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

	I do	o not want to participate in this part of the study. Please do not contact me further.]
1)	Age	e and sex of person seen by physician for Lyme disease or tick bite: Age: years Sex: □ Male □ Female
2)	a. <i>a</i> . <i>b</i> . <i>a</i> . c. l d. l	Are you still ill?
3)	as	as at least some of the cost of the office visit and treatment covered by any type of health insurance, such an HMO, an employer-provided plan, a private insurance company, or a government plan (e.g., edicare, Medicaid)? Yes No
4)	Но	w many times did you visit a doctor's office for treatment or evaluation? times.
5)		a average, how much time did a visit to the doctor's office take (not including travel time)? hours r visit.
6)	the	those who received the Lyme vaccine, please answer the following questions. If you did not receive vaccine, please skip to question 7. 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? \$

Appendix 1. Cost and Risk Questionnaire from Zhang X, Meltzer MI, Peña CA, Hopkins AB, Wroth L, Fix AD. Economic impact of Lyme disease. Emerg Infect Dis [serial on the Internet]. 2006 Apr. Available from http://www.cdc.gov/ncidod/EID/vol12no04/05-0602.htm

•	How many times did you visit a doctor's office for to On average, how much time did a visit to the doctor hours per visit.				
i)	Did you have any side effects from the vaccine? Describe:		□No		
j)	Did you need to return to the doctor's office for side effects? If yes, how many times?		☐ Yes	□ No	
	If yes, did you miss any work due to side ef How many days?	ffects?	☐ Yes	□ No	
k)	Please list any other expenses related to receiving the Description:)
1)	Do you know anyone who has suffered from Lyme If so, what was there relationship to you (e.g., daug	hter, friend, fe		c. – please list all):	
7) Ho	w far did you have to travel to the doctor's office (ro	und trip)?	miles.		
8) Die	d you need to have someone look after your family w If Yes, did you pay them? Yes If you paid them, how much did you pay them? \$	□ No	at the doctor?	☐ Yes ☐ No	
9) Ho	w much have you spent on prescription medicines to	treat Lyme dis	sease? \$		
10) H	ow much have you spent on non-prescription medici	nes for Lyme o	disease? \$		
11) Pl	ease list any other expenses related to this illness (use Description: Description:				
	Description:		\$	-	
12) Pl	ease estimate your household's income:				
	· • • • • • • • • • • • • • • • • • • •	10,000–\$19,99	9		
	□ \$20,000–\$29,999 □ \$30,000–\$ □ \$40,000–\$49,999 □ \$50,000–\$				
	□ \$50,000=	60,000			

1. During the months May to Sep ☐ no more than once a y	-	ks? ☐ at least once a week								
2. What is your occupation?										
3. Do you have outdoor exposure in If yes, is this exposure in				□ Yes □ Yes	□ No □ No					
4. Do you receive tick bites during	ng working hours?		1	□ Yes	□ No					
5. During the months May to Sep	otember, how man	y hours each we	eek do y	ou work outd	loors?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 lother (describe)										
7. Which one of the following be ☐ woods ☐ residential/suburban ☐ beach, seashore, or other following be a constant ☐ beach, seashore.	☐ uncultiv☐ resident			home? agricultural industrial-cer (describe)	ommercial					
8. Do your ever see deer in the v	icinity of your hon	ne?		☐ Yes	□ No					
9. Do you garden on a regular ba		☐ Yes	□No							
10. Do you have pets in the hous If yes, what type of pets'		☐ Yes	□ No							
If yes, do you ever notice Have you ever noticed d	e ticks on your pet		∃ Yes ∃ Yes	□ No □ No	☐ Don't know					
11. Has anyone in your househol If yes, relation of those of					s □ No					
12. During the months May to So		-		•	activities?					
•	☐ Once a year ☐ No	At least: ☐ ye		☐ monthly	☐ weekly					
If yes, how often?	☐ Once a year	At least: ☐ ye	early	☐ monthly	☐ weekly					
If yes, how often?	☐ No ☐ Once a year ☐ No	At least: ☐ ye	early	☐ monthly	☐ weekly					
If yes, how often?	☐ No ☐ Once a year	At least: 🗆 ye	early	☐ monthly	☐ weekly					
If yes, how often?	☐ No ☐ Once a year	At least: 🗆 ye	early	☐ monthly	☐ weekly					
	tivity: Once a year	At least: ye	early	monthly	□ weekly					
13. When outdoors during the me Wear long-sleeved shirts Wear light-colored appa Apply insect repellent?	and long pants?	ember, do you?		☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No					
Check regularly for attac	ched ticks after bei	ng outdoors?		☐ Yes	□ No					