

## Current Living Conditions

How you respond on this page will determine the questions posed throughout the remainder of the survey.

### **\*1. Are you currently living in a place with bed bugs?**

- Yes.
- No, but I have experienced bed bugs in the past.
- No, and I have never experienced bed bugs.

# Living with Bed Bugs

Please respond to each these questions about your experiences with bed bugs.

## 1. How can you be sure that the pests are bed bugs?

- Based on what our neighbors or family members told us
- Based on what our landlord or property manager told us
- Based on what pest control experts told us
- Based on what our local extension agent or university entomologist told us
- Based on what we found on the internet or in literature
- We are not sure if they are bed bugs

Additional Comments (optional)

## 2. Do you recall how long ago you first noticed bites?

- Less than a week ago
- Between one week and one month ago
- Between one month and 6 months ago
- Between 6 months and a year ago
- More than a year ago
- We have not noticed bites

Additional Comments (optional)

## 3. Are you or is anyone that lives with you having a reaction to the bites?

- Bites cause swollen, itchy bumps or sores
- Bites cause swollen and itchy open sores that require medical attention
- Bites cause mild irritation or rash
- Bites do not cause a noticeable reaction

Additional Comments (optional)

**4. How many times have you moved in the last 5 years?**

- None. I have been in the same place for the last 5 years
- Once
- 2-3 times
- 4-6 times
- More than 6 times

Additional Comments (optional)

**5. How often do you or people that live with you travel for work or personal reasons (including vacation stays in hotels/motels, and/or medical facility stays)?**

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

**6. How often do you or people that live with you spend the night at a friend or relative's place in your area?**

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

**7. How often do you have visitors staying with you (include friends, family, students returning home, etc.)?**

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

**8. How often do you or anyone that lives with you purchase or receive used furniture or clothing?**

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

**9. What effects have the bed bugs had on the quality of life? (check all that apply to yourself and /or anyone residing with you)**

- Loss of sleep
- Cannot eat properly
- Cannot fulfill work duties as well as usual
- Cannot parent or care for dependents as well as usual
- Cannot relax
- Financial loss (include how much you think you have lost in the comment box below)
- Loss of or troubled personal relationships
- Feeling isolated
- Loss of friends and family connections
- Increased alcohol consumption
- Increased smoking
- Increased prescription drug use
- Increased recreational drug use
- Loss of job
- Loss of home
- Significant weight gain or loss
- Decline in health or increase in health problems
- Loss of self esteem
- Feelings of depression and / or desperation
- Increase mental health problems
- Concern that I may have transferred the bed bugs to another home or location

Additional Comments (optional)

**10. What has been done to get rid of the bed bugs (select all that apply)?**

- I / We applied a single pesticide purchased from a retail store
- I / We applied 2-3 different pesticides purchased from retail stores
- I / We applied more than 3 different pesticides purchased from retail stores
- Bombed place of residence with one or more bug bombs purchased from a retail store
- A pest control company applied pesticides
- A pest control company applied a heat or cold treatment
- A bed bug detection dog was used to locate bed bugs
- Free treatment by the pest control company
- We have worked with more than 1 pest control company in an attempt to get rid of bed bugs

Additional Comments (optional)

**11. If you applied pesticides or chemicals yourself please select all the statements that apply to your situation**

- Once
- Two or three times
- Four to eight times
- More than eight times
- I used other substances to kill the bugs e.g. gasoline, cleaning agents, insect repellents, etc. (please list the substances in the text box)

Additional Comments (optional)

**12. Do you still have bed bugs?**

- Yes
- No
- Not sure

Additional Comments (optional)

**13. If you have additional comments, please write them here.**

## Previous Experience with Bed Bugs

Please respond as best describes your previous dealings with bed bugs.

### 1. How were you sure that the pests were bed bugs?

- Based on what our neighbors or family members told us
- Based on what our landlord or property manager told us
- Based on what pest control experts told us
- Based on what our local extension agent or university entomologist told us
- Based on what we found on the internet or in literature
- We were not sure if they were bed bugs

Additional Comments (optional)

### 2. How long were bed bugs present in your home? Guess the amount of time from when you first noticed the bugs, to the time they were eradicated

- Less than a week
- Between one week and one month
- Between one month and 6 months
- Between 6 months and a year
- More than a year
- It was never resolved, we moved out because of the bed bugs
- It was never resolved, we moved out for other reasons

Additional Comments (optional)

### 3. Did you have a reaction to the bites?

- Bites caused swollen, itchy bumps or sores
- Bites caused swollen, itchy open sores that required medical attention
- Bites caused mild irritation or rash
- Bites did not cause a noticeable reaction

Additional Comments (optional)

**4. How many times have you moved in the last 5 years?**

- None. I have been in the same place for the last 5 years
- Once
- 2-3 times
- 4-6 times
- More than 6 times

Additional Comments (optional)

**5. How often do you or people that live with you travel for work or personal reasons (including vacation stays in hotels/motels, and/or medical facility stays)?**

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

**6. How often do you or people that live with you spend the night at a friend or relative's place in your area?**

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)



**7. How often do you have visitors staying with you (include friends, family, students returning home, etc.)?**

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

**8. How often do you or anyone that live with you purchase or receive used furniture or clothing?**

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

**9. What effects did the bed bugs have on the quality of your life (check all that apply to yourself and /or anyone living with you)?**

- Loss of sleep
- Could not eat properly
- Could not fulfill work duties as well as usual
- Could not parent or care for dependents as well as usual
- Could not relax
- Financial loss (include how much you think you lost in the text box below)
- Loss of or troubled personal relationships
- Felt isolated
- Loss of friends and family connections
- Increased alcohol consumption
- Increased smoking
- Increased prescription drug use
- Increased recreational drug use
- Loss of job
- Loss of home
- Significant weight gain or loss
- Declined in health or increased health problems
- Loss of self esteem
- Felt depression and / or desperation
- Increased mental health problems
- Concern that I may have transferred the bed bugs to another home or location

Additional Comments (optional)

**10. What was done to get rid of the bed bugs (select all that apply)?**

- I / We applied a single pesticide purchased from a retail store
- I / We applied 2-3 different pesticides purchased from retail stores
- I / We applied more than 3 different pesticides purchased from retail stores
- Bombed place of residence with bug bombs purchased from a retail store
- A pest control company applied pesticides
- A pest control company applied a heat or cold treatment
- A bed bug detection dog was used to locate bed bugs
- Free treatment by the pest control company
- We worked with more than 1 pest control company in an attempt to get rid of the bed bugs

Additional Comments (optional)

**11. If you applied pesticides or chemicals yourself please select all the statements that apply to your situation**

- Once
- Two or three times
- Four to eight times
- More than eight times
- I used other substances to kill the bugs e.g. gasoline, cleaning agents, insect repellents, etc. (please list the substances in the text box)

Additional Comments (optional)

**12. Do you do certain things differently now, in an attempt to avoid acquiring bed bugs again?**

- Yes
- No
- Not sure

If you selected "Yes" please tell us what you do differently to avoid bed bugs

**13. If you have additional comments, please write them here.**

# Never Experienced Bed Bugs

## 1. How many times have you moved in the last 5 years?

- None. I have resided in the same place for the last 5 years.
- Once
- 2-3 times
- 4-6 times
- More than 6 times

Additional Comments (optional)

## 2. How often do you or people that live with you travel for work or personal reasons (including vacation stays in hotels/motels, and/or medical facility stays)?

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

## 3. How often do you or people that live with you spend the night at a friend or relative's place in your area?

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

**4. How often do you have visitors staying with you (include friends, family, students returning home, etc.)?**

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

**5. How often do you or anyone that live with you purchase or receive used furniture or clothing?**

- Never
- Once a year
- 2-3 times a year
- 4-6 times a year
- More than 6 times a year

Additional Comments (optional)

**6. Do you apply pesticides inside your home (select all that apply)?**

- I / We apply pesticides purchased from a retail store for specific problems (e.g. Ants, cockroaches, etc.) not more than once a year
- I / We apply 2-3 different pesticides purchased from retail stores per year
- I / We apply more than 3 different pesticides purchased from retail stores per year
- Bomb place of residence with bug bombs purchased from a retail store
- A pest control company applies pesticides every month
- A pest control company applies pesticides only when needed (not every month, unless they are needed every month)
- No, we do not use pesticides in our home

Additional Comments (optional)

**7. Do you do certain things in an attempt to avoid acquiring bed bugs? Tell us what you do now that you know bed bugs are an increasing problem, e.g. avoid renting furniture, avoid second hand clothes or furniture, etc.**

- Yes
- No
- Not sure

If you selected "Yes" please tell us what you do differently to avoid bed bugs

## Demographic Information

### 1. What is your age?

- 18 to 25
- 26 to 30
- 31 to 40
- 41 to 50
- 51 to 60
- 61 to 70
- Over 70 years of age

### 2. What is your gender?

- Female
- Male

### 3. Number of adults in household

### 4. Number of children under 5 in household

### 5. Number of children 5-18 in household

### 6. What is your yearly household income?

- \$0-\$10,999
- \$11,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$59,999
- \$60,000-\$69,999
- \$70,000-\$79,999
- \$80,000-\$89,999
- \$90,000 and up

## 7. Which applies to you?

- Legally blind
- Use a wheelchair
- Visit medical facilities once or more a week
- Housebound
- Other disabilities

## 8. Which best describes your current living situation?

- Renting
- Own or buying a home
- Medical facility / assisted living
- Staying with family and / or friends
- Live in vehicle
- Live in a shelter
- Live in a shelter when possible or homeless other times
- Homeless

Other (please describe)

## 9. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

## 10. If you have additional comments, please write them here.



## Thank You!

Thank you for taking this survey.