

Interview Date:
Interviewer's Initials:
Household ID #:

**Backyard Integrated Tick Management (BITM) Study
Final Phone Survey for Head of Household
October - December 2020**

This survey will be administered by phone to the head of household or the person who signed the study consent form on behalf of the household. If the head of household reports that a child was told by his/her doctor to have a tickborne disease, we will ask the head of household if he/she would be willing to answer questions on behalf of his/her child (while consulting the child). If the head of household reports that an adult household member (other than himself/herself) was told by his/her doctor to have a tickborne disease, we will ask the head of household if he/she would be willing to answer questions on behalf of this household member. We will additionally ask this household member if he/she would be willing to answer questions about his/her tickborne disease.

Hello, my name is *(insert name)*. I'm calling on behalf of the Backyard Integrated Tick Management Study at *(say WCSU or URI as applicable)* regarding a tickborne disease prevention study that is being conducted in conjunction with the Centers for Disease Control and Prevention. *(insert head of household 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 final study survey.

May I please speak with *(insert head of household 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.

If we have your permission, we would like to ask you some questions over the phone as the final survey for this study. This survey should take no more than 10 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 the final 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.

No

This study will help public health officials and scientists to better understand if the management tactics tested will keep people in your community from getting Lyme disease and other tickborne diseases. Your participation would be a valuable contribution to this study. Would you reconsider?

Yes

Great, I will now begin to ask you the survey questions. (*Go to survey questions below*)

No

Thank you for your time today.

Survey Questions

1. I would like to know if you spent a lot of time on vacation or at another home in the summer during the study. During the study period (May–October, 2017–2020), how much time did you spend at home each summer?
 - 0 - 25% of the time
 - 26 - 50% of the time
 - 51 - 75% of the time
 - More than 75% of the time
 - Don't know
 - Refuse

2. I would like to know if your household members spent a lot of time on vacation or at another home during the summer. During the study period (May–October), how much time did your household members spend at home?
 - a. Member 1 (Enter Initials and age):
 - 0 - 25% of the time
 - 26 - 50% of the time
 - 51 - 75% of the time
 - More than 75% of the time
 - Don't know
 - Refuse
 - b. Member 2 (Enter Initials and age):
 - 0 - 25% of the time
 - 26 - 50% of the time
 - 51 - 75% of the time
 - More than 75% of the time
 - Don't know
 - Refuse
 - c. Member 3 (Enter Initials and age):
 - 0 - 25% of the time

- 26 - 50% of the time
- 51 - 75% of the time
- More than 75% of the time
- Don't know
- Refuse

d. Etc....

3. Since enrolling in the study, did anyone living in your household (including yourself) find ticks attached to their body?

Yes

a. Did you or this household member receive antibiotics for the tick bite(s) to avoid becoming sick?

Yes

i. Which antibiotic did you take? (*check all that apply*)

- Doxycycline [dok-see-**sa**hy-kleen]
- Amoxicillin [uh-mok-suh-**sil**-in]
- Cefuroxime [**seff**-yur-**ox**-eem]
- Ceftriaxone [**sef**-trye-**ax**-one]
- Atovaquone [a-**toe**-va-kwone]

No

Don't know

Refuse

No

Don't know

Refuse

4. Since enrolling in the study, have you been told by a doctor or other healthcare worker that you had a tickborne disease (e.g., Lyme disease, anaplasmosis, or babesiosis)?

Yes

No (*Go to question 13*)

Don't know (*Go to question 13*)

Refuse (*Go to question 13*)

5. Which tickborne disease did the doctor or other healthcare worker say you had? (*check all that apply*)

Lyme disease

Anaplasmosis

Babesiosis

Ehrlichiosis

Other (please specify) _____

Don't know

Refuse

6. Has your doctor given you medicine for your tickborne disease(s)?

Yes

a. What medicine did your doctor give you to help you feel better? (*check all that apply*)

Doxycycline [dok-see-**say**-kleen]

Amoxicillin [uh-mok-suh-**sil**-in]

Cefuroxime [**seff**-yur-**ox**-eem]

Ceftriaxone [**sef**-trye-**ax**-one]

Atovaquone [a-**toe**-va-kwone]

Azithromycin [ay-**zith**-roe-**mye**-sin]

Clindamycin [**klin**-da-**mye**-sin]

Quinine [**kwye**-nine]

Other (please specify) _____

No

Don't know

Refuse

7. Since enrolling in the study, was someone in your household (other than you) told by a doctor or other healthcare worker that they had a tickborne disease?

Yes

a. How many people living in your home were told they had a tickborne disease? _____

i. How many of these household members are minors (less than 18 years of age)?

ii. How many of these household members are adults?

Child questions: 7b–9, Adult questions: 10–11

b. Is this person an adult or a child (less than 18 years of age)?

CHILD

i. Would you be willing to consult this child and answer questions on his/her behalf about symptoms and treatment?

Yes (*Go to question 8, if more than one child, repeat questions 8 and 9 on a separate survey and use the Household ID*).

No (*Go to question 13*)

ADULT(*Go to question 10*)

same

- c. Would you be willing to answer questions on his/her behalf about symptoms and treatment?
- Yes (*Go to question 10, if more than one adult household member, repeat questions 10-11 on a separate survey and use the same Household ID*)
 - No (*Go to question 13*)
 - No (*Go to question 13*)
 - Don't know (*Go to question 13*)
 - Refuse (*Go to question 13*)

8. Which tickborne disease did the doctor or other healthcare worker say your child had?
(*check all that apply*)

- Lyme disease
- Anaplasmosis
- Babesiosis
- Ehrlichiosis
- Other (please specify) _____
- Don't know
- Refuse

9. Has your doctor given your child medicine for his/her tickborne disease(s)?

- Yes

a. What medicine did your doctor give you to help you feel better?

(*check all that apply*)

- Doxycycline [dok-see-**sa**hy-kleen]
- Amoxicillin [uh-mok-suh-**sil**-in]
- Cefuroxime [**seff**-yur-**ox**-eem]
- Ceftriaxone [**sef**-trye-**ax**-one]
- Atovaquone [a-**toe**-va-kwone]
- Azithromycin [ay-**zith**-roe-**mye**-sin]
- Clindamycin [**klin**-da-**mye**-sin]
- Quinine [**kwye**-nine]
- Other (please specify) _____

- No
- Don't know
- Refuse

10. Which tickborne disease did the doctor or other healthcare worker say this person had?

(*check all that apply*)

- Lyme disease
- Anaplasmosis

- Babesiosis
- Ehrlichiosis
- Other (please specify) _____
- Don't know
- Refuse

11. Has the doctor given this person medicine for his/her tickborne disease(s)?

- Yes
 - a. What medicine did the doctor give this person to help him/her feel better? (*check all that apply*)
 - Doxycycline [dok-see-**sa**hy-kleen]
 - Amoxicillin [uh-mok-suh-**sil**-in]
 - Cefuroxime [**sef**-yur-**ox**-eem]
 - Ceftriaxone [**sef**-trye-**ax**-one]
 - Atovaquone [a-**toe**-va-kwone]
 - Azithromycin [ay-**zith**-roe-**mye**-sin]
 - Clindamycin [**klin**-da-**mye**-sin]
 - Quinine [**kwye**-nine]
 - Other (please specify) _____
- No
- Don't know
- Refuse

12. May we speak with this person(s) at the end of this survey about their symptoms and treatment?

- Yes
- No
- No, this person(s) is not home
 - a. When would be a good day and time to call back to speak with this person? (*Record day and time*)
- Don't know
- Refuse

13. During your participation in this study, did you, a household member or a licensed pest control operator apply a chemical to the perimeter of your property (where your lawn borders on any wooded/brushy areas) for the purpose of insect, tick or mosquito control? Your study treatment and general lawn care products do not apply for this question.

- Yes
 - a. What was the chemical applied to your property?

 - Don't know (*Go to question 13a1*)

- a1. Was the chemical you applied to your property one of the following trade names: Talstar, Ortho products, Sevin, Tempo, Powerforce, Suspend, DeltaGard, Astro, Bonide products, TenGard SFR, Pyrenone, Kicker, Organic Solutions All Crop Commercial & Agricultural Multipurpose Insecticide?
- Yes (*Go to question 213b*)
- No (*Go to question 13a2*)
- Don't know (*Go to question 13a2*)

- a2. Was the chemical applied to your property one of the following chemical names: Bifenthrin (bi-**fen**-thrin), Carbaryl (**car**-bar-eel), Cyfluthrin (sy-**flew**-thrin), Deltamethrin (del-ta-**meth**-rin), Lambda-cyhalothrin (lam-da-sy-**hal**-o-thrin), Permethrin (per-**meth**-rin), Pyethrin (pi-**re**-thren)?
- Yes (*Go to question 13b*)
- No (*Go to question 14*)
- Don't know (*Go to question 14*)

b. When did you first apply this chemical to your property?
 _____(*mm/dd/yyyy*)

c. How many times did you apply this chemical to your property?

- _____
- No
- Don't know
- Refuse

14. Your household was in 1 of 2 study groups. During the course of study, did you receive information about which study group you were in?

Yes

a. What information did you receive and how did you receive it?

_____ (*Go to question 15*)

- No (*Go to question 16*)
- Don't know (*Go to question 16*)
- Refuse (*Go to question 17*)

15. Which study group do you think you were in (*read choices below*):

- The group that had their property sprayed with water or the chemical product with inactive ingredient (inactive Tempo SC Ultra) and inactive rodent bait

boxes. Water and inactive product do not kill ticks or protect you from tick bites or tickborne diseases.

- The group that had their property sprayed with a chemical known to control ticks called beta-cyfluthrin (active Temp SC Ultra product) and active rodent bait boxes (containing fipronil). This chemical may protect against tickborne diseases.
- Don't know
- Refuse

You will receive a letter in the mail with your treatment group assignment at the end of the study.

16. Is it okay for study researchers to keep your contact information on file in order to re-contact you to see if you would be interested in participating in a follow-up study (similar to this study) or other studies on tickborne diseases?

- Yes
- No
- Don't know

If you allow us to re-contact you about future studies, you are under no obligation to participate in an additional study. Would you be willing to re-consider your answer?

- Yes
- No
- Refuse

This concludes the final study survey. Do you have any questions about the study or tickborne diseases?

If you would like additional information on tickborne diseases, you may find our study website: <http://www.backyardtickstudy.org> and brochure helpful. For future questions, please call or email your state BITM Study Coordinator, for CT: Rayda Krell, 203-837-8835, krellr@wcsu.edu, and for RI: Kim Downes, 401-874-2928, downes@uri.edu. Thank you for your participation in this survey.