

LYME DISEASE PERSONAL PREVENTION SURVEY

by: Lyme Disease Foundation.

Hello, my name is _____ from _____ school. I'm doing a survey regarding Lyme Disease. Would you have a moment to answer a few brief questions?

1. First, have you ever heard of Lyme disease?

- ☐ Yes ☐ No (end interview) ☐ Don't know (end interview)

2. How would you rate your risk of getting Lyme disease - not at all, low, moderate, high, very high?

- ☐ 1 - *not at all*
☐ 2 - *low*
☐ 3 - *moderate*
☐ 4 - *high*
☐ 5 - *very high*

3. Why do you say that about your risk of getting Lyme Disease? *(probe for details)*

4. From what sources have you heard about Lyme disease? *(do not read list. Mark any that apply)*

- ☐ Doctor or school nurse
☐ Newspaper/magazine article
☐ TV News Program
☐ Friend/family
☐ Awareness program at school
☐ Other (specify) _____
☐ Don't know

5. To the best of your knowledge, how is Lyme disease transmitted? *(do not read list)*

- ☐ Tick bite
☐ Other (specify) _____
☐ Don't know

6. How big are ticks? *(do not read list, mark item closest to respondents statement)*

- ☐ The size of the typed letter "o"
☐ The size of an apple
☐ Too small to see
☐ Other (specify) _____
☐ Don't know

7. Where do ticks live? *(do not read list)*

- ☐ In long grass
☐ In the woods
☐ In grass around the beach
☐ Along the road
☐ Other (specify) _____
☐ Don't know

8. How do you remove a tick? *(do not read list)*

- ☐ Tweezers
☐ Other (specify) _____
☐ Don't know

9. Do you know anyone with Lyme Disease?

- ☐ Yes ☐ No ☐ Don't know

10. Have you had Lyme Disease?

- ☐ Yes ☐ No ☐ Don't know

11. To the best of your knowledge, what are the symptoms of Lyme disease? (Do not read list)

- ☐ Rash
☐ Joint pain or swelling, arthritis-like symptoms
☐ Muscle pain, aches or inflammation
☐ Headaches
☐ Fevers
☐ Fatigue
☐ Brain (decreased concentration, memory loss, tingling of extremities, double vision, paralyzed face)
☐ Heart problems
☐ Other (specify) _____
☐ Don't know

12. Do you or does anyone in your household take measures to prevent Lyme disease?

- ☐ Yes
☐ No (skip to Q 15)
☐ Don't know (skip to Q 15)

13. What preventive measures are taken? (do not read list)

- ☐ Avoid tick infested areas
☐ Use repellents
☐ Do tick checks
☐ Apply insecticide on property
☐ Wear long sleeves/pants
☐ Wear light colored clothes
☐ Tuck pants in socks
☐ No pets
☐ Other (specify) _____
☐ Don't know

14. What preventive measures are you aware of but do not use? (do not read list)

- ☐ Avoid tick infested areas
☐ Use repellents
☐ Do tick checks
☐ Apply insecticide on property
☐ Wear long sleeves/pants
☐ Wear light colored clothes
☐ Tuck pants in socks
☐ No pets
☐ Other (specify) _____

15. Do you do the following? Read choices (each item increases your chance of coming in contact with ticks)

- ☐ Go into the woods or bushes in shorts
☐ Go camping or hiking
☐ Never use tick repellents
☐ Never do tick checks

My last few questions are for classification purposes only.

16. Which of the following categories best describes your age?

- | | | |
|--|--|--|
| <input type="checkbox"/> 5-10 years old | <input type="checkbox"/> 18-24 years old | <input type="checkbox"/> 45-54 years old |
| <input type="checkbox"/> 11-14 years old | <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> 55-64 years old |
| <input type="checkbox"/> 15-17 years old | <input type="checkbox"/> 35-44 years old | <input type="checkbox"/> 65+ years old |

17. Record gender:

- ☐ Male ☐ Female

THANK YOU VERY MUCH FOR YOUR TIME. YOUR ANSWERS HAVE BEEN EXTREMELY HELPFUL.