

## WORLD TRADE CENTER HEALTH PROGRAM WTC Youth Research Cohort Questionnaire

This questionnaire is for participation in the World Trade Center (WTC) Youth Cohort. The WTC Youth Cohort includes persons who were age 21 years or less on September 11, 2011 (9/11), and: were present in the New York City Disaster Area (NYCDA) on or after 9/11 because of their work, residence, or attendance at school, childcare, or adult daycare or were present in the NYCDA in the dust or dust cloud on 9/11; OR located outside the NYCDA and in Manhattan not further north than 14th Street or anywhere within the borough of Brooklyn on 9/11.

If you have questions, call the WTC Health Program at 1-888-982-4748 or visit [www.cdc.gov/wtc](http://www.cdc.gov/wtc). To apply online, visit <https://wtchp.cdc.gov/>. Note: Participation in in the Youth Research Cohort **does not enroll you** in the WTC Health Program or other 9/11 assistance programs such as the September 11th Victim Compensation Fund.

*Instructions:* Please provide the following information to begin the eligibility determination process. Type or print clearly. When marking a checkbox, use "✓" or "✗". Incomplete or inadequate information could result in a delay processing your application.

### Personal Information

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Were you born between September 12, 1979 and April 25, 2003?:  Yes  No

If **NO**, then **STOP**, you are not eligible for participation in the WTC Youth Cohort. If **YES**, then please PROCEED:

Were you exposed to 9/11 for at least 1 day beginning September 11, 2001, and ending July 31, 2002, while present (prenatally or postnatally) in Manhattan, not further north than 14th Street, or in Brooklyn?  Yes  No

If **NO**, then **STOP**, you are not eligible for participation in the WTC Youth Cohort. If **YES**, then please PROCEED:

**Date of Birth** (mm/dd/yyyy) \_\_\_\_\_

**Sex**  Male  Female

### What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

American Indian or Alaska Native

*Enter, for example, Navajo Nation Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Name Eskimo Community, Aztec, Maya, etc.*

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Asian – Provide details below.

- |                                     |                                       |                                   |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean       | <input type="checkbox"/> Japanese |

*Enter, for example, Pakistani, Hmong, Afghan, etc.*

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Public reporting burden of this collection of information is estimated to average 30 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 H21-8, Atlanta, Georgia 30333 ATTN: PRA 0920-0891

Black or African American – *Provide details below.*

- |   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican  | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Nigerian         | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali  |

*Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.*

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Hispanic or Latino – *Provide details below.*

- |                                  |                                       |                                     |
|----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Cuban   | <input type="checkbox"/> Dominican    | <input type="checkbox"/> Guatemalan |

*Enter, for example, Colombian, Honduran, Spaniard, etc.*

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Middle Eastern or North African– *Provide details below.*

- |                                   |                                  |                                   |
|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Iranian | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Syrian   | <input type="checkbox"/> Iraqi   | <input type="checkbox"/> Israeli  |

*Enter, for example, Moroccan, Yemeni, Kurdish, etc.*

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Native Hawaiian or Pacific Islander– *Provide details below.*

- |  |                                 |                                      |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Chamorro    |
| <input type="checkbox"/> Tongan          | <input type="checkbox"/> Fijian | <input type="checkbox"/> Marshallese |

*Enter, for example, Chuukese, Palauan, Tahitian, etc.*

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White– *Provide details below.*

- |                                  |                                 |                                   |
|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Irish    |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Scottish |

*Enter for example, French, Swedish, Norwegian, etc.*

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## **Prenatal Exposure**

Prenatal exposure is that amount of qualifying exposure accrued by the cohort registrant *in utero* via the enrollee's mother, who was the direct recipient of the otherwise qualifying exposure. Please answer the following questions about your location and exposure on September 11, 2001 **only if you were *in utero* at the time**. This information is used to determine research eligibility grouping. The New York City Disaster Area (NYCDA), which is defined as the area of

Manhattan that is south of Houston Street. It also includes any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site. To see a map of this area, go to [www.cdc.gov/wtc/define.html](http://www.cdc.gov/wtc/define.html).

Please select all boxes that apply.

1. **While pregnant with you, was your mother you present** on September 11, 2001 and located within the NYCDA at any time after the first plane impact (i.e., 8:46 AM)?

Yes  No  Don't Know/Not Sure

2. While pregnant with you at any time between September 11, 2001, and July 31, 2002, **did your mother reside:**

Inside the NYCDA

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

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Outside the NYCDA in Manhattan but not further north of 14<sup>th</sup> street

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

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Outside the NYCDA, but elsewhere in Brooklyn

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

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3. While pregnant with you at any time between September 11, 2001, and July 31, 2002, did your mother work:

Inside the NYCDA

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

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Outside the NYCDA in Manhattan but not further north of 14<sup>th</sup> street

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

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Outside the NYCDA, but elsewhere in Brooklyn

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

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4. While pregnant with you at any time between September 11, 2001, and July 31, 2002, **did your mother participate in voluntary or paid work involving 9/11 rescue, recovery, or clean-up activities?**

Yes  No  Don't Know/Not Sure

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

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## Postnatal Exposure

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Postnatal exposure is the amount of qualifying exposure accrued by the cohort enrollee after birth.

Please answer the following questions about your location and exposure on September 11, 2001. This information is used to determine exposure levels if you were born before 9/11. The New York City Disaster Area (NYCDA), is defined as the area of Manhattan that is south of Houston Street. It also includes any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site. To see a map of this area, go to [www.cdc.gov/wtc/define.html](http://www.cdc.gov/wtc/define.html). Enrolling in the WTC Youth Cohort DOES NOT enroll you in the WTC Program.

Please select all boxes that apply.

1. **While pregnant with you, was your mother you present** on September 11, 2001 and located within the NYCDA at any time after the first plane impact (i.e., 8:46 AM)?

Yes  No  Don't Know/Not Sure

2. While pregnant with you at any time between September 11, 2001, and July 31, 2002, **did your mother reside:**

Inside the NYCDA

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

\_\_\_\_\_

Outside the NYCDA in Manhattan but not further north of 14<sup>th</sup> street

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

\_\_\_\_\_

Outside the NYCDA, but elsewhere in Brooklyn

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

\_\_\_\_\_

3. While pregnant with you at any time between September 11, 2001, and July 31, 2002, did your mother work:

Inside the NYCDA

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

\_\_\_\_\_

Outside the NYCDA in Manhattan but not further north of 14<sup>th</sup> street

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

\_\_\_\_\_

Outside the NYCDA, but elsewhere in Brooklyn

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

\_\_\_\_\_

4. While pregnant with you at any time between September 11, 2001, and July 31, 2002, **did your mother participate in voluntary or paid work involving 9/11 rescue, recovery, or clean-up activities?**

Yes  No  Don't Know/Not Sure

If yes, then state to the best of your knowledge, from (mm/yyyy) to (mm/yyyy)

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## Contact Information

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First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Country \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Cell

Home

Work

Contact Preferences

US Mail

Phone

Email

I give the WTC Health Program permission to be contacted about future research if eligible unless I opt-out of the WTC Youth Cohort after submission.

## Voluntary Information

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How did you hear about the Youth Research Cohort?

TV/Radio/Print Ad

Social Media

Work

Labor Union

Friend

WTC Health Registry

Law Firm

Online

VCF

Outreach Partner – *if selected, please choose outreach partner:*

9/11 Environmental Action

FealGood Foundation

Hispanic Federation

NYCOSH

Other Outreach Partner

Other – *if selected, please specify:*

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