WORLD TRADE CENTER HEALTH REGISTRY
2015 ASTHMA SURVEY

INSTRUCTIONS:

- **Please fill in circles completely using a black or blue ink pen.** → **Example:** ○ ● ○
- **Written answers should be printed in capital letters.** → **Example:** J A 1 2

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. Have you ever been told by a doctor or other health professional that you had asthma?

- ○ Yes (go to question 5)
- ○ No → This survey is for people who have asthma. If you have never been told by a doctor or other health professional that you had asthma, the rest of the survey does not apply to you. Please stop here and return the survey in the provided envelope.

5. In what year were you first told by a doctor or other health professional that you had asthma?

__ __ __ __

6. For pulmonary function tests (or spirometry), you breathe into a mouthpiece connected to a machine that measures how much air you breathe out, and how quickly.

Have you ever had pulmonary function testing (or spirometry)?

- ○ Yes
- ○ No

7. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school, or at home?

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ None of the time

8. During the past 4 weeks, how often have you had shortness of breath?

- ○ More than once a day
- ○ Once a day
- ○ 3 to 6 times a week
- ○ Once or twice a week
- ○ Not at all

9. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

- ○ 4 or more nights a week
- ○ 2 or 3 nights a week
- ○ Once a week
- ○ Once or twice
- ○ Not at all

10. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as Albuterol, Ventolin, Proventil, or Maxair)?

- ○ 3 or more times per day
- ○ 1 or 2 times per day
- ○ 2 or 3 times per week
- ○ Once a week or less
- ○ Not at all

11. How would you rate your asthma control during the past 4 weeks?

- ○ Not controlled at all
- ○ Poorly controlled
- ○ Somewhat controlled
- ○ Well controlled
- ○ Completely controlled

12. Have you ever used a prescription inhaler?

- ○ Yes
- ○ No → *Go to Question 15*
- ○ Don't know → *Go to Question 15*

13. Did a doctor or other health professional ever show you how to use the inhaler?

- ○ Yes
- ○ No
- ○ Don't know

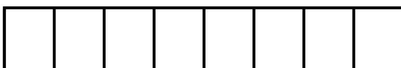
14. Did a doctor or other health professional ever watch you use the inhaler?

- ○ Yes
- ○ No
- ○ Don't know

15. During the past 4 weeks, according to the instructions of a doctor or other health professional, were you supposed to take any of the following medications for long-term asthma control?
Select all that apply.

Medication	Brand or other names
○ Beclomethasone	Beclovent, Vanceril, Qvar
○ Budesonide	Pulmicort
○ Budesonide/Formoterol	Symbicort
○ Ciclesonide	Alvesco
○ Flunisolide	Aerobid, Aerospan
○ Fluticasone	Flovent, Arnuity Ellipta
○ Fluticasone/Salmeterol	Advair
○ Mometasone	Asmanex
○ Mometasone/Formoterol	Dulera
○ Omalizumab	Xolair
○ Triamcinolone	Azmacort
○ Salmeterol	Serevent
○ Tiotropium	Spiriva
○ Montelukast	Singulair
○ Zafirlukast	Accolate
○ Other, specify: ____________________	
○ Other, specify: ____________________	

○ None of the above → *Go to Question 24*



For questions 16-23, please think about the long-term asthma control medication(s) you selected in the previous question.

16. Do you sometimes forget to take your long-term asthma control medication(s)?

- ○ Yes
- ○ No

17. Over the past two weeks, were there any days when you did not take your long-term asthma control medication(s)?

- ○ Yes
- ○ No

18. Have you ever cut back or stopped taking your long-term asthma control medication(s) without telling your doctor because you felt worse when you took it?

- ○ Yes
- ○ No

19. When you travel or leave home, do you sometimes forget to bring along your long-term asthma control medication(s)?

- ○ Yes
- ○ No

20. Did you take all your long-term asthma control medication(s) yesterday?

- ○ Yes
- ○ No

21. When you feel like your asthma is under control, do you sometimes stop taking your long-term asthma control medication(s)?

- ○ Yes
- ○ No

22. Taking medication every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your long-term asthma medication(s)?

- ○ Yes
- ○ No

23. How often do you have difficulty remembering to take all your long-term asthma control medication(s)?

- ○ Never/rarely
- ○ Once in a while
- ○ Sometimes
- ○ Usually
- ○ All the time

24. A course of steroids may be prescribed to treat uncontrolled asthma for a short period of time. These steroids are taken by mouth (pills) or injection and may include Prednisone, Medrol, and others. A typical course of these steroids could be as short as 3-4 days or as long as 2-3 weeks.

In the past 12 months, how many courses of oral or injection steroids have you taken for asthma? (Do not include inhaled steroids listed in Question 15.)

- ○ 0 → *Go to Question 26*
- ○ 1-3 → *Go to Question 26*
- ○ 4-6 → *Go to Question 26*
- ○ 7-9 → *Go to Question 26*
- ○ 10 or more
- ○ Don't know → *Go to Question 26*

25. In the last 12 months, did you take oral or injection steroids for asthma every day?

- ○ Yes
- ○ No

26. In the past 4 weeks, were you able to get all of your asthma medication(s)?

- ○ Yes → *Go to Question 28*
- ○ No

27. In the past 4 weeks, which of the following problems prevented you from getting your asthma medication(s)? *Select all that apply.*

- ○ It cost too much
- ○ The pharmacy did not carry it
- ○ I didn't think medication could help
- ○ My health insurance did not cover it
- ○ The WTC Health Program did not cover it
- ○ I did not have health insurance
- ○ I could not afford a doctor's visit
- ○ I preferred to manage my asthma myself
- ○ I did not have time to go to a pharmacy
- ○ Other, please specify: ______________________

28. During the <u>past 12 months</u>, have you had an asthma attack?

- ○ Yes
- ○ No

29. During the <u>past 12 months</u>, how many times did you visit an emergency room or urgent care center because of asthma?

☐☐ times

30. During the <u>past 12 months</u>, were you <u>ever</u> hospitalized overnight for asthma?

- ○ Yes
- ○ No

31. During the <u>past 12 months</u>, besides emergency room or urgent care center visits, how many visits did you make to a doctor, nurse, or other health professional for worsening asthma symptoms?

☐☐ visits

32. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional <u>ever</u> given you an asthma action plan?

- ○ Yes
- ○ No → *Go to Question 34*
- ○ Don't know → *Go to Question 34*

33. When your asthma gets worse, how much of the time do you use your action plan to help you decide what to do?

- ○ All of the time
- ○ Most of the time
- ○ Some of the time
- ○ Occasionally
- ○ Never

34. How confident are you in your ability to control your asthma?

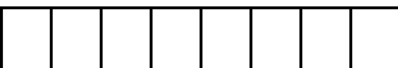
- ○ Not confident at all
- ○ A little confident
- ○ Somewhat confident
- ○ Confident
- ○ Very confident

Please continue to Question 35 on the next page.

☐☐☐☐☐☐☐☐

35. There are many different causes, or triggers, for asthma symptoms. Please indicate how often each of the following situations triggers your asthma symptoms.

	Never	Rarely	Sometimes	Most of the time	Always
a. Having a cold	○	○	○	○	○
b. Cigarette smoke	○	○	○	○	○
c. Running	○	○	○	○	○
d. Being angry	○	○	○	○	○
e. Pollen from trees	○	○	○	○	○
f. Feeling alone	○	○	○	○	○
g. Exhaust fumes	○	○	○	○	○
h. Bicycle riding	○	○	○	○	○
i. Stress at home	○	○	○	○	○
j. Certain intensive odors	○	○	○	○	○
k. Pollen from grass	○	○	○	○	○
l. Feeling tense	○	○	○	○	○
m. Climbing flights of stairs	○	○	○	○	○
n. Depressed mood	○	○	○	○	○
o. Smell of paint	○	○	○	○	○
p. Sport activities	○	○	○	○	○
q. Perfumes	○	○	○	○	○
r. Arguments with people	○	○	○	○	○
s. Flu	○	○	○	○	○
t. Sinus problems	○	○	○	○	○
u. Being excited	○	○	○	○	○
v. Intense worries	○	○	○	○	○
w. Feeling unhappy	○	○	○	○	○
x. Animal hair	○	○	○	○	○
y. Overexertion	○	○	○	○	○
z. Viruses	○	○	○	○	○
aa. Feeling weak	○	○	○	○	○
bb. Pollen from weeds	○	○	○	○	○
cc. Feathers from birds	○	○	○	○	○
dd. Sprays	○	○	○	○	○
ee. Cats	○	○	○	○	○
ff. House dust	○	○	○	○	○



36. Please list up to six of the strongest triggers of your asthma below, and indicate how much each trigger affects your daily life. You may include triggers listed in Question 35, or others.

	This trigger affects my daily life…				
My strongest triggers:	**Not at all**	**Slightly**	**Moderately**	**Very much**	**Completely**
1) ____________	○	○	○	○	○
2) ____________	○	○	○	○	○
3) ____________	○	○	○	○	○
4) ____________	○	○	○	○	○
5) ____________	○	○	○	○	○
6) ____________	○	○	○	○	○

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.