Form Approved OMB Control No. 0920-XXXX Exp. Date: XX/XX/XXXX

Attachment 5 Lyme & Other Tickborne Diseases Prevention Study Knowledge, Attitudes, and Practices Introductory Survey

			'	<i>,</i>	J		
	Interview Date: Interviewer's Initials: Household ID #:						
		HOUS	EHOLD IN	FORMAT	TON		
We will ask your complete. You was a lot about how to participating in the forms. Before we begin and may stop at a	this study will be to tall permission to comple will not receive a direct or prevent tickborne dishis survey. As compend would like to remindany time. I would like	te the introductor benefit from be benefit from be beases. This could neation for your to begin by asking the benefit from being the benefit from b	ry survey questi- ing part of this s ld be of future b ime and effort, y pation in this sur- ng some general	ons now. Tourvey. Help enefit to you you will reco	his survey should tal ping to carry out this u or someone you kn eive a \$X gift card in ntary and you may re	ke no more than research has a coow. There are not the mail along efuse to answer a	10 minutes to hance to tell us to costs for with the study
1. How loa	ng has your family live	ed at this address	?		Year	rs N	Ionths
 2. Last summer, did you find any ticks crawling on or attached to you after spending time in your yard? (1) Yes (2) No (3) Not applicable (didn't live there last year) (4) Don't know/Not sure (5) Refused 							
3. I would	now like to ask you al	oout the members	s of your housel				
Family ID (LTDPS #- Family #)	Relationship to interviewee and initials (must include self)	Date of birth (mm/dd/yyyy	Sex	Have/has [you or a household member] ever been diagnosed by a physician as having Lyme disease, babesiosis, anaplasmosis or ehrlichiosis? Any other tickborne disease?		When was the most recent onset of [Disease]? (month/year)	Are [you/he/she] currently being treated for this illness?
a.	Self (Initials)		□М □ F	☐ No ☐ Yes, Lyme disease ☐ Yes, Babesiosis ☐ Yes, Anaplasmosis/Ehrlichiosis ☐ Other, please specify ☐ Don't know/Not sure ☐ Refused			☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
b.	Etc.		□М □ F	☐ No ☐ Yes, Ly ☐ Yes, Ba ☐ Yes,	me disease		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

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 D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

Don't know/Not sure					☐ Other, please specify	у	□ Yes □ No		
Refused No Yes No No Yes No No Yes No No Yes No No No No No No No N					Don't know/Not our	10			
C. Etc. No Yes, Lyme disease Yes No Yes No Yes, Apaplasmosis/Ehrlichiosis Yes No Yes, Apaplasmosis/Ehrlichiosis Yes No Yes No Yes, Apaplasmosis/Ehrlichiosis Yes No Yes No No No No No No No N						e			
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GENERAL PROPERTY CHARACTERISTICS M							□ Yes □ NO		
GENERAL PROPERTY CHARACTERISTICS Now I would like to ask you some questions about your house and property. 4. Do you live in a home or housing development that was built more than 10 years ago? 4. Do you live in a home or housing development that was built more than 10 years ago? 5. What is the size of the lot on which your current home is located? 6. What is the size of the lot on which your current home is located? 6. How much of your property is composed of woods or forested areas? 6. How much of your property is composed of woods or forested areas? 7. How much of your property is lawn? [Lawn is a maintained grassy area] 8. Does your property include woody or brushy areas? 1. Less than half of it About half of it Creater than half of it All of it Don't Know/Not Sure Refused 1. No lawn on property 2. Less than half of it About half of it About half of it About half of it Creater than half of it About half of it Ab	c.	Etc.			Anaplasmosis/Ehrlichi		☐ Yes ☐ No		
Refused					☐ Other, please specify	у	□ Yes □ No		
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9. On average, how frequently is your lawn mowed during the spring and summer months? [Between the months of May and September] □ More often than weekly □ Don't Know/Not Sure									
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□ Don't Know/Not Sure									
	months								

10. Who mows your lawn?	 ☐ Household member ☐ Non-household member ☐ Professional lawn care service ☐ Other [specify]
	☐ Don't Know/Not Sure☐ Refused
11. Do you have a vegetable garden in your yard?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
12. Do you have a flower garden in your yard?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
13. Do you have a compost pile?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
14. Do you have a log pile in your yard?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
15. Do you have a bird feeder in your yard for seed-eating birds?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
16. Does your yard have fencing around it or parts of it?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
17. Do you have one or more stone walls, not sealed by mortar or cement, in your yard or adjacent property line?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
18. What type of recreational areas do you have in your yard that are not located on a deck or patio?	
a. Children's recreational equipment (e.g. jungle gym, swing set, sandbox, etc.)?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
b. Dining area (e.g. picnic table, etc.)?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
c. Sitting area (e.g. bench, hammock, etc.)?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
d. Lawn sport area (e.g. horseshoe pit, volleyball, badminton, bocce, etc.)?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
e. Other?	

PERSONAL PROTECTION						
I would like to ask you some questions about time spent in your yard and outdoors during the spring and summer months. For the purpose of this study, your yard is defined as all of the land on your property, not including your house, driveway, deck, porch, patio, garage, or other buildings on the property. For example, your yard may include a lawn, woods, and a garden.						
19. Approximately how many hours per week do you spend in your yard?	☐ < 1 hour ☐ 1 − 5 hours ☐ 6 − 10 hours ☐ >10 hours ☐ Don't know/Not sure ☐ Refused					
20. When spending time in your yard, where do you spend most of your time?	 □ Outdoor dining area (i.e., non-grassy area: patio/deck) □ Lawn □ Woody or brushy areas □ Other 					
21. Approximately how many hours per week do you spend doing outdoor activities <u>not</u> on your property?	 ☐ < 1 hour ☐ 1 - 5 hours ☐ 6 - 10 hours ☐ >10 hours ☐ Don't know/Not sure ☐ Refused 					
22. In the last year, have any of your family members found ticks on their bodies?	☐ Yes (If yes to Q2 or Q22, go to Q23) ☐ No (Go to Q24) ☐ Don't know/Not sure (Go to Q24) ☐ Refused (Go to Q24)					
23. Overall, how many tick bites did you and each of your family members have last year? (household total)	□ Don't know/Not sure □ Refused					
24. How often do you use insect repellent when spending time in your own yard?	☐ All the time ☐ More than half the time ☐ About half the time ☐ Less than half the time ☐ Never ☐ Don't know/Not sure ☐ Refused					
25. How often do you use insect repellent when spending time outside of your yard?	☐ All the time ☐ More than half the time ☐ About half the time ☐ Less than half the time ☐ Never ☐ Don't know/Not sure ☐ Refused					
26. Does your insect repellent contain DEET?	☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused ☐ My family does not use insect repellent					
27. Does your insect repellent contain picaridin?	☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused ☐ My family does not use insect repellent					

28.	28. Does your insect repellent contain IR3535?				Yes No Don't know/Not sure Refused My family does not use insect ellent	
	PETS					
29.	Do you have house pets that spend time both indoors and outside in you	yard?		Yes No (if no pets, skip to 'other') Don't Know/Not Sure Refused		
30.	30. Do you have a dog?				Yes No Don't know/Not sure Refused	
31.	31. If yes, do you use tick control on your dog?				Yes No Don't know/Not sure Refused	
32.	32. Do you have a cat?				Yes No Don't know/Not sure Refused	
33.	33. If yes, do you use tick control on your cat?				Yes No Don't know/Not sure Refused	
	OTHER					
34.	☐ Elementary ☐ Some high ☐ High school 34. What is the highest grade or year of school you completed? ☐ College or ☐ College for ☐ Graduate s ☐ Don't know		Elementary of Some high so High school of College or te College for 4			
35.	35. Are you of Hispanic, Latino, or Spanish origin? □ Yes □ No □ Don't know □ Refused			Not	sure	
36.	What is your race? (check all that apply)	☐ Asian ☐ Black or Afric			iian or Other Pacific Islander specify	
37.	□ less than \$15,000 □ less than \$25,000 □ less than \$35,000 □ less than \$35,000 □ less than \$35,000 □ less than \$70,000 □ Refused			ıre		

- 1. How did you learn about the study?
- 2. Could you please provide/confirm your home address?
- 3. Do you have pets that go outdoors?
- 4. What is your preferred method of contact and the best day/time to reach you?