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| **Backyard Integrated Pest Management (BITM) Study –**  **INTRODUCTORY SURVEY**  **April ̶ June 2017** | | | | | | | |
| Interview Date:  Interviewer’s Initials:  Household ID #: | | | | | | | |
| **HOUSEHOLD INFORMATION** | | | | | | | |
| Before we begin I would like to remind you that participation in this survey is voluntary. You may refuse to answer any questions and may stop at any time.   1. I would like to ask you about the members of your household. Could you please list everyone who lives in your home? As you go through and list the members of your household, I will record your relationship to that person and their first name, date of birth, and sex. After I have gotten an idea of everyone in the household I will then go through and ask some questions about each of the members. | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Family ID**  *(Household # -Family #)* | **Relationship to interviewee** | **First name**  *(must include self)* | **Date of**  **birth**  *(mm/dd/yyyy)* | **Sex** | **Has any household member, including yourself, ever been diagnosed by a physician as having any tickborne disease including Lyme disease, babesiosis, anaplasmosis or ehrlichiosis? Any other tickborne disease?** | **When was the most recent onset of [disease]?**  *(month/year)* | **Are/Is [you/he/she] currently being treated for this illness?** |
| a. | Self |  |  | 🞎 M 🞎 F | 🞎 No |  |  |
| 🞎 Yes, Lyme disease |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Babesiosis |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Anaplasmosis/Ehrlichiosis |  | 🞎 Yes 🞎 No |
| 🞎 Other, please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 Yes 🞎 No |
| 🞎 Don’t know/Not sure |  |  |
| 🞎 Refused |  |  |
| b. |  |  |  | 🞎 M 🞎 F | 🞎 No |  |  |
| 🞎 Yes, Lyme disease |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Babesiosis |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Anaplasmosis/Ehrlichiosis |  | 🞎 Yes 🞎 No |
| 🞎 Other, please specify  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | 🞎 Yes 🞎 No |
| 🞎 Don’t know/Not sure |  |  |
| 🞎 Refused |  |  |
| c. |  |  |  | 🞎 M 🞎 F | 🞎 No |  |  |
| 🞎 Yes, Lyme disease |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Babesiosis |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Anaplasmosis/Ehrlichiosis |  | 🞎 Yes 🞎 No |
| 🞎 Other, please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 Yes 🞎 No |
| 🞎 Don’t know/Not sure |  |  |
| 🞎 Refused |  |  |

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| **Family ID**  *(BITM #-Family #)* | **Relationship to interviewee** | **First name**  *(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/Is [you/he/she] currently being treated for this illness?** |
| d. |  |  |  | 🞎 M 🞎 F | 🞎 No |  |  |
| 🞎 Yes, Lyme disease |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Babesiosis |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Anaplasmosis/Ehrlichiosis |  | 🞎 Yes 🞎 No |
| 🞎 Other, please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 Yes 🞎 No |
| 🞎 Don’t know/Not sure |  |  |
| 🞎 Refused |  |  |
| e. |  |  |  | 🞎 M 🞎 F | 🞎 No |  |  |
| 🞎 Yes, Lyme disease |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Babesiosis |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Anaplasmosis/Ehrlichiosis |  | 🞎 Yes 🞎 No |
| 🞎 Other, please specify  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | 🞎 Yes 🞎 No |
| 🞎 Don’t know/Not sure |  |  |
| 🞎 Refused |  |  |
| f. |  |  |  | 🞎 M 🞎 F | 🞎 No |  |  |
| 🞎 Yes, Lyme disease |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Babesiosis |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Anaplasmosis/Ehrlichiosis |  | 🞎 Yes 🞎 No |
| 🞎 Other, please specify  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | 🞎 Yes 🞎 No |
| 🞎 Don’t know/Not sure |  |  |
| 🞎 Refused |  |  |
| g. |  |  |  | 🞎 M 🞎 F | 🞎 No |  |  |
| 🞎 Yes, Lyme disease |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Babesiosis |  | 🞎 Yes 🞎 No |
| 🞎 Yes, Anaplasmosis/Ehrlichiosis |  | 🞎 Yes 🞎 No |
| 🞎 Other, please specify  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | 🞎 Yes 🞎 No |
| 🞎 Don’t know/Not sure |  |  |
| 🞎 Refused |  |  |

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| **GENERAL PROPERTY CHARACTERISTICS** | |
| Now I would like to ask you some questions about your house and property. | |
| 1. What is the size, in acres, of the property on which your home is located? | 🞎 1 acre or less  🞎 > 1 acre but less than 2 acres  🞎 2 ̶ 3.0 acres  🞎 Don’t know/Not sure  🞎 Refused |
| 1. What percentage of your property is composed of woods or forested areas? | 🞎 None of it  🞎 Less than half of it  🞎 About half of it  🞎 Greater than half of it  🞎 All of it  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. What percentage of your property is lawn, meaning a maintained grassy area? | 🞎 No lawn on property  🞎 Less than half of it  🞎 About half of it  🞎 Greater than half of it  🞎 All of it  🞎 Don’t Know/Not Sure  🞎 Refused |
| **LANDSCAPE CHARACTERISTICS** | |
| 1. On average, how frequently is your lawn mowed between the months of May and September? | 🞎 Less than once per month  🞎 Once to three times per month  🞎 Weekly  🞎 More often than weekly  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Who mows your lawn? | 🞎 Household member  🞎 Non-household member  🞎 Professional lawn care service  🞎 Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Do you have a vegetable garden on your property that you tend to regularly? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Do you have a flower garden on your property that you tend to regularly? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Do you have a compost pile on your property? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Do you have a log pile on your property? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Do you have a bird feeder in your yard for seed-eating birds? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Does your property have fencing around it or on any part of it? *(This does NOT include stone walls)* | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Do you have one or more stone walls, not sealed by mortar or cement, on your property or adjacent property line? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| I’d like to ask you about types of recreational areas on your property, not located on a porch, deck or patio. *(This could include recreational areas on the grass or in wooded areas).* | |
| 1. Do you have any children’s recreational equipment such as a jungle gym, swing set or sandbox, not located on a porch, deck or patio? | 🞎 Yes  🞎 No (go to Q15)  🞎 Don’t Know/Not Sure (go to Q15)  🞎 Refused(go to Q15) |
| 1. Do you or other household members spend time on the abovementioned recreational equipment? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Do you have any dining areas, such as a picnic table, not located on a porch, deck or patio? | 🞎 Yes  🞎 No (go to Q17)  🞎 Don’t Know/Not Sure (go to Q17)  🞎 Refused (go to Q17) |
| 1. Do you or other household members spend time on the abovementioned dining areas? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Do you have any sitting areas, such as a bench or hammock that are not located on a porch, deck or patio? | 🞎 Yes  🞎 No (go to Q19)  🞎 Don’t Know/Not Sure (go to Q19)  🞎 Refused (go to Q19) |
| 1. Do you or other household members spend time on the abovementioned sitting areas? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Do you have any lawn sport areas, such as a horseshoe pit, volleyball, badminton or bocce area, not located on a porch, deck or patio? | 🞎 Yes  🞎 No (go to Q21)  🞎 Don’t Know/Not Sure (go to Q21)  🞎 Refused (go to Q21) |
| 1. Do you or other household members spend time on the abovementioned lawn sport areas? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Are there other recreational areas on your property that are not located on a porch, deck or patio? | 🞎 Yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 No (go to Q23)  🞎 Don’t Know/Not Sure (go to Q23)  🞎 Refused (go to Q23) |
| 1. Do you or other household members spend time on the abovementioned recreational areas? | 🞎 Yes  🞎 No  🞎 Don’t Know/Not Sure  🞎 Refused |
| **TICK RISK PERCEPTION AND EXPOSURE QUESTIONS** | |
| 1. Of these four outdoor categories, in your opinion, where are you most likely to get ticks on your body? | 🞎 Your own yard  🞎 Someone else’s yard  🞎 General use/recreational areas such as parks, athletic fields, hiking trails, schools, etc.  🞎 Indoors  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. During an average summer work week, how often do you work outside for your job in tick habitat (*i.e*., wooded and/or brushy areas) | 🞎 Never  🞎 Rarely  🞎 Sometimes  🞎 Most of the time  🞎 Always  🞎 Don’t know/Not sure  🞎 Refused |
| 1. In the last year, have any of your family members found ticks on their bodies (*i.e*., crawling on or attached)? | 🞎 Yes (If yes, go to Q26)  🞎 No (If no, go to Q27)  🞎 Don’t know/Not sure  🞎 Refused |
| 1. Overall, how many tick bites (*i.e.,* attached) did you and each of your family members have last year? (household total) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Don’t know/Not sure  🞎 Refused |

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| **PETS** | | |
| 1. Do you have house pets that spend time both indoors and outside? | | 🞎 Yes  🞎 No (*go to Q38*)  🞎 Don’t Know/Not Sure  🞎 Refused |
| 1. Do you have a dog? | | 🞎 Yes  🞎 No  🞎 Don’t know/Not sure  🞎 Refused |
| 1. If yes, do you use tick control on your dog *(e.g. Frontline or Advantage tick control including top spot, tick collar and/or spray)*? | | 🞎 Yes  🞎 No  🞎 Sometimes  🞎 Don’t know/Not sure  🞎 Refused |
| 1. Do you have a cat that spends time outside? | | 🞎 Yes  🞎 No  🞎 Don’t know/Not sure  🞎 Refused |
| 1. If yes, do you use tick control on your cat *(e.g. Frontline or Advantage tick control including top spot, tick collar and/or spray)*? | | 🞎 Yes  🞎 No  🞎 Sometimes  🞎 Don’t know/Not sure  🞎 Refused |
| **OTHER** | | |
| 1. What is the highest grade or year of school you completed? | 🞎 Never attended school or kindergarten  🞎 Elementary or middle school; 1st – 8th grade  🞎 Some high school; 9th – 11th grade  🞎 High school graduate; 12th grade or GED  🞎 College or technical school for 1-3 years  🞎 College for 4 years, with or without a degree  🞎 Graduate school  🞎 Don’t know/Not sure  🞎 Refused | |
| 1. Are you of Hispanic, Latino, or Spanish origin? | 🞎 Yes  🞎 No  🞎 Don’t know/Not sure  🞎 Refused | |
| 1. What is your race? *(check all that apply)* | 🞎 American Indian or Alaska Native  🞎 Asian  🞎 Black or African American  🞎 Native Hawaiian or Other Pacific Islander  🞎 White  🞎 Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Don’t know/Not sure  🞎 Refused | |
| 1. In your home, what is the annual household income from all sources, including social security and pensions? *(starting with <$50,000; read ranges)* | 🞎 less than $50,000  🞎 between $50,000-$100,000  🞎 between $100,000-$150,000  🞎 between $150,000-$200,000  🞎 greater than $200,000  🞎 Don’t know/Not sure  🞎 Refused | |