

Bed Bug Battle – We Want to Hear from You

Anyone can get bed bugs! Bed bugs can cause anxiety, bite reactions, and financial hardship. The University of Arizona and several partnering research institutions are working to battle the bed bug resurgence in the U.S. The researchers (listed in “Who Are We”) hope to determine the real impact and social cost of bed bugs, the risks to individuals and society, as well as the significant causes of infestations.

We need your help.

This survey asks brief questions on how bed bugs affect your life, how bed bugs cause people stress, and what people do when trying to get rid of them. This voluntary survey should take about 10 minutes of your time. The survey is available in English and Spanish. There is no compensation available for your participation. Your answers are anonymous and you will be contributing to information that will help us battle the pesky parasites.

Who should take this survey? We would like to hear from people who currently live with bed bugs, people who have dealt with them in the past, and people lucky enough not to have experienced living with bed bugs at all. Your answer to the first question will direct you to questions specifically designed for you. We are dedicated to getting help to community members who need it most, and sharing your experience will be extremely helpful.

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 all 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

2. Do you recall how long ago you first noticed bed bugs?

- 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

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

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 or more times

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)? Select all that apply.

- Never in a hotel/motel
- Once a year in hotels/motels
- 2-3 times a year in hotels/motels
- 4 or more times a year in hotels/motels
- Never in a medical facility
- Once a year in medical facility
- 2-3 times a year in medical facility
- 4 or more times a year in medical facility

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

- Never
- Once a year
- 2-3 times a year
- 4 or more times a year

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 or more times a year

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 or more times a year

9. Do you suffer from any of the quality of life impacts (check all that apply to yourself and /or anyone living 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 lost due to bed bugs concerns in the text 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
- Declines in health or increase in health problems
- Loss of self esteem
- Feelings of 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. Do you feel like you have lost hope?

- Not at all
- Occasionally
- A lot of the time
- All the time

11. Do you hurt yourself, or think about hurting yourself?

- No
- I have thought about hurting myself
- I have hurt myself

12. Do you think about killing yourself?

- No
- I have thought about killing myself
- I have attempted suicide

13. 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
- Property manager/owner treated for bed bugs
- I / We have worked with more than 1 pest control company in an attempt to get rid of bed bugs
- No pesticides have been applied by anyone

Additional Comments (optional)

14. Select any of the following that you have used to control or monitor for bed bugs (select all that apply):

- Powders
- Aerosols
- Mothballs
- Encasements
- Gasoline
- Kerosene
- Alcohol
- DEET or other insect repellents
- Windex
- Vaseline
- Heating or cooling your home using in-home air-conditioners or home heating system
- Steam
- Vacuuming
- Laundering
- Interceptor traps (that are placed under bed legs)
- Sticky insect traps
- Volcano traps
- Other kinds of commercially available bed bug traps
- Homemade bed bug traps

Additional Comments (optional)

15. If you applied pesticides or chemicals yourself please indicate how many times

- Never
- Once
- 2-3 times
- 4-8 times
- More than 8 times

16. Do you still have bed bugs?

- Yes
- No
- Not sure

17. Do you know how you got bed bugs?

- Yes
- No
- Not sure

If you answer "Yes", please specify how you got bed bugs

18. If you rent how responsive was your property manager/owner in helping you to resolve bed bug problems?

- Not Applicable
- Responded in a timely and helpful manner
- Responded in a timely but unhelpful manner
- Failed to respond with help at all
- Indicated that it was our responsibility to correct the problem
- I didn't report the problem

Additional Comments (optional)

19. If you couldn't afford a pest management company and could acquire financial aid, would you apply for assistance and cooperate with a professional company to remediate the infestation?

- Yes
- No
- Not sure

Additional Comments (optional)

20. 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

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

3. Did you or anyone you were living with 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

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 or more times

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)? Select all that apply.

- Never in a hotel/motel
- Once a year in hotels/motels
- 2-3 times a year in hotels/motels
- 4 or more times a year in hotels/motels
- Never in a medical facility
- Once a year in medical facility
- 2-3 times a year in medical facility
- 4 or more times a year in medical facility

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

- Never
- Once a year
- 2-3 times a year
- 4 or more times a year

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 or more times a year

8. How often did you or anyone that lived with you purchase or receive used furniture or clothing?

- Never
- Once a year
- 2-3 times a year
- 4 or more times a year

9. Do you suffer from any of the quality of life impacts (check all that apply to yourself and /or anyone living 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 lost due to bed bugs concerns in the text 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
- Declines in health or increased health problems
- Loss of self esteem
- Feeling of 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. Do you feel like you have lost hope?

- Not at all
- Occasionally
- A lot of the time
- All the time

11. Do you hurt yourself, or think about hurting yourself?

- No
- I did think about hurting myself
- I did hurt myself

12. Do you think about killing yourself?

- No
- I did think about killing myself
- I did attempt suicide

13. 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 one or more bug bombs purchased from a retail store
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Additional Comments (optional)

14. Select any of the following that you have used to control or monitor for bed bugs (select all that apply):

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- Encasements
- Gasoline
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- Alcohol
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- Windex
- Vaseline
- Heating or cooling your home using in-home air-conditioners or home heating system
- Steam
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- Laundering
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- Sticky insect traps
- Volcano traps
- Other kinds of commercially available bed bug traps
- homemade bed bug traps

Additional Comments (optional)

15. If you applied pesticides or chemicals yourself please select how many times

- None
- Once
- 2-3 times
- 4-8 times
- More than 8 times

16. 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

17. Do you know how you got bed bugs?

- Yes
- No
- Not sure

If you answer "Yes", please specify how you got bed bugs

18. If you rent how responsive was your property manager/owner in helping you to resolve bed bug problems?

- Not Applicable
- Responded in a timely and helpful manner
- Responded in a timely but unhelpful manner
- Failed to respond with help at all
- Indicated that it was our responsibility to correct the problem
- I didn't report the problem

Additional Comments (optional)

19. If you couldn't afford a pest management company and could have acquired financial aid, would you have applied for assistance and cooperated with a professional company to remediate the infestation?

Yes

No

Not sure

Additional Comments (optional)

20. 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 or more times

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)? Select all that apply.

- Never in a hotel/motel
- Once a year in hotels/motels
- 2-3 times a year in hotels/motels
- 4 or more times a year in hotels/motels
- Never in a medical facility
- Once a year in medical facility
- 2-3 times a year in medical facility
- 4 or more times a year in medical facility

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- 2-3 times a year
- 4 or more times a year

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 or more times a year

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

- Never
- Once a year
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- 4 or more times a year

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- 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 lost due to bed bugs concerns in the text 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
- Declines in health or increased health problems
- Loss of self esteem
- Feeling of 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)

7. Do you feel that you have lost hope?

- Not at all
- Occasionally
- A lot of the time
- All the time

8. Do you hurt yourself, or think about hurting yourself?

- No
- I did think about hurting myself
- I did hurt myself

9. Do you think about killing yourself?

- No
- I did think about killing myself
- I did attempt suicide

10. 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 one or more 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)

11. 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.

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 identity?

- Female
- Male
- Both
- Neither

3. Number of adults in household

- One
- Two
- Three
- Four
- More than 4

If you answer "More than 4", please specify the number

4. Number of children under 5 in household

- Zero
- One
- Two
- Three
- Four
- More than 4

If you answer "More than 4", please specify the number

5. Number of children 5-18 in household

- Zero
- One
- Two
- Three
- Four
- More than 4

If you answer "More than 4", please specify the number

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? (select all that apply)

- Legally blind
- Use a wheelchair
- Visit medical facilities once or more a week
- Housebound
- Other disabilities
- None of the above

8. Which best describes your current living situation?

- Renting
- Own or paying a mortgage on a home
- Renting subsidized housing
- Tenant in public housing
- Staying with family and / or friends
- Other (please describe)

If you answer "Other", please describe your current living situation

9. Which best describes your home?

- Single family home
- Duplex
- Condo or apartment
- Mobil or trailer home
- Medical facility
- Assisted living
- Senior/disabled independent housing
- Live in a vehicle
- Live in a shelter
- Live in a shelter when possible or homeless other times
- Homeless
- Other

If you answer "Other", please describe your home

10. What is your State, Territory (if you live in the US)?

Please enter your country if you are reside outside US

11. If you have additional comments, please write them here.

Thank You!

Thank you for taking this survey.

An Institutional Review Board responsible for human subjects research at The University of Arizona reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Survey Monkey terms of use: <http://www.surveymonkey.com/termsfuse.aspx>

Survey Monkey privacy policy: <http://www.surveymonkey.com/privacypolicy.aspx>

If you have any questions about the survey, please contact Dr. Dawn Gouge at dhgouge@CAL.S.arizona.edu.

Who Are We

The questionnaire steering committee is:

Dawn H. Gouge, Shujuan Li, Al Fournier, Shaku Nair (UA), Tim Stock (OSU), Deborah Young (CSU retired), Carrie Foss (WSU), Alvaro Romero (NMSU) & Efreem Epstein (National Action Alliance for Suicide Prevention's Faith Communities Task Force).