Form Approved OMB Control No. 0920-1150 Exp. Date: XX/XX/XXXX

Attachment 5 Lyme & Other Tickborne Diseases Prevention Study Knowledge, Attitudes, and Practices Introductory Survey

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					Interview Date: Interviewer's Initi Household ID #:	als:	
		HOUS	EHOLD IN	FORMAT	TON		
We will ask your complete. You was a lot about how to participating in the forms. Before we begin and may stop at a	this study will be to tall permission to comple will not receive a direct or prevent tickborne dishis survey. As compend would like to remindany time. I would like	te the introductor benefit from be benefit from be beases. This could neation for your to begin by asking the begin	ry survey questi- ing part of this s ld be of future b ime and effort, y pation in this sur- ng some general	ons now. Tourvey. Help enefit to you you will reco	his survey should tal ping to carry out this u or someone you kn eive a \$X gift card in ntary and you may re	ke no more than research has a coow. There are not the mail along efuse to answer a	10 minutes to hance to tell us to costs for with the study
1. How loa	ng has your family live	ed at this address	?		Year	rs N	Ionths
 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 al	oout the members	s of your househ				
Family ID (LTDPS #- Family #)	Relationship to interviewee and initials (must include self)	Date of birth (mm/dd/yyyy	Sex	househo been (physician disea ana ehrlichi tickb	/has [you or a ld member] ever liagnosed by a n as having Lyme se, babesiosis, plasmosis or losis? Any other orne disease?	When was the most recent onset of [Disease]? (month/year)	Are [you/he/she] currently being treated for this illness?
a.	Self (Initials)		□М □ F	☐ Yes, Ba☐ Yes, Anaplasm ☐ Other, I	osis/Ehrlichiosis please specify now/Not sure		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
b.	Etc.		□М □ F	☐ No ☐ Yes, Ly ☐ Yes, Ba ☐ Yes,	me disease		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1150

Don't know/Not sure					☐ Other, please specify	у	□ Yes □ No	
Refused No Yes No No Yes No No Yes No No Yes No No No No No No No N					Don't know/Not our	10		
C. Etc. No Yes, Lyme disease Yes No Yes No Yes, Apaplasmosis/Ehrlichiosis Yes No Yes, Apaplasmosis/Ehrlichiosis Yes No Yes No Yes, Apaplasmosis/Ehrlichiosis Yes No Yes No No No No No No No N						e		
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C. Etc. Pec.				□м □ F				
c. Etc.								
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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? 4. Do you live in a home or housing development that was built more than 10 years ago? 5. What is the size of the lot on which your current home is located? 6. What is the size of the lot on which your current home is located? 6. How much of your property is composed of woods or forested areas? 7. How much of your property is lawn? [Lawn is a maintained grassy area] 8. Does your property include woody or brushy areas? 1. About half of it alour	c.	Etc.			Anaplasmosis/Ehrlichi		☐ Yes ☐ No	
Refused					☐ Other, please specify	у	□ Yes □ No	
Seneral Property Characteristics Yes Now I would like to ask you some questions about your house and property. Yes No Don't know/Not sure Refused 1 acre or less 2 acres 2 acres 2 acres 3 acres 4 acres or more Don't know/Not sure Refused None of it Less than half of it About half of it All of it Don't know/Not Sure Refused None of your property is lawn? [Lawn is a maintained grassy area] None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of your property include woody or brushy areas? None of yes the property include woody or brushy areas? Less than once per month once to three times per month once year work on your pont't know/Not Sure None than weekly None than weekly None than weekly None than weekly None three times per month once year work						re		
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9. On average, how frequently is your lawn mowed during the spring and summer months? [Between the months of May and September] □ More often than weekly □ Don't Know/Not Sure								
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□ Don't Know/Not Sure								
	months							

10. Who mows your lawn?	 ☐ Household member ☐ Non-household member ☐ Professional lawn care service ☐ Other [specify]
	☐ Don't Know/Not Sure☐ Refused
11. Do you have a vegetable garden in your yard?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
12. Do you have a flower garden in your yard?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
13. Do you have a compost pile?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
14. Do you have a log pile in your yard?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
15. Do you have a bird feeder in your yard for seed-eating birds?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
16. Does your yard have fencing around it or parts of it?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
17. Do you have one or more stone walls, not sealed by mortar or cement, in your yard or adjacent property line?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ 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.)?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
b. Dining area (e.g. picnic table, etc.)?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
c. Sitting area (e.g. bench, hammock, etc.)?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
d. Lawn sport area (e.g. horseshoe pit, volleyball, badminton, bocce, etc.)?	☐ Yes ☐ No ☐ Don't Know/Not Sure ☐ Refused
e. Other?	

PERSONAL PROTECTION					
I would like to ask you some questions about time spent in your yard and outdoors during the spot this study, your yard is defined as all of the land on your property, not including your house, other buildings on the property. For example, your yard may include a lawn, woods, and a gard	driveway, deck, porch, patio, garage, or				
19. Approximately how many hours per week do you spend in your yard?	☐ < 1 hour ☐ 1 − 5 hours ☐ 6 − 10 hours ☐ >10 hours ☐ Don't know/Not sure ☐ Refused				
20. When spending time in your yard, where do you spend most of your time?	 □ Outdoor dining area (i.e., non-grassy area: patio/deck) □ Lawn □ Woody or brushy areas □ Other 				
21. Approximately how many hours per week do you spend doing outdoor activities <u>not</u> on your property?	 ☐ < 1 hour ☐ 1 - 5 hours ☐ 6 - 10 hours ☐ >10 hours ☐ Don't know/Not sure ☐ Refused 				
22. In the last year, have any of your family members found ticks on their bodies?	☐ Yes (If yes to Q2 or Q22, go to Q23) ☐ No (Go to Q24) ☐ Don't know/Not sure (Go to Q24) ☐ Refused (Go to Q24)				
23. Overall, how many tick bites did you and each of your family members have last year? (household total)	□ Don't know/Not sure □ Refused				
24. How often do you use insect repellent when spending time in your own yard?	☐ All the time ☐ More than half the time ☐ About half the time ☐ Less than half the time ☐ Never ☐ Don't know/Not sure ☐ Refused				
25. How often do you use insect repellent when spending time outside of your yard?	☐ All the time ☐ More than half the time ☐ About half the time ☐ Less than half the time ☐ Never ☐ Don't know/Not sure ☐ Refused				
26. Does your insect repellent contain DEET?	☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused ☐ My family does not use insect repellent				
27. Does your insect repellent contain picaridin?	☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused ☐ My family does not use insect repellent				

28.	Does your insect repellent contain IR3535?		Yes No Don't know/Not sure Refused My family does not use insect pellent		
	PETS				
29.	Do you have house pets that spend time both indoors and outside in you	yard?	- (- F) - F /		
30.	Do you have a dog?		Don't know/Not sure Refused		
31.	If yes, do you use tick control on your dog?		No Don't know/Not sure Refused		
32.	Do you have a cat?				
33.	If yes, do you use tick control on your cat?		Yes No Don't know/Not sure Refused		
	OTHER				
34.	□ Elementary □ Some high □ High school 34. What is the highest grade or year of school you completed? □ College or □ College for □ Graduate so □ Don't know		Elementary or r Some high scho High school gra College or tech		
35.	35. Are you of Hispanic, Latino, or Spanish origin? □ Yes □ No □ Don't know □ Refused			ot sure	
36.	☐ Asian ☐ Black or Afr			aiian or Other Pacific Islander	
37.	In your home, what is the annual household income from all sources, including social security and pensions? (read ranges)		less than \$15,000 less than \$25,000 less than \$35,000 less than \$50,000 less than \$70,000 \$70,000 or more Don't know/Not s 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?