

# WORLD TRADE CENTER HEALTH REGISTRY 2021 COVID-19 SURVEY

**INSTRUCTIONS:**

- Please fill in circles completely using a black or blue ink pen. —————> Example: 

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- Written answers should be printed in capital letters. —————> Example: 

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This survey contains questions that will help the Registry understand how the COVID-19 (or coronavirus) pandemic has affected your life and your health. Although it is sometimes referred to as coronavirus, we will use COVID-19 throughout this survey.

1. Please enter today's date:

M	M	D	D	Y	Y	Y	Y

2. What is your date of birth?

M	M	D	D	Y	Y	Y	Y

3. What sex were you assigned at birth?

- Female
- Male
- Neither female nor male

4. Since the COVID-19 pandemic began (March 2020), have you ever been sick with an illness you think might be COVID-19?

- Yes
- No
- Do not know } ———> Go to Question 9

5. In what month and year were you sick with an illness that you think might be COVID-19?

M	M	Y	Y	Y	Y

6. While you were sick with an illness you thought might be COVID-19, did you experience the following symptoms? *Select all that apply.*

- Cough
- Shortness of breath at rest
- Shortness of breath with exertion
- Wheeze
- Loss of taste or smell
- Sore throat
- Fever (or felt feverish)/sweats/chills
- Muscle/joint pains or aches
- Chest pain/discomfort/tightness
- Fatigue
- Headache
- Nausea/vomiting/diarrhea/stomach pain
- Other (please specify):

\_\_\_\_\_

7. While you were sick, did you seek care from a health care professional?

- Yes
- No ———> Go to Question 9

8. Where did you seek medical care? *Select all that apply.*

- Visit to your primary care provider's office or another doctor's office
- Telephone call to a doctor's office
- Telemedicine, such as a video call with a health care provider
- Retail clinic or pharmacy
- Urgent care, such as CityMD
- Emergency room
- Hospital, not in the emergency room
- Some other place (please specify):

\_\_\_\_\_

9. Have you ever been tested for the COVID-19 virus by either saliva, a nasal swab, or throat swab? *This is not the antibody test (blood test).*

- Yes
- No
- Do not know } ———> Go to Question 11

10. Did you ever get a positive test result for the COVID-19 virus?

- Yes
- No
- Do not know

11. There is a test to detect antibodies to the virus that causes COVID-19. The test is usually done with a blood sample. Have you ever had an antibody test for COVID-19?

- Yes
- No
- Do not know } ———> Go to Question 13

12. What was the result of the test to detect antibodies to COVID-19?

- Positive or detected
- Negative or not detected
- Indeterminate or equivocal (The test could not tell if you had antibodies for COVID-19)
- Do not know

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**13. How long were you sick with COVID-19?**

- Never → Go to Question 16
- Less than 1 week
- At least 1 week, but less than 2 weeks
- At least 2 weeks, but less than 4 weeks
- At least 4 weeks, but less than 8 weeks
- More than 8 weeks

**14. How long were you hospitalized for COVID-19 illness?**

- Never → Go to Question 16
- Less than 24 hours
- More than 24 hours, but less than 1 week
- At least 1 week, but less than 2 weeks
- At least 2 weeks, but less than 4 weeks
- At least 4 weeks, but less than 8 weeks
- More than 8 weeks

**15. While you were hospitalized for COVID-19 illness, were you: (Select all that apply.)**

- Admitted into an intensive care unit (ICU)
- Intubated
- Put on kidney dialysis
- None of the above

**16. Not including yourself, was anyone living in your home infected with COVID-19 or suspected COVID-19?**

- Yes
- No
- Do not know

**17. Not including yourself, was anyone living in your home hospitalized due to COVID-19?**

- Yes
- No

**18. During the pandemic, did you lose any coworkers, friends, loved ones, or family members due to COVID-19?**

- Yes
- No

Please answer questions 19-20 based on the place you spent most of your time during the peak of the COVID-19 pandemic in your area.

**19. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. Include bedrooms, kitchens, etc. Do not include bathrooms, porches, balconies, foyers, halls, or unfinished basements.**

rooms

**20. How many of these rooms are bedrooms?**

Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, enter "0".

bedrooms

**21. Including yourself, how many people were living in your household during the peak of the COVID-19 pandemic in your area?**

people

**22. Did you feel like this was too crowded? That there were too many people given the size of the space?**

- Yes
- No

**23. How many children under the age of 18 live in your household?**

children

**24. How many adults in your household require caregiving due to a disability or health issues unrelated to COVID-19?**

adults

**25. At any point between March 2020 and now, were any of your family members or loved ones living in a nursing home, rehabilitation center, or other long-term care facility?**

- Yes
- No

## WORLD TRADE CENTER HEALTH REGISTRY

**26. Below is a list of ways to protect yourself and others from potential COVID-19 exposure. How often have you done each of the following since March 2020?**

	Never	Rarely	Sometimes	Usually	Always
a. Cleaned your hands with water and soap for at least 20 seconds, or with hand sanitizer	<input type="radio"/>				
b. Avoided touching your eyes, nose, and mouth with unwashed hands	<input type="radio"/>				
c. Avoided close contact with people who are sick, including those inside your home	<input type="radio"/>				
d. Stayed at least 6 feet from people outside your household	<input type="radio"/>				
e. Covered your nose and mouth with a face mask or a cloth face cover when around others	<input type="radio"/>				
f. Cleaned and disinfected frequently touched surfaces	<input type="radio"/>				

**27. The next questions are about worries you might have had during the COVID-19 pandemic. For these questions, please think about the time during the pandemic that was the most difficult for you. During that time, how worried were you that ...**

	Not at all worried	A little worried	Somewhat worried	Extremely worried
a. You, yourself, might get COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You might infect someone else with COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Someone in your family or a close friend might get very sick from COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Adequate health care would not be available if you or your family got sick from COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You or your family members could not afford to pay for treatment or testing for COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You or your family would not be able to get health care for another medical problem (not COVID-19)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Family members or others you are close to would not be able to cope with being isolated/alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You would not be able to take care of people in your family who needed help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You will lose income due to a workplace closure or have reduced hours because of the COVID-19 pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. You or your family will suffer a significant financial loss because of COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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2021 COVID-19 SURVEY

28. Did you have health insurance before the COVID-19 pandemic began (before March 2020)?

- Yes
- No

29. Were you without health insurance at any point since the COVID-19 pandemic began (March 2020)?

- Yes
- No → Go to Question 31

30. How long were you without health insurance?

weeks OR   months

31. Since the COVID-19 pandemic began (March 2020), did you need medical care not related to COVID-19?

- Yes
- No → Go to Question 35

32. Did you get the medical care that you needed?

- Yes → Go to Question 35
- No

33. What kind of medical care was it that you needed but did not get? *Select all that apply.*

- Diagnostic procedure
  - Care for a chronic condition
  - Medical specialist visit
  - Prescription medication
  - Care to address pain
  - Care for a mental health-related issue
  - Other type of care (please specify):
- \_\_\_\_\_

34. There are many reasons people are unable to get medical care during the COVID-19 pandemic. Were you unable to get care for any of the following reasons? *Select all that apply.*

- Could not get an appointment soon enough
  - Too afraid to go to the clinic/doctor's office
  - The clinic/doctor's office was not open
  - Your health provider advised you to delay getting medical care
  - Unable to get to your clinic/doctor's office (Transportation)
  - Unable to make contact with your clinic/doctor's office
  - Did not know where to get medical care/test/treatment
  - Did not have time or took too long
  - Could not afford to pay
  - No insurance or not covered by your insurance
  - Different language from the doctor, nurse, receptionist
  - Could not get time off from work
  - Was refused service
  - Could not get child care or help caring for another family member
  - Other reason (please specify):
- \_\_\_\_\_

35. Compared with before the beginning of the COVID-19 pandemic (before March 2020), would you say your physical health is now better, worse, or about the same?

- Better
- Worse
- About the same

36. Compared with before the beginning of the COVID-19 pandemic (before March 2020), would you say your mental or emotional health is now better, worse, or about the same?

- Better
- Worse
- About the same

*This space is intentionally blank.  
Please go to Question 37 on the next page.*

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## WORLD TRADE CENTER HEALTH REGISTRY

**37. Many people have experienced changes in their emotions and behaviors during the COVID-19 pandemic. Compared with how you were doing before the pandemic started (before March 2020), how much have you been bothered by the following:**

	A lot more than usual	A little more than usual	No change	A little less than usual	A lot less than usual
a. Feeling nervous or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Not being able to stop worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Feeling sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Experiencing lack of motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feeling hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**38. Please indicate the extent to which you agree or disagree with the following statements. Since the beginning of the COVID-19 pandemic (March 2020):**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I had difficulty communicating with people outside my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have found new ways of connecting with family and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I have received emotional support from family or friends when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have experienced more conflict at work or with family, friends, or other people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have been able to find reliable and accurate information about COVID-19 from news sources or government officials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**39. Please indicate to what extent each of the following statements describes your feelings.**

	Yes	More or less	No
a. I experience a general sense of emptiness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are plenty of people I can rely on when I have problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There are many people I can trust completely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There are enough people I feel close to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I miss having people around.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I often feel rejected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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2021 COVID-19 SURVEY

40. Which of the following describes your employment status before the COVID-19 pandemic started in March 2020? Select all that apply.

- Employed full-time
Employed part-time
Self-employed
Retired
On maternity or parental leave
Looking for work
Unemployed
Unable to work because of health
Homemaker
Student

41. What setting(s) were you working in when the COVID-19 pandemic reached its peak in your area? Select all that apply.

- At home
In a medical setting (hospital, clinic, doctor's office, urgent care center, etc.)
In an office or apartment building
In a private household or households (nanny, housekeeper, etc.)
In a setting with regular customer interaction (delivery, transport, retail, food service, restaurant, etc.)
In the community as a first responder (police, EMS, firefighter, National Guard, etc.)
In a warehouse or factory
Outside (gardening, construction, road work, etc.)
Other (please specify):
Did not work during this time

42. When the COVID-19 pandemic hit its peak in your area, did you continue to work outside the home to provide an essential service (for example, health care provider, first responder, essential retail)?

- Yes
No

43. Have you been let go from a job or had to work reduced hours because of COVID-19? If you worked more than one job, think about the job that provides your primary income.

- Yes
No -> Go to Question 45

44. How long were you or have you been out of work or working with reduced hours?

Weeks OR months input boxes

45. Did you retire as a direct result of COVID-19 for financial, health, or other reasons?

- Yes
No

46. Has your household experienced any of the following financial difficulties because of the COVID-19 pandemic? Select all that apply.

- Unable to pay the rent or mortgage
Unable to pay the gas, oil, or electricity bills
Unable to pay the telephone (including cellphone) or internet bills
Unable to buy groceries because of lack of money
Asked to move out or threatened with eviction or foreclosure
Experienced homelessness
None of the above

47. Since the COVID-19 pandemic, has there been a change in your household's wealth?

Wealth is the difference between your assets (such as savings, stocks, home equity), and debts (such as mortgage, credit card, and student loans).

- No, there has not been a change
Yes, my household's wealth has decreased
Yes, my household's wealth has increased

This space is intentionally blank. Please go to Question 48 on the next page.

Grid of empty boxes at the bottom left

# WORLD TRADE CENTER HEALTH REGISTRY

**48. For each of the following behaviors, indicate No or Yes. If YES, continue to answer the additional question in each row.**

	Did you do this before the COVID-19 pandemic started (before March 2020)?		After the start of the pandemic, did you do this more or less than usual because of COVID-19?		
	No	Yes	Less than usual	About the same	More than usual
a. Smoke cigarettes or vape	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drink alcoholic beverages	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Use cannabis (marijuana), either recreationally or for medical reasons	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Use painkillers such as OxyContin, Vicodin, Percocet, morphine, or methadone, with or without a prescription	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use benzodiazepines such as Xanax, Valium, Klonopin, or Ativan, with or without a prescription	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Use Ambien or other sleep medication, with or without a prescription	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Use illegal drugs such as cocaine, heroin, methamphetamine, or hallucinogens	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**49. Did your exercise habits change after the start of the COVID-19 pandemic in March 2020?**

- Yes, exercised more
- Yes, exercised less
- No change

**50. Did your eating habits change after the start of the COVID-19 pandemic in March 2020?**

- Yes, ate more
- Yes, ate less
- No change

**51. On average, how many hours of sleep did you get most nights ...**

	Number of hours		
a. Before the start of the pandemic (before March 2020)?	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
b. At the peak of the pandemic in your area?	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
c. In the last 30 days?	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

**52. How would you rate your sleep quality overall ...**

	Very bad	Fairly bad	Fairly good	Very good
a. Before the start of the pandemic (before March 2020)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At the peak of the pandemic in your area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In the last 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**53. The following questions are about discrimination that you may have experienced in connection to COVID-19 since March 2020.**

	No	Yes
a. Has someone harassed or insulted you in connection to COVID-19?	<input type="radio"/>	<input type="radio"/>
b. Has someone physically attacked you in connection to COVID-19?	<input type="radio"/>	<input type="radio"/>
c. Has someone confronted you about your connection to countries or communities with reported COVID-19 cases?	<input type="radio"/>	<input type="radio"/>
d. Have you been turned away or discouraged from being tested or treated by a medical facility when seeking care for COVID-19?	<input type="radio"/>	<input type="radio"/>
e. Have you experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior while getting health care for COVID-19?	<input type="radio"/>	<input type="radio"/>
f. Have you decided not to seek health care for COVID-19 because you anticipated bias or discrimination?	<input type="radio"/>	<input type="radio"/>

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## 2021 COVID-19 SURVEY

**54. The following questions are examples of discrimination you might have experienced in your lifetime. For each of the following situations, indicate No or Yes. If YES, continue to answer the additional question in each row.**

	Have you <u>ever</u> experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color?		If YES, how many times did this happen?		
	No	Yes	Once	Two or three times	Four or more times
a. At school	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Getting hired or getting a job	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. At work	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Getting housing	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Getting medical care	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Getting service in a store or restaurant	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Getting credit, bank loans, or a mortgage	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. On the street or in a public setting	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. From the police or in the courts	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**55. How do you identify your gender?**

- Woman
- Man
- Transgender woman
- Transgender man
- Non-binary or genderqueer person
- Other gender (please specify): \_\_\_\_\_

The following information is requested to help confirm that this survey was completed by or for the enrollee it was sent to. This information will remain strictly confidential. If you would like to provide this information over the phone, please call us at 866-692-9827.

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

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**57. Please use the space below to tell us anything else about your experience with the COVID-19 pandemic.**

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**This is the end of the survey.**

Thank you for completing the 2021 COVID-19 Survey.  
We appreciate your input and will keep your answers confidential.

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

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