

WTCHP Survey

The World Trade Center Health Program: Impact Assessment and Strategic Planning for Translational Research

Form Approved

OMB No. xxxx-xxxx

Exp. Date xx/xx/20xx

Public reporting burden of this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-xxxx).

Please provide the following demographic information (this will be aggregated and kept private):

1. Year of Birth:

2. Sex:

Male

Female

3. Hispanic/Latino Ethnicity:

Yes

No

Don't know/not sure

4. Race (select all that apply):

White

Black or African-American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

5. WTCHP role (select all that apply):

Funder/NIOSH staff

Researcher—WTCHP Health Registry or WTCHP-supported Principal Investigator

Research user—Clinician or leadership from WTC Centers of Excellence or Data Center

Other, please specify

6. If you are a WTCHP member, are you a:

General Responder

FDNY Responder

Survivor

N/A

7. If you are a clinician, what is your specialty?

8. Number of years that you've been involved with the WTCHP: