

# **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)**

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**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  
 To 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
- Tick 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
- Tick 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?**

- 5-10 years old       18-24 years old       45-54 years old
- 11-14 years old       25-34 years old       55-64 years old
- 15-17 years old       35-44 years old       65+ years old

**17. Record gender:**

- Male
- Female

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