
<th>b) Oct. 1 to Dec. 31, 2001</th>
<th>c) Jan. 1 to June 30, 2002</th>
<th>d) Didn’t work at this site any of these time periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh Kills LANDFILL</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>BARGE transporting materials</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>TRUCK transporting materials</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>At a PIER (Pier 6, Pier 92, or Pier 25-Stuyvesant HS)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
For each time period listed below, please indicate the activities you performed (for at least 1 shift) at the Fresh Kills Landfill, on the barges or trucks transporting materials, or at the piers by filling in the appropriate circle(s). (Fill in all that apply)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>barge supervision or management</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>barge work</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>barge maintenance or cleaning</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>crime scene investigation (recording /cataloging / photography)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>digging or earth moving</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>equipment maintenance or cleaning</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>food service or support activities</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>gas-powered tool operation</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>heavy equipment operation</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>landfill supervision or management</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>sanitation work (loading / dumping)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>security</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>sifting by hand, conveyor belt, or rake</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>truck driving</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>tugboat work</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>vehicle maintenance or cleaning</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>welding / steel cutting / torch operation</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>other (specify):</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
The next series of questions refers to your work experiences at the Fresh Kills Landfill, on the barges or trucks transporting materials, or at the piers after September 11, 2001. **Fill in only one answer for each question.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 9 How often did you breathe in dust from the debris piles, construction activities, sorting activities, or unpaved roads? | ○ Every day  
○ Almost every day  
○ Some days  
○ Almost never  
○ Never                                      |
| 10 How often did you see dust in the air at your worksite?               | ○ Every day  
○ Almost every day  
○ Some days  
○ Almost never  
○ Never                                      |
| 11 How often was visibility impaired at your worksite (you could NOT see where you were going because of the dust in the air)? | ○ Every day  
○ Almost every day  
○ Some days  
○ Almost never  
○ Never                                      |
| 12 How often did you breathe in diesel or gasoline fumes at your worksite? | ○ Every day  
○ Almost every day  
○ Some days  
○ Almost never  
○ Never                                      |
| 13 How often did you breathe in garbage odors?                           | ○ Every day  
○ Almost every day  
○ Some days  
○ Almost never  
○ Never                                      |
| 14 How often did you wear a Tyvek suit, Nomex suit, or any other disposable protective suit? | ○ Every day  
○ Almost every day  
○ Some days  
○ Almost never  
○ Never                                      |
| 15 How often did you use the shower facilities at Fresh Kills Landfill?  | ○ Every day  
○ Almost every day  
○ Some days  
○ Almost never  
○ Never                                      |
| 16 How often did you encounter human remains at your worksite?           | ○ Every day  
○ Almost every day  
○ Some days  
○ Almost never  
○ Never                                      |
Please refer to the pictures below. Answer the following questions about the types of masks you used during WTC-related work at the Fresh Kills Landfill, on the barges or trucks transporting materials, or at the piers after September 11, 2001.

*Fill in only one answer for each question*

17 From September 12 to September 30, 2001, which type of mask or respirator did you wear the most?
- Type 1: Full Face Respirator
- Type 2: Half Face Respirator
- Type 3: Disposable Mask N95 to P100 rating
- Type 4: Other disposable mask
- Other (please specify): ______________
- None / Not Applicable

18 From October 1 to December 31, 2001, which type of mask or respirator did you wear the most?
- Type 1: Full Face Respirator
- Type 2: Half Face Respirator
- Type 3: Disposable Mask N95 to P100 rating
- Type 4: Other disposable mask
- Other (please specify): ______________
- None / Not Applicable

19 From January 1 to June 30, 2002, which type of mask or respirator did you wear the most?
- Type 1: Full Face Respirator
- Type 2: Half Face Respirator
- Type 3: Disposable Mask N95 to P100 rating
- Type 4: Other disposable mask
- Other (please specify): ______________
- None / Not Applicable
During your work at the Fresh Kills Landfill, on the barges or trucks transporting materials, or at the piers, on the days you wore a Type 1 or Type 2 respirator...

Fill in only one answer for each question

20 How often did it fit you well (form a seal to your face)?
○ All of the time
○ Most of the time
○ Some of the time
○ None of the time
○ Don't know
○ Not Applicable, I did not wear a Type 1 or Type 2 respirator

21 How often was it cleaned before you wore it?
○ All of the time
○ Most of the time
○ Some of the time
○ None of the time
○ Don't know
○ Not Applicable, I did not wear a Type 1 or Type 2 respirator

22 How often were the cartridges (filters) replaced before you wore it?
○ All of the time
○ Most of the time
○ Some of the time
○ None of the time
○ Don't know
○ Not Applicable, I did not wear a Type 1 or Type 2 respirator

23 During your work at the Fresh Kills Landfill, on the barges or trucks transporting materials, or at the piers, did you have a fit-test* for at least one of the Type 1 or Type 2 respirator(s) you used after September 11, 2001?
○ Yes
○ No
○ Don't know
○ Not Applicable, I did not wear a Type 1 or Type 2 respirator

*Fit Test: There are several types of fit-tests which require you to do short exercises such as talking or moving your head side-to-side while wearing the respirator. One type involves comparing dust levels inside and outside the respirator after the exercises. Another type involves spraying a test solution (such as banana oil or saccharin) under a hood while you wear the respirator to see if you can smell or taste the test solution.
24 **Are you currently? (Fill in all that apply)**

- Employed for full time wages
- Employed for part-time wages
- Self-employed
- Out of work for less than 1 year
- Out of work for 1 year or more
- Retired

If retired, what was your last job title:

25 **If you are currently employed, please provide the following:**

**Employer:**

**Job Title (with current employer):**

**Number of Years (with current employer):**

Do you have any comments or are there any important questions you felt the survey did not cover?

Thank you!

A postage-paid envelope is enclosed for you to return the survey. Please mail the survey to:

World Trade Center Health Registry
NYC Department of Health and Mental Hygiene
125 Worth St, CN 6W
New York, NY 10213-0288