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

Attachment 6 Flesch-Kincaid Grade Level: 6.0 Lyme and Other Tickborne Diseases Prevention Study Monthly Survey

Hello, my name is (*insert name*). I'm calling on behalf of the (*insert site specific EIP title*) regarding a Lyme disease study that is being conducted in conjunction with the Centers for Disease Control and Prevention. (*insert participant name*) has enrolled in this research study, and as part of this study, we would like to ask him/her to participate in a brief monthly study survey.

May I please speak with (insert participant name)? ☐ **Yes, speaking.** (Go to dialog below) Yes, let me get (contact name) on the phone. (Repeat introduction dialog above then go to dialog below) ☐ Yes, but (contact name) is not home now/busy. When would be a better time to reach him/her? (Log date/time on call record.) Thank you for your time today. □ No Thank you for your time today. Thank you for your continued participation in the Lyme and Other Tickborne Diseases Prevention Study. We would like to ask you a few brief questions over the phone in order to complete your monthly study survey for [insert date – date]. These questions will be about any tick encounters you experienced in the past month. If we have your permission, we would like to ask you some questions over the phone for this survey. This survey should take no more than 5 minutes to complete. As compensation for your time and effort, you will receive a gift card at the end of the study. Would you like to participate in this monthly survey? □ Yes Great, I will now begin to ask you the survey questions. (Go to survey questions below) ☐ Yes, but now is not a good time. When would be a better time to speak? (*Log date/time on call record.*) Thank you for your time and interest in this study. \square No This study will help public health officials and scientists to better understand how to prevent Lyme disease and other tickborne diseases. Your participation would be a valuable contribution to this study. Would you reconsider? \square Yes Great, I will now begin to ask you the survey questions. (Go to survey questions

Public reporting burden of this collection of information is estimated to average 15 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

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below)		

Thank you for your time today.

Survey Questions

□ No

The first set of questions will ask about tick encounters experienced by you and your family members (NOT including your pets):

1. In the past month, has anyone living in your household (including yourself) found ticks <u>crawling on</u> their body?

□ Yes

a. In the past month, how many household members (including yourself) found ticks <u>crawling on</u> their body?

Toolbar Dropdown List: 0,1,2,3,4,5,6,7,8,9,10, More than 10, Don't know, Prefer not to answer

I am now going to ask you about each household member who found a tick:

- b. For the first member in your household who found a tick, could you provide their initials and date of birth? (*Initials*, *DOB*)
 - i. (Member 1) In the past month, how many ticks were found crawling on this household member?
 Toolbar Dropdown List: 0,1,2,3,4,5,6,7,8,9,10, More than 10, Don't know, Prefer not to answer
 - ii. (Member 1) Where do you think this person picked up the tick(s)? Toolbar Dropdown List: My yard, Another yard, Recreational area (i.e., park, golf course, hiking trail, campsite etc.), Other, Don't know, Prefer not to answer
- c. For the second member in your household who found a tick, could you provide their initials and date of birth? (*Initials*, *DOB*)
 - i. (Member 2) In the past month, how many ticks were found crawling on this household member?
 Toolbar Dropdown List: 0,1,2,3,4,5,6,7,8,9,10, More than 10, Don't know, Prefer not to answer
 - ii. (Member 2) Where do you think this person picked up the tick(s)? Toolbar Dropdown List: My yard, Another yard, Recreational area (i.e., park, golf course, hiking trail, campsite etc.), Other, Don't know, Prefer not to answer

Etc					
	No				
	Don't know				

		Attachment 6 Prefer not to answer	Flesch-Kincaid Grade Level: 6.0			
2.	attache	past month, has anyone living in your household (including yourself) found ticks ed to their body? Yes				
	a.	In the past month, how many ho attached to their body?	usehold members (including y	ourself) found ticks		
		Toolbar Dropdown List: 0,1,2,3 not to answer	,4,5,6,7,8,9,10, More than 10,	Don't know, Prefer		
	I a	m now going to ask you about ea	ch household member who fou	nd a tick:		
	b.	For the first member in your hou initials and date of birth? (<i>Initial</i>		d you provide their		
		i. (Member 1) In the past n household member?	nonth, how many ticks were fo	und attached to this		
		Toolbar Dropdown List: Prefer not to answer	0,1,2,3,4,5,6,7,8,9,10, More th	an 10, Don't know,		
	C.	For the second member in your their initials and date of birth? (A		ould you provide		
		i. (Member 2) In the past n household member?	nonth, how many ticks were fo	und attached to this		
		Toolbar Dropdown List: Prefer not to answer	0,1,2,3,4,5,6,7,8,9,10, More th	an 10, Don't know,		
	Et	C				
		No				
		Don't know				
		Prefer not to answer				
3.	to their	dicated that you or someone in your body in the past month. Do you Yes		•		
		a. Do you have access to the	he Internet? If so, we would lik	e to provide you		
with a website link in order to view pictures of different ticks. \square Yes						
		. Can you provide				
		the name of the ti	ick(s) you remember seeing? V	Vas the tick(s) an		
	Ameri	?				
			- -	•		

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- O None of these
- o Cannot view pictures
- □ No
- □ No
- ☐ Don't know
- ☐ Prefer not to answer

The final questions will ask about tick encounters experienced by any of your pets:

- 4. In the past month, have you found any <u>crawling</u> ticks on your pets (dogs or cats)?
 - □ Yes
- a. How many total ticks were found <u>crawling</u> on their body? *Toolbar Dropdown List: 0,1,2,3,4,5,6,7,8,9,10, More than 10, Don't know, Prefer not to answer*
- □ No
- ☐ I do not have a pet
- ☐ Don't know
- ☐ Prefer not to answer
- 5. In the past month, have you found any <u>attached</u> ticks on your pets (dogs or cats)?
 - □ Yes
- a. How many total ticks were found <u>attached</u> to their body? *Toolbar Dropdown List:* 0,1,2,3,4,5,6,7,8,9,10, *More than* 10, *Don't know, Prefer not to answer*
- b. How many of these ticks were swollen?

 Toolbar Dropdown List: 0,1,2,3,4,5,6,7,8,9,10, More than 10, Don't

know, Prefer not to answer

- □ No
- ☐ I do not have a pet
- ☐ Don't know
- ☐ Prefer not to answer

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