

Site Code: __ __

Interviewer: _____

Client ID: __ __ __ __ __ __

Date of Interview: __ __ / __ __ / __ __

Interval: 3__ 6__ 9__ 12__ 15__ 18__

IMPACT OF EVENT ASSESSMENT: SEPTEMBER 11th EVENTS AND SEQUELAE

Note: To be administered in conjunction with Supplement K (Depression) and N (Substance Use)

On the morning of September 11th, 2001, passenger jets crashed into the World Trade Center in New York City and the Pentagon, in Washington, DC. Since then, the government has warned of additional terrorist attacks, and several persons were exposed to anthrax sent through the mail. These are difficult times and people have been affected in many different ways.

I'd like to ask you several questions about your experience of these events and your feelings about them, as well as changes you may be experiencing in your day-to-day life. If there are any questions you don't want to answer or you want to take a break, that's okay. If you would like to talk about your feelings with someone after the interview, just let me know and I will refer you to a health care professional.

INTENSITY OF EXPOSURE

First, I'd like to ask you about your personal experiences during the September 11th events.

					Yes	No
1.	I witnessed some aspect of the September 11th attack in person (not on TV)				<input type="checkbox"/>	<input type="checkbox"/>
2.	Someone very close to me (relative, friend) witnessed or experienced some aspect of the September 11th attack in person (not on TV)				<input type="checkbox"/>	<input type="checkbox"/>
3.	At some point during or following the September 11 th attacks, I felt like I was in physical danger.				<input type="checkbox"/>	<input type="checkbox"/>
4.	My daily routine (transportation, place of work, communication) was disrupted.				<input type="checkbox"/>	<input type="checkbox"/>
5.	I lost my job, business, or property as a result of the attack.				<input type="checkbox"/>	<input type="checkbox"/>
6	I knew someone who was killed in the September 11 th attacks.				<input type="checkbox"/>	<input type="checkbox"/>

IF YES, was that person a(n): (circle one)

- parent?
- sibling?
- child?
- partner?
- other relative?
- friend?
- someone you know of

7	I knew someone who was injured in the September 11 th attacks.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IF YES, was that person a(n): (circle one)

- parent?
- sibling?
- child?
- partner?
- other relative?
- friend?
- someone you know of

Please say which of the following statements were true for you since the September 11th attacks:

					Yes	No
8.	I attended at least one funeral, memorial, ceremony or other event for victims.				<input type="checkbox"/>	<input type="checkbox"/>
9.	I contributed time to some aspect of the rescue or relief effort (for example, by distributing food or supplies, or answering phones).				<input type="checkbox"/>	<input type="checkbox"/>
10.	I contributed in other ways to the rescue or relief effort (contributed money or).				<input type="checkbox"/>	<input type="checkbox"/>

Now I'd like to ask you some other questions about your experiences since the September 11th attacks:

11.	How much of your television viewing covered the attacks?	All <input type="checkbox"/>	Most <input type="checkbox"/>	Some <input type="checkbox"/>	Very little <input type="checkbox"/>	None <input type="checkbox"/>
12.	How much of your conversations with family or friends concerned the attacks?	All <input type="checkbox"/>	Most <input type="checkbox"/>	Some <input type="checkbox"/>	Very little <input type="checkbox"/>	None <input type="checkbox"/>
13.	How much have you talked with anyone about your thoughts and feelings regarding what happened?	A lot <input type="checkbox"/>	A medium amount <input type="checkbox"/>	A little bit <input type="checkbox"/>	Not at all <input type="checkbox"/>	

14	Have you talked with a mental health professional, such as a psychiatrist, psychologist, or social worker, about your feelings regarding the September 11 th attacks, anthrax, or other types of bioterrorism? Add other: pastor	Yes <input type="checkbox"/> If yes, how many times? <input type="checkbox"/>	No <input type="checkbox"/>
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IMPACT OF EVENT

Now, I'd like to ask about how you felt during and after the September 11th events. I'm going to read a list of comments made by people after stressful life events. Please let me know how frequently each comment was true for you during the past seven days, whether it was RARELY, SOMETIMES, or OFTEN true. If it was not true at any time during the past seven days, please say NOT AT ALL.

		Not at all	Rarely	Sometimes	Often
1.	I thought about it when I didn't mean to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I avoided letting myself get too upset when I thought about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I tried to remove it from memory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I had waves of strong feelings about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I had dreams about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I stayed away from reminders of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I felt as if it hadn't happened or it wasn't real. (several clients needed this statement to be repeated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I tried not to talk about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Pictures about it popped into my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Other things kept making me think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I was aware that I still had a lot of feelings about it, but I didn't deal with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I tried not to think about it. (several clients needed this statement to be repeated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Any reminder brought back feelings about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	My feelings about it were kind of numb.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>