

Attachment 5

Lyme & Other Tickborne Diseases Prevention Study

Knowledge, Attitudes, and Practices

Introductory Survey

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

HOUSEHOLD INFORMATION

The next step in this study will be to take a short introductory survey about your yard, your recreational activities in your yard, and ticks. We will ask your permission to complete the introductory survey questions now. This survey should take no more than 10 minutes to complete. You will not receive a direct benefit from being part of this survey. Helping to carry out this research has a chance to tell us a lot about how to prevent tickborne diseases. This could be of future benefit to you or someone you know. There are no costs for participating in this survey. As compensation for your time and effort, you will receive a \$X gift card in the mail along with the study forms.

Before we begin I would like to remind you that participation in this survey is voluntary and you may refuse to answer any questions and may stop at any time. I would like to begin by asking some general questions about you.

1. How long has your family lived at this address? _____ Years _____ Months

2. Last summer, did you find any ticks crawling on or attached to you after spending time in your yard?

(1) Yes
 (2) No
 (3) Not applicable (didn't live there last year)
 (4) Don't know/Not sure
 (5) Refused

3. I would now like to ask you about the members of your household. Who lives in your home?

Family ID (LTDPs #- Family #)	Relationship to interviewee and initials (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 [you/he/she] currently being treated for this illness?
a.	Self (Initials)		<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		
b.	Etc.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Refused		
				<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.	Etc.		<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.

4. Do you live in a home or housing development that was built more than 10 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
5. What is the size of the lot on which your current home is located?	<input type="checkbox"/> 1 acre or less <input type="checkbox"/> > 1 acre but less than 2 acres <input type="checkbox"/> 2-2.9 acres <input type="checkbox"/> 3-3.9 acres <input type="checkbox"/> 4 acres or more <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
6. How much 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
7. How much of your property is lawn? <i>[Lawn is a maintained grassy area]</i>	<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
8. Does your property include woody or brushy areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused

LANDSCAPE CHARACTERISTICS

9. On average, how frequently is your lawn mowed during the spring and summer months? <i>[Between the months of May and September]</i>	<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
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10. 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 [specify] <hr/> <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
11. Do you have a vegetable garden in your yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
12. Do you have a flower garden in your yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
13. Do you have a compost pile?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
14. Do you have a log pile in your yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
15. 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
16. Does your yard have fencing around it or parts of it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
17. Do you have one or more stone walls, not sealed by mortar or cement, in your yard or adjacent property line?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
18. What type of recreational areas do you have in your yard that are not located on a deck or patio?	
a. Children's recreational equipment (e.g. jungle gym, swing set, sandbox, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
b. Dining area (e.g. picnic table, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
c. Sitting area (e.g. bench, hammock, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
d. Lawn sport area (e.g. horseshoe pit, volleyball, badminton, bocce, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
e. Other?	

PERSONAL PROTECTION

I would like to ask you some questions about time spent in your yard and outdoors during the spring and summer months. For the purpose of this study, your yard is defined as all of the land on your property, not including your house, driveway, deck, porch, patio, garage, or other buildings on the property. For example, your yard may include a lawn, woods, and a garden.

19. Approximately how many hours per week do you spend in your yard?	<input type="checkbox"/> < 1 hour <input type="checkbox"/> 1 – 5 hours <input type="checkbox"/> 6 – 10 hours <input type="checkbox"/> >10 hours <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
20. When spending time in your yard, where do you spend most of your time?	<input type="checkbox"/> Outdoor dining area (i.e., non-grassy area: patio/deck) <input type="checkbox"/> Lawn <input type="checkbox"/> Woody or brushy areas <input type="checkbox"/> Other
21. Approximately how many hours per week do you spend doing outdoor activities <u>not</u> on your property?	<input type="checkbox"/> < 1 hour <input type="checkbox"/> 1 – 5 hours <input type="checkbox"/> 6 – 10 hours <input type="checkbox"/> >10 hours <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
22. In the last year, have any of your family members found ticks on their bodies?	<input type="checkbox"/> Yes (If yes to Q2 or Q22, go to Q23) <input type="checkbox"/> No (Go to Q24) <input type="checkbox"/> Don't know/Not sure (Go to Q24) <input type="checkbox"/> Refused (Go to Q24)
23. Overall, how many tick bites did you and each of your family members have last year? (<i>household total</i>)	<input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
24. How often do you use insect repellent when spending time in your own yard?	<input type="checkbox"/> All the time <input type="checkbox"/> More than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> Less than half the time <input type="checkbox"/> Never <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
25. How often do you use insect repellent when spending time <u>outside</u> of your yard?	<input type="checkbox"/> All the time <input type="checkbox"/> More than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> Less than half the time <input type="checkbox"/> Never <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
26. Does your insect repellent contain DEET?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused <input type="checkbox"/> My family does not use insect repellent
27. Does your insect repellent contain picaridin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused <input type="checkbox"/> My family does not use insect repellent

28. Does your insect repellent contain IR3535?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused <input type="checkbox"/> My family does not use insect repellent
PETS	
29. Do you have house pets that spend time both indoors and outside in your yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no pets, skip to 'other') <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
30. Do you have a dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
31. If yes, do you use tick control on your dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
32. Do you have a cat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
33. If yes, do you use tick control on your cat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
OTHER	
34. What is the highest grade or year of school you completed?	<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
35. Are you of Hispanic, Latino, or Spanish origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused
36. What is your race? <i>(check all that apply)</i>	<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
37. In your home, what is the annual household income from all sources, including social security and pensions? (read ranges)	<input type="checkbox"/> less than \$15,000 <input type="checkbox"/> less than \$25,000 <input type="checkbox"/> less than \$35,000 <input type="checkbox"/> less than \$50,000 <input type="checkbox"/> less than \$70,000 <input type="checkbox"/> \$70,000 or more <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused

- 1. How did you learn about the study?**
- 2. Could you please provide/confirm your home address?**
- 3. Do you have pets that go outdoors?**
- 4. What is your preferred method of contact and the best day/time to reach you?**