Upper Midwest Tickborne Disease Prevention Survey

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Form Approved	
OMB Control No.: 0920-1150	
Expiration date: 12/31/2019	
This research study is being conducted by your state health dep Vector-Borne Disease, and the Centers for Disease Control and I selected to participate. We will ask you about any encounters you We will also ask about steps you take to avoid tick bites. Your re- prevent tick bites and diseases spread by ticks.	Prevention. Your household has been randomly but have had with ticks or diseases spread by ticks.
Public reporting burden of this collection of information is estimated the time for reviewing instructions, searching existing data sour completing and reviewing the collection of information. An agen required to respond to a collection of information unless it displacements regarding this burden estimate or any other aspect of for reducing this burden to CDC/ATSDR Reports Clearance Office 30333; ATTN: PRA 0920-1150.	ces, gathering and maintaining the data needed, and acy may not conduct or sponsor, and a person is not ays a currently valid OMB Control Number. Send of this collection of information, including suggestions
Are you 18 years of age or older?	○ Yes ○ No
What is your age (in years)?	
Are you the adult in your household with the most recent birthday?	○ Yes ○ No
Currently, in which state do you live?	

