

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 <i>(Household # -Family #)</i>	Relationship to interviewee	First name <i>(must include self)</i>	Date of birth <i>(mm/dd/yyyy)</i>	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]? <i>(month/year)</i>	Are/Is [you/he/she] currently being treated for this illness?
a.	Self			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No		
					<input type="checkbox"/> Yes, Lyme disease		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Babesiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Anaplasmosis/Ehrlichiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Other, please specify _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Don't know/Not sure		
					<input type="checkbox"/> Refused		
b.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No		
					<input type="checkbox"/> Yes, Lyme disease		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Babesiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Anaplasmosis/Ehrlichiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Other, please specify _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Don't know/Not sure		
					<input type="checkbox"/> Refused		
c.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No		
					<input type="checkbox"/> Yes, Lyme disease		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Babesiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Anaplasmosis/Ehrlichiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Other, please specify _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Don't know/Not sure		
					<input type="checkbox"/> Refused		

Family ID (BITM #- Family #)	Relationship to interviewee	First name (<i>must include self</i>)	Date of birth (<i>mm/dd/yyyy</i>)	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]? (<i>month/year</i>)	Are/Is [you/he/she] currently being treated for this illness?
d.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No		
					<input type="checkbox"/> Yes, Lyme disease		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Babesiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Anaplasmosis/Ehrlichiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Other, please specify _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Don't know/Not sure		
					<input type="checkbox"/> Refused		
e.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No		
					<input type="checkbox"/> Yes, Lyme disease		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Babesiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Anaplasmosis/Ehrlichiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Other, please specify _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Don't know/Not sure		
					<input type="checkbox"/> Refused		
f.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No		
					<input type="checkbox"/> Yes, Lyme disease		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Babesiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Anaplasmosis/Ehrlichiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Other, please specify _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Don't know/Not sure		
					<input type="checkbox"/> Refused		
g.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No		
					<input type="checkbox"/> Yes, Lyme disease		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Babesiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes, Anaplasmosis/Ehrlichiosis		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Other, please specify _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Don't know/Not sure		
					<input type="checkbox"/> Refused		

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?	<input type="checkbox"/> 1 acre or less <input type="checkbox"/> > 1 acre but less than 2 acres <input type="checkbox"/> 2–3.0 acres <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
2. What percentage of your property is composed of woods or forested areas?	<input type="checkbox"/> None of it <input type="checkbox"/> Less than half of it <input type="checkbox"/> About half of it <input type="checkbox"/> Greater than half of it <input type="checkbox"/> All of it <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
3. What percentage of your property is lawn, meaning a maintained grassy area?	<input type="checkbox"/> No lawn on property <input type="checkbox"/> Less than half of it <input type="checkbox"/> About half of it <input type="checkbox"/> Greater than half of it <input type="checkbox"/> All of it <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused

LANDSCAPE CHARACTERISTICS

4. On average, how frequently is your lawn mowed between the months of May and September?	<input type="checkbox"/> Less than once per month <input type="checkbox"/> Once to three times per month <input type="checkbox"/> Weekly <input type="checkbox"/> More often than weekly <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
5. Who mows your lawn?	<input type="checkbox"/> Household member <input type="checkbox"/> Non-household member <input type="checkbox"/> Professional lawn care service <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
6. Do you have a vegetable garden on your property that you tend to regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
7. Do you have a flower garden on your property that you tend to regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
8. Do you have a compost pile on your property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
9. Do you have a log pile on your property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
10. Do you have a bird feeder in your yard for seed-eating birds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
11. Does your property have fencing around it or on any part of it? <i>(This does NOT include stone walls)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
12. Do you have one or more stone walls, not sealed by mortar or cement, on your property or adjacent property line?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
I'd like to ask you about types of recreational areas on your property, not located on a porch, deck or patio. <i>(This could include recreational areas on the grass or in wooded areas).</i>	
13. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to Q15) <input type="checkbox"/> Don't Know/Not Sure (go to Q15) <input type="checkbox"/> Refused (go to Q15)
14. Do you or other household members spend time on the abovementioned recreational equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
15. Do you have any dining areas, such as a picnic table, not located on a porch, deck or patio?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to Q17) <input type="checkbox"/> Don't Know/Not Sure (go to Q17) <input type="checkbox"/> Refused (go to Q17)
16. Do you or other household members spend time on the abovementioned dining areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
17. Do you have any sitting areas, such as a bench or hammock that are not located on a porch, deck or patio?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to Q19) <input type="checkbox"/> Don't Know/Not Sure (go to Q19) <input type="checkbox"/> Refused (go to Q19)
18. Do you or other household members spend time on the abovementioned sitting areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
19. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to Q21) <input type="checkbox"/> Don't Know/Not Sure (go to Q21) <input type="checkbox"/> Refused (go to Q21)
20. Do you or other household members spend time on the abovementioned lawn sport areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
21. Are there other recreational areas on your property that are not located on a porch, deck or patio?	<input type="checkbox"/> Yes, please specify _____ <input type="checkbox"/> No (go to Q23) <input type="checkbox"/> Don't Know/Not Sure (go to Q23) <input type="checkbox"/> Refused (go to Q23)
22. Do you or other household members spend time on the abovementioned recreational areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
TICK RISK PERCEPTION AND EXPOSURE QUESTIONS	
23. Of these four outdoor categories, in your opinion, where are you most likely to get ticks on your body?	<input type="checkbox"/> Your own yard <input type="checkbox"/> Someone else's yard <input type="checkbox"/> General use/recreational areas such as parks, athletic fields, hiking trails, schools, etc. <input type="checkbox"/> Indoors <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused

<p>24. During an average summer work week, how often do you work outside for your job in tick habitat (<i>i.e.</i>, wooded and/or brushy areas)</p>	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Most of the time <input type="checkbox"/> Always <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
<p>25. In the last year, have any of your family members found ticks on their bodies (<i>i.e.</i>, crawling on or attached)?</p>	<input type="checkbox"/> Yes (If yes, go to Q26) <input type="checkbox"/> No (If no, go to Q27) <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
<p>26. Overall, how many tick bites (<i>i.e.</i>, attached) did you and each of your family members have last year? (household total)</p>	<input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused

PETS

<p>27. Do you have house pets that spend time both indoors and outside?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>go to Q38</i>) <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
<p>28. Do you have a dog?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
<p>29. If yes, do you use tick control on your dog (<i>e.g. Frontline or Advantage tick control including top spot, tick collar and/or spray</i>)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
<p>30. Do you have a cat that spends time outside?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
<p>31. If yes, do you use tick control on your cat (<i>e.g. Frontline or Advantage tick control including top spot, tick collar and/or spray</i>)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused

OTHER

<p>32. What is the highest grade or year of school you completed?</p>	<input type="checkbox"/> Never attended school or kindergarten <input type="checkbox"/> Elementary or middle school; 1 st – 8 th grade <input type="checkbox"/> Some high school; 9 th – 11 th grade <input type="checkbox"/> High school graduate; 12 th grade or GED <input type="checkbox"/> College or technical school for 1-3 years <input type="checkbox"/> College for 4 years, with or without a degree <input type="checkbox"/> Graduate school <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
<p>33. Are you of Hispanic, Latino, or Spanish origin?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused

<p>34. What is your race? <i>(check all that apply)</i></p>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
<p>35. In your home, what is the annual household income from all sources, including social security and pensions? <i>(starting with <\$50,000; read ranges)</i></p>	<input type="checkbox"/> less than \$50,000 <input type="checkbox"/> between \$50,000-\$100,000 <input type="checkbox"/> between \$100,000-\$150,000 <input type="checkbox"/> between \$150,000-\$200,000 <input type="checkbox"/> greater than \$200,000 <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused