

**Monitoring Physical and Mental Health, and Other Conditions
Following the Attack on the World Trade Center**

*(Interviewer read all **Bold print**)*

We are here today as representatives of the New York City Department of Health. We would like to ask you a few questions about you, your home and your family. This information will be used by the Health Department to determine how to best meet the needs of people living in lower Manhattan and whose homes were affected by the attack on the World Trade Center on September 11th.

No names will be put on any of the forms. We will not be collecting any information that personally identifies you. All of the questionnaires will be kept anonymous.

Your participation is completely voluntary. You may refuse to answer any question or to stop the interview at anytime. There is no penalty if you choose not to participate or if you decide to stop the interview.

We would like to know if someone in your household would like to participate? *If need to reschedule interview, note on master list and stop here.*

- **If YES, Since we're randomly selecting people to interview, we'd like to know how many adult residents are home right now. *If only one person continue with script below. If more than one person, select interviewee using cards. Make sure that interviewee heard intro above, if not repeat before continuing with script below.***

Before we begin do you have any questions?

- **If NO, Would you be willing to tell us why?**
 - No/flat refusal
 - Too busy or no time
 - Other _____

Interviewer fill out the following information:

Date: ___/___/2001

Building Name or Address: _____

Interviewer name: _____

How many floors in this building? _____ What floor is this unit on? _____

First of all, I am going to ask you some questions about your home and the people who live here.

1. Did you evacuate your home? Y N

If YES, a. What day did you evacuate your home? __/__/2001 (Provide calendar)

b. What day did you return (spend your first night back in your home): __/__/2001

c. Since you've returned, have you slept here most nights? Y N

2. How many people lived here before the attack? _____

3. What are the ages and sex of each of these people, and have they returned yet?

(Note—put an R or N to represent each person: R = a returned person N = a person who has NOT returned)

AGE	MALE	FEMALE
less than 18 years		
18 - 65 years		
> 65 years		

If there are children living in the household:

3a. Were any of the children enrolled in schools in the neighborhood? Y N

4. Do you currently have the following services in your home?

a. Telephone (land) Y N N/A b. Cell phone Y N N/A

c. Gas Y N N/A d. Water Y N N/A

e. Electricity Y N N/A f. Garbage pick up Y N N/A

g. Working elevator Y N N/A

5. Is this your primary residence? Y N

6. Do you or someone else who lives here own or rent this home? Own__ Rent__ Other_____

7. Do you feel your home is safe to live in? Y N

If NO, a. Why not? (Check all that apply)

Structural hazards__ Surface dust__ Air quality__

Fear of further terrorism__ Other_____

8. Do you plan to stay in your home? Y N Not Sure

9. Did you receive any information from any organization about cleaning your home? Y N

If YES, a. Did you receive this information through: (Check all that apply)

Flyer__ Telephone__ Internet__ Newspaper__ TV__ Other_____

b. Was this information helpful? Y N

10. Since Sept. 11th, have all the floors in your home been cleaned with a wet mop and vacuumed with a HEPA vacuum? Y N DK/NS

If YES, 10a. Who did the cleaning?

Occupant__ Housekeeper__ Mgmt/Super__ Professional Cleaning Svc. __ Other_____

11a. Do you have insurance to cover clean-up? Y N DK 11b. To cover repair? Y N DK

12a. Do you need financial help to clean up your home? Y N DK

12b. ... to repair your home? Y N DK

13a. Do you need physical help to clean up your home? Y N DK

13b. ... to repair your home? Y N DK

14. Have you noticed any increase in problems with rodents? Y N

15. Have you noticed any increase in problems with cockroaches? Y N

16. Before the WTC disaster, how many people living in your home were ever told by a doctor or other healthcare professional that they had any of these health conditions: (Put a number or zero in each space)

Asthma Hypertension Physical disability - type _____
 Heart disease Diabetes COPD/emphysema
 Depression Anxiety

*****The rest of the questions I will be asking are only about you.

17. What is your age ___ years (Interviewer, please circle sex: M F)

18. Since September 11th, have you developed or have you had an increase in the following symptoms? (Check all that apply)

YES Is this still a problem?

Eye irritation/infection

Nose/throat irritation

Coughing

Bringing up phlegm

Asthma attacks, if you were previously diagnosed with asthma

Wheezing or whistling in your chest, if you were not previously diagnosed with asthma

Shortness of breath when hurrying on level ground or walking up a slight hill or steps

19. During the past 12 months (that is since Oct a year ago), have you had dermatitis, eczema, or any other type of red inflamed skin rash? Y N

If YES, a. Do you have this skin condition today? Y N

b. Did this condition first appear after the attack? Y N

20. Did you have any injuries during or after the attack? Y N

If YES, a. Did your injuries occur during: (Check all that apply)

Attack ___ Evacuation ___ Cleanup ___ Other _____

b. Are the injuries affecting your daily activities? Y N

21. Do you have adequate access to the medical care you need? Y N

If NO, a. Why not? (Check all that apply)

- Clinic or physician's office closed
- Loss of, or problems with, your private insurance
- Medicare problems
- Medicaid problems
- Other _____

22. Do you currently have a problem filling prescriptions? Y N NA

If YES, b. Why? (Check all that apply)

- Pharmacy closed
- Loss of, or problems with, your private insurance
- Medicare problems
- Medicaid problems
- Other _____

23. The following is a list of problems and complaints that people may experience as a result of the recent terrorist attacks in the US. Please listen to each one carefully and indicate how much you have been bothered by that problem in the past month. Please use the scale on this card to evaluate these problems.

(Handout laminated card with scale)

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing memories, thoughts, or images of the terrorist attacks and the aftermath of the events?	1	2	3	4	5
2. Repeated, disturbing dreams of the terrorist attacks and the aftermath of the events?	1	2	3	4	5
3. Suddenly acting or feeling as if the terrorist attacks and the aftermath of the events were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of the terrorist attacks and the aftermath of the events?	1	2	3	4	5
5. Having physical reactions (e.g. heart pounding, trouble breathing, sweating) when something reminded you of the terrorist attacks and the aftermath of the events?	1	2	3	4	5
6. Avoiding thinking about or talking about the terrorist attacks and the aftermath of the events or avoiding having feelings related to these events?	1	2	3	4	5
7. Avoiding activities or situations because they reminded you of the terrorist attacks and the aftermath of the events?	1	2	3	4	5
8. Trouble remembering important parts of the terrorist attacks and the aftermath of the events?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5

	Not at all	A little bit	Moderately	Quite a bit	Extremely
12. Feeling as if your future somehow will be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "superalert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5
Do you currently feel safe in your home?	1	2	3	4	5
Do you currently feel safe in your workplace?	1	2	3	4	5

(Retrieve laminated card.)

24. Since the attack (not counting the attack itself), have you experienced any sudden feelings of panic or fear (sometimes called a panic attack)? Y N

25. How many close friends or relatives do you have? (People you feel at ease with and can talk to about what is on your mind)

None ___ 1 or 2 ___ Several ___ Many ___

26. How many times since the attack have you received supportive counseling services of any type?

Not at all ___ Once ___ 2 or 3 ___ More than 3 ___

27. Do you feel like you would benefit from any or additional supportive counseling? Y N
If Yes, a. Do you have adequate access to this kind of support? Y N

28. Since the attack, have you used alcohol more than you meant to?
Yes ___ No ___ Don't drink ___

29. Since the attack, have you felt the need to cut down on your drinking?
Yes ___ No ___ Don't drink ___

30. Were you employed at the time of the attacks? Y N
a. Did you miss work for more than a week because of the attacks? Y N
If YES, b. What were the major reasons you missed work? (Check all that apply)

- ___ Lost your job (i.e., laid off or fired)
- ___ Damage to workplace or workplace closed
- ___ No transportation to workplace
- ___ Personal injury
- ___ Too emotionally stressed to work
- ___ Other _____

c. (If haven't already been told the answer:) Did you work at the WTC? Y N

31. Did you personally witness any of the following? (Check all that apply)

- The collapse of the WTC
- Anyone seriously injured or killed
- Any other part of the attack

32. Did you know anyone who was seriously injured or killed during the attacks? Y N

If YES, a. What was your relationship? (Check all that apply)

Family member Close friend Co-worker Acquaintance Other

33. Have you participated in any community memorial services? Y N

34. Did you participate in rescue/recovery efforts after the attack? Y N

If YES, a. Did you help at Ground Zero? Y N

35. Do you need any information about: (Check all that apply)

- Cleaning your home
- Air quality
- Physical health
- Mental health (i.e., normal grief reaction or grief counseling)
- Children's adjustment
- Financial assistance
- Other _____

36. Is there anything else you want to tell us? _____

Thank you for participating. Your input has provided important information that will be used by the NYC Dept of Health to understand and best meet the needs of your community.