

Participant (Subject) #: _____

UNDERSTANDING THE LIFESTYLE IMPACTS OF LYME DISEASE SURVEY FORM

Title of research project: Understanding the Impact of Emerging Infectious Diseases in Human Populations: the case for Lyme disease

SECTION A

1. What gender are you?
 Male Female

2. What is your age? _____

3. What state do you live in? _____

4. What county do you live in? _____

5. What kind of community do you live in?
 Urban/city Sub-urban/large town Small town/village
 Rural/country Other (please specify): _____

6. What is your primary occupational environment?
 Farm/agriculture Office Building Work from home
 Factory work School Forestry/park service
 Hospital/healthcare Machine shop/mechanic Construction
 Animal/Veterinary clinic Quarry/gas drilling
 Other (please specify): _____

7. How do you describe your ethnicity?
 White (Caucasian) African American Australasian
 Asian African Hawaiian/Pacific Islander
 Latino Other (please specify): _____

8. Do you have any household pets? (i.e., pets that live INSIDE your home?)
 Yes No

9. If you own a household pet, what pets do you own? Check all that apply
 Not applicable Dog(s) Cat(s)
 Other (please specify): _____

Participant (Subject) #: _____

10. How often do you exercise?

- Never Less than once per month 1-3 times per month
 1-3 times per week 4-6 times per week Everyday

11. How often do you engage in social activities (i.e. go out with friends, etc.)?

- Never Less than once per month 1-3 times per month
 1-3 times per week 4-6 times per week Everyday

12. How many meals do you typically eat per day?

- 1 meal 2 meals 3 meals
 4 meals 5 meals 6+ meals

13. How many hours do you typically sleep in a 24 hour period?

- 1-3 4-6 7-9
 10-12 13-15 16+

14. How often do you feel tired or lethargic after a typical night sleep?

- Never Rarely Sometimes
 Often Always

15. How would you categorize your overall health?

- Very Poor Poor Neither good nor poor
 Good Very good

16. How would you assess your overall health compared to that of others of your own age?

- Much worse Slightly worse Neither better nor worse
 Slightly better Much better

17. How often do you feel fearful?

- Always 1 2 3 4 5 Never

18. How often do you feel angry?

- Always 1 2 3 4 5 Never

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19. How often do you feel sad?

Always 1 2 3 4 5 Never

20. How often do you feel happy?

Always 1 2 3 4 5 Never

21. How often do you feel anticipation?

Always 1 2 3 4 5 Never

22. On average, how many times per year do you visit the doctor (primary care physician)?

0 1-2 3-5 6-8
 9-11 12-14 15+

23. Do you know someone (other than yourself) that has been diagnosed with Lyme disease (by a physician)?

Yes No

24. If you know someone that's been diagnosed with Lyme disease, what is their relation to you? Check all that apply.

Not applicable Spouse Child
 Sibling Parent Relative (not immediate)
 Friend Acquaintance
 Other (please specify): _____

25. How often do you wear bug spray (containing DEET) when you are outside (i.e. gardening, hiking, walking, etc.)?

Never Rarely Sometimes
 Often Always

26. How often do you check yourself for ticks after being outside (i.e. gardening, hiking, walking, etc.)?

Never Rarely Sometimes
 Often Always

Participant (Subject) #: _____

27. Have you ever been diagnosed with Lyme disease by a physician?

Yes No

*(If NO, please continue to **SECTION C**. If YES, please continue to **SECTION B**)*

SECTION B

28. When were you diagnosed with Lyme disease (for the first time if you've had multiple diagnoses) (year; i.e. 2003)? _____

29. If you have been diagnosed with Lyme, were you treated by a physician?

Yes No

30. Did your symptoms clear after initial treatment?

Yes No

31. If your symptoms did NOT clear after initial treatment, were you treated again?

Not applicable Yes No

32. Approximately how long did your symptoms last from the time you were first diagnosed with Lyme disease?

1-2 weeks 3-4 weeks 2-4 months 4-6 months

6-8 months 8-10 months 10-12 months 1-2 years

2-5 years 5+ years My symptoms are still occurring

33. What symptoms did you experience? Check all that apply.

Erythema migrans rash Fever Knee joint pain

Hip joint pain Ankle joint pain Elbow joint pain

Shoulder joint pain Wrist joint pain Other joint pain

Neck pain Muscle weakness Leg muscle cramps

Back muscle cramps Arm muscle cramps Other muscle cramps

Facial tingling Facial paralysis Impaired memory

Sore throat Unusual hair loss Difficulty comprehending

Absent mindedness Confusion Dizziness

Light headedness Misspeaking Anxiousness

Unusual fatigue Mood swings Nausea

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Diarrhea Heart burn

Other (please specify): _____

34. Were you ever diagnosed with Post-Treatment Lyme Disease Syndrome by a physician?

Yes No

35. Can you recall ever being bitten by a tick?

Yes No

36. How often did you exercise **BEFORE** being diagnosed with Lyme disease?

Never Less than once per month 1-3 times per month
 1-4 times per week 4-6 times per week Everyday

37. How often do you exercise now, **AFTER** being diagnosed with Lyme disease?

Never Less than once per month 1-3 times per month
 1-3 times per week 4-6 times per week Everyday

38. How often did you engage in social activities (i.e. go out with friends, etc.) **BEFORE** being diagnosed with Lyme disease?

Never Less than once per month 1-3 times per month
 1-3 times per week 4-6 times per week Everyday

39. How often do you engage in social activities (i.e. go out with friends, etc.) now, **AFTER** being diagnosed with Lyme disease?

Never Less than once per month 1-3 times per month
 1-3 times per week 4-6 times per week Everyday

40. How many meals did you typically eat per day **BEFORE** being diagnosed with Lyme disease?

1 meal 2 meals 3 meals
 4 meals 5 meals 6+ meals

41. How many meals do you typically eat per day now, **AFTER** being diagnosed with Lyme disease?

1 meal 2 meals 3 meals
 4 meals 5 meals 6+ meals

Participant (Subject) #: _____

42. How many hours did you typically sleep in a 24 hour period **BEFORE** being diagnosed with Lyme disease?

- 1-3 4-6 7-9
 10-12 13-15 16+

43. How many hours do you typically sleep in a 24 hour period now, **AFTER** being diagnosed with Lyme disease?

- 1-3 4-6 7-9
 10-12 13-15 16+

44. How often did you feel tired or lethargic after a typical night sleep **BEFORE** being diagnosed with Lyme disease?

- Never Rarely Sometimes
 Often Always

45. How often do you feel tired or lethargic after a typical night sleep now, **AFTER** being diagnosed with Lyme disease?

- Never Rarely Sometimes
 Often Always

46. How would you categorize your overall health **BEFORE** being diagnosed with Lyme disease?

- Very Poor Poor Neither good nor poor
 Good Very good

47. How would you categorize your overall health **AFTER** being diagnosed with Lyme disease?

- Very Poor Poor Neither good nor poor
 Good Very good

48. How would you assess your overall health compared to that of others of your own age **BEFORE** being diagnosed with Lyme disease?

- Much worse Slightly worse Neither better nor worse
 Slightly better Much better

49. How would you assess your overall health compared to that of others of your own age **AFTER** being diagnosed with Lyme disease?

Participant (Subject) #: _____

- Much worse Slightly worse Neither better nor worse
 Slightly better Much better

50. How often did you feel fearful **BEFORE** being diagnosed with Lyme disease?
Always 1 2 3 4 5 Never

51. How often do you feel fearful now, **AFTER** being diagnosed with Lyme disease?
Always 1 2 3 4 5 Never

52. How often did you feel angry **BEFORE** being diagnosed with Lyme disease?
Always 1 2 3 4 5 Never

53. How often do you feel angry now, **AFTER** being diagnosed with Lyme disease?
Always 1 2 3 4 5 Never

54. How often did you feel sad **BEFORE** being diagnosed with Lyme disease?
Always 1 2 3 4 5 Never

55. How often do you feel sad now, **AFTER** being diagnosed with Lyme disease?
Always 1 2 3 4 5 Never

56. How often did you feel happy **BEFORE** being diagnosed with Lyme disease?
Always 1 2 3 4 5 Never

57. How often do you feel happy now, **AFTER** being diagnosed with Lyme disease?
Always 1 2 3 4 5 Never

58. How often did you feel anticipation **BEFORE** being diagnosed with Lyme disease?
Always 1 2 3 4 5 Never

59. How often do you feel anticipation now, **AFTER** being diagnosed with Lyme disease?
1 2 3 4 5

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Always Never

60. On average, how many times per year did you visit the doctor (primary care physician or specialist) **BEFORE** being diagnosed with Lyme disease?

0 1-2 3-5 6-8

9-11 12-14 15+

61. On average, how many times per year do you visit the doctor (primary care physician or specialist) now, **AFTER** being diagnosed with Lyme disease?

0 1-2 3-5 6-8

9-11 12-14 15+

62. How often did you wear bug spray (containing DEET) when you are outside (i.e. gardening, hiking, walking, etc.) **BEFORE** being diagnosed with Lyme disease?

Never Rarely Sometimes

Often Always

63. How often do you wear bug spray (containing DEET) when you are outside (i.e. gardening, hiking, walking, etc.) **AFTER** being diagnosed with Lyme disease?

Never Rarely Sometimes

Often Always

64. How often did you check yourself for ticks after being outside (i.e. gardening, hiking, walking, etc.) **BEFORE** being diagnosed with Lyme disease?

Never Rarely Sometimes

Often Always

65. How often do you check yourself for ticks after being outside (i.e. gardening, hiking, walking, etc.) **AFTER** being diagnosed with Lyme disease?

Never Rarely Sometimes

Often Always

SECTION C

66. Would you like to receive an email update when data analyses are complete?

a. Yes (please provide email address): _____

b. No

Thank you for participating in this survey. The information you provide will assist in gaining a better understanding of Lyme disease and the impact it has on human health.

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Should you have any questions, please do not hesitate to contact Amanda Roome at aroom1@binghamton.edu.