
Cost of diagnosis and management of Lyme disease in an endemic area: A questionnaire to assess patient costs associated with Lyme disease

☐ I do not want to participate in this part of the study. Please do not contact me further.

1) Age and sex of person seen by physician for Lyme disease or tick bite:
   Age: _____ years    Sex: ☐ Male ☐ Female

2) For those with Lyme disease or possible Lyme disease:
a. Are you still ill? ☐ Yes ☐ No
b. Are you still being treated? ☐ Yes ☐ No
c. How long were you/have you been ill? _____ weeks OR _____ days
   ☐ Yes ☐ No
   If Yes, how much time? _____ days
d. Besides visits to the doctor’s office, did you take any time off work because of Lyme disease?
   ☐ Yes ☐ No
   If Yes, how much time? _____ days
e. Did anybody have to help you with housework or look after you because of Lyme disease?
   ☐ Yes ☐ No
   If Yes, did you pay them any money? ☐ Yes ☐ No
   If you paid them, how much did you pay them? $__________

3) Was at least some of the cost of the office visit and treatment covered by any type of health insurance, such as an HMO, an employer-provided plan, a private insurance company, or a government plan (e.g., Medicare, Medicaid)?
   ☐ Yes ☐ No

4) How many times did you visit a doctor’s office for treatment or evaluation? _____ times.

5) On average, how much time did a visit to the doctor’s office take (not including travel time)? _____ hours per visit.

6) For those who received the Lyme vaccine, please answer the following questions. If you did not receive the vaccine, please skip to question 7.
a) How many vaccinations did you receive? _____
   
   b) When did you receive the first vaccination? month:_______ year: _______
   
   c) When did you receive the last vaccination? month:_______ year: _______
   
   d) What was the charge for the vaccinations? $_______
   
   e) What did you have to pay out-of-pocket for the vaccinations (including charges for office visit)? $_______
   
   f) Was at least some of the cost of the office visit and vaccination covered by any type of health insurance, such as an HMO, an employer-provided plan, a private insurance company, or a government plan (e.g., Medicare, Medicaid)? ☐ Yes ☐ No
   If yes, how much? $_______

g) How many times did you visit a doctor’s office for the vaccinations? _____ times.

h) On average, how much time did a visit to the doctor’s office take (not including travel time)? _____ hours per visit.

i) Did you have any side effects from the vaccine? ☐ Yes ☐ No

Describe: ____________________________________________________________

j) Did you need to return to the doctor’s office for side effects? ☐ Yes ☐ No

If yes, how many times? _______

If yes, did you miss any work due to side effects? ☐ Yes ☐ No

How many days? _____

k) Please list any other expenses related to receiving the vaccine (use back of sheet for additional listings)

Description: __________________________________________________________ $_______

l) Do you know anyone who has suffered from Lyme disease?

If so, what was there relationship to you (e.g., daughter, friend, fellow worker, etc. – please list all):

_____________________________________________________________________

7) How far did you have to travel to the doctor’s office (round trip)? _____ miles.

8) Did you need to have someone look after your family while you were at the doctor? ☐ Yes ☐ No

If Yes, did you pay them? ☐ Yes ☐ No

If you paid them, how much did you pay them? $_____

9) How much have you spent on prescription medicines to treat Lyme disease? $_____

10) How much have you spent on non-prescription medicines for Lyme disease? $_____

11) Please list any other expenses related to this illness (use back of sheet for additional listings):

Description: __________________________________________________________ $_____

Description: __________________________________________________________ $_____

12) Please estimate your household’s income:

☐ <than $10,000 per year ☐ $10,000–$19,999

☐ $20,000–$29,999 ☐ $30,000–$39,999

☐ $40,000–$49,999 ☐ $50,000–$59,000

☐ >$60,000

1. During the months May to September, how often are you bitten by ticks?
   - [ ] no more than once a year
   - [ ] at least once a month
   - [ ] at least once a week

2. What is your occupation? ________________________________

3. Do you have outdoor exposure in your occupation?
   - [ ] Yes
   - [ ] No

   If yes, is this exposure in rural areas or wooded areas?
   - [ ] Yes
   - [ ] No

4. Do you receive tick bites during working hours?
   - [ ] Yes
   - [ ] No

5. During the months May to September, how many hours each week do you work outdoors? __hours

6. Which one of the following best describes the yard-area of your home?
   - [ ] mostly woods
   - [ ] mostly lawn
   - [ ] un-landscaped woods and grass
   - [ ] landscaped woods and lawn
   - [ ] mostly buildings, concrete, and asphalt
   - [ ] beach, seashore, or other sandy area
   - [ ] other (describe) _______________________

7. Which one of the following best describes the areas surrounding your home?
   - [ ] woods
   - [ ] uncultivated fields
   - [ ] agricultural fields
   - [ ] residential/suburban
   - [ ] residential/urban
   - [ ] industrial-commercial
   - [ ] beach, seashore, or other sandy area
   - [ ] other (describe) __________

8. Do you see deer in the vicinity of your home?
   - [ ] Yes
   - [ ] No

9. Do you garden on a regular basis (several times per month)?
   - [ ] Yes
   - [ ] No

10. Do you have pets in the household?
    - [ ] Yes
    - [ ] No

   If yes, what type of pets? ________________________________

   If yes, do you ever notice ticks on your pets?
   - [ ] Yes
   - [ ] No

   Have you ever noticed deer ticks on your pets?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

11. Has anyone in your household ever been diagnosed with Lyme disease?
    - [ ] Yes
    - [ ] No

    If yes, relation of those diagnosed: ________________________________

12. During the months May to September, you engage in any of the following outdoor activities?

   Camping
   - [ ] Yes
   - [ ] No

   If yes, how often?
   - [ ] Once a year
   - [ ] At least: [ ] yearly [ ] monthly [ ] weekly

   Hiking
   - [ ] Yes
   - [ ] No

   If yes, how often?
   - [ ] Once a year
   - [ ] At least: [ ] yearly [ ] monthly [ ] weekly

   Hunting
   - [ ] Yes
   - [ ] No

   If yes, how often?
   - [ ] Once a year
   - [ ] At least: [ ] yearly [ ] monthly [ ] weekly

   Fishing
   - [ ] Yes
   - [ ] No

   If yes, how often?
   - [ ] Once a year
   - [ ] At least: [ ] yearly [ ] monthly [ ] weekly

   Running
   - [ ] Yes
   - [ ] No

   If yes, how often?
   - [ ] Once a year
   - [ ] At least: [ ] yearly [ ] monthly [ ] weekly

   Other: ________________________________

   If yes, how often?
   - [ ] Once a year
   - [ ] At least: [ ] yearly [ ] monthly [ ] weekly

13. When outdoors during the months May to September, do you?

   Wear long-sleeved shirts and long pants?
   - [ ] Yes
   - [ ] No

   Wear light-colored apparel?
   - [ ] Yes
   - [ ] No

   Apply insect repellent?
   - [ ] Yes
   - [ ] No

   Check regularly for attached ticks after being outdoors?
   - [ ] Yes
   - [ ] No