

**Backyard Integrated Tick Management (BITM) Study  
End of Season Survey  
April**

**INTRODUCTORY TEXT (on Web-based Survey):**

Thank you for your participation in the BITM study. As a part of your participation, we are asking all heads of households to complete this short survey about any tick encounters or diagnoses of tickborne disease since last September. This survey should take no more than 5 minutes. We hope that this information will help us to better understand how to prevent tickborne disease.

Survey Questions

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

1. Please enter your household ID#\_\_\_\_\_.
  
2. Since last September, has anyone living in your household (including you) found ticks crawling on their body?
  - Yes
  
  - a. Since last September, how many household members (including you) found ticks crawling 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*
  
  - b. For the first member in your household who found a tick, please provide their initials and age. (*Initials,age*)
    - i. (Member 1) Since last September, 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, please provide their initials and age. (*Initials, age*)
    - i. (Member 2) Since last September, 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
- Prefer not to answer

3. Since last September, has anyone living in your household (including you) found ticks attached to their body?

- Yes

- a. Since last September, how many household members (including you) found ticks attached 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. For the first member in your household who found a tick, please provide their initials and age. (*Initials, age*)

- i. (Member 1) Since last September, how many ticks were found attached to 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*

- c. For the second member in your household who found a tick, please provide their initials and age. (*Initials, age*)

- i. (Member 2) Since last September, how many ticks were found attached to 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*

Continue for all household members who found tick (e.g. household member #3, household member #4 etc)

- No
- Don't know
- Prefer not to answer

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

4. Since last September, have you found any crawling ticks on your pets (dogs or cats)?

- Yes

a. How many total ticks were found crawling 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. Since last September, have you found any attached swollen ticks on your pets (dogs or cats)?

Yes

a. How many total ticks were found attached 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*

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

6. If you indicated that you, someone in your household, or a pet had ticks crawling on or attached to their body since last September did you submit a photo of the tick(s) to Tickspotters ([http://www.tickcounter.org/tickspotters/submit\\_form](http://www.tickcounter.org/tickspotters/submit_form))?

Yes

a. How many ticks did you report on Tickspotters?

*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

a. Why not?

*Toolbar Dropdown List: forgot, lost the tick, no phone or camera available, no internet connection, tick was destroyed, other*

7. Since last September, have you, or any members of your household, been diagnosed with a tickborne illness?

- Yes
- No
- Don't know
- Prefer not to answer

a. If yes, please provide the initials and age of the person diagnosed\_\_\_\_\_.

Thank you for your participation in this study. If you have any questions, please call or email your state BITM Study Coordinator, for CT: Rayda Krell, 203-837-8835, [backyardtickstudy@wcsu.edu](mailto:backyardtickstudy@wcsu.edu), and for RI: Kim Downes, 401-874-2928, [downes@uri.edu](mailto:downes@uri.edu), or visit our study website: <http://www.backyardtickstudy.org>