

The Tick App

Welcome to the Tick App!

This project is fostered by the **Northeast and Midwest Centers for Excellence in Vector-borne Diseases**, with the goal to study how, when and where people are exposed to ticks. This information will help us develop better and more efficient tick control strategies.



The following enrollment questionnaire will help us determine your baseline risk of exposure to ticks.

First you will create your profile and then we will ask you about:

- Your past experience related to tick exposure and tick transmitted diseases.
- Your outdoor activities during the spring and summer, when tick exposure typically occurs.
- The characteristics of your house.
- Your pets.

Your Profile: First tell us about yourself, so we can create your profile. We will not share your information with others.

First and Last name: _____

What is your gender?

- Female
- Male
- Other gender identity
- Prefer not to say

What is your age? (in years) _____

What is your address? (during the majority of the year)

- Street and number _____
- Zipcode _____
- City and State _____

Tick exposure: The next sections will help us understand your risk of exposure to ticks.

Last fall or winter, did you find a tick on yourself?

- No
- Yes

Last spring and summer, did you use any of these measures to reduce tick bites? (select all that apply)

- Tick repellent (ex. DEET, picaridin)
- Wear protective clothing (ex. light colored, long-sleeved, tucking pants in socks, boots)
- Shower or bathe to remove ticks
- Treated clothing (ex. permethrin treated pants)
- Check myself for ticks
- Other

If other was selected, what measures did you use to reduce exposure to ticks or tick bites?

Have you been diagnosed by a physician with any of these tick-borne diseases?

	No	Yes, in the last 12 months	Yes, more than 12 months ago
Lyme disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babesiosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anaplasmosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What other tick-borne disease(s) were you diagnosed with by a physician?

Outdoor activities in the spring and summer: In the next section, we ask about your outdoor activities during the spring and summer (between May 1st and September 30th) when people are more at risk for tick bites.

During the spring and summer, how often do you do any of these recreational outdoor activities?

	Never	About once in the summer	At least once a month	At least once a week
Hike/walk/run/bike on nature trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garden (vegetable/flower)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mow the lawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hunt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bird Watch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Picnic/grill/eat outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit the beach (river, lake or ocean)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Camp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk the dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other outdoor activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other was selected, during the spring and summer, what other outdoor activities do you do?

During this spring and summer, will/do you work or volunteer outdoors?

- No
- Yes

If yes was selected, during this spring and summer, how many hours do/will you work and volunteer outdoors?

- A couple of days
- A couple of weeks
- Regular, but
- Part-time 8-30 hours per week
- Full-time, about 40 hours per week
- More than 40 hours per week

Which of these describe(s) your job(s) and/or volunteer role(s)? (select all that apply)

- Landscaper / gardener / forester (outdoor)
- Nature guide / Camp counselor / Outdoor activities guide
- Construction worker (outdoor)
- Military (outdoor)
- Other outdoor position

If other was selected, what describes your outdoor job(s) and/or volunteer role(s)?

Property features: In the next section, we ask about some features of your home to learn about your risk of exposure to ticks in your backyard.

Which of these best describes where you live?

- Apartment / Condo
- House with yard
- Cabin/Cottage
- Mobile home
- Other. How would you describe where you live? _____

Do you have the following on your property?

	No	Yes
Lawn (maintained/manicured)	<input type="radio"/>	<input type="radio"/>
Log or brush pile	<input type="radio"/>	<input type="radio"/>
Woodchips or gravel at the edge of shrubby or wooded area	<input type="radio"/>	<input type="radio"/>
Vegetable or flower garden	<input type="radio"/>	<input type="radio"/>
Birdfeeder	<input type="radio"/>	<input type="radio"/>
Chicken coop	<input type="radio"/>	<input type="radio"/>
Fence	<input type="radio"/>	<input type="radio"/>
Children's play equipment	<input type="radio"/>	<input type="radio"/>
Outdoor seating	<input type="radio"/>	<input type="radio"/>
Woods or group of trees	<input type="radio"/>	<input type="radio"/>

How often do you see deer on your property?

- Never
- Rarely
- At least once a month
- At least twice a week
- Daily

Do you use any of these strategies that might change deer activity in your yard?

	No	Yes
Deer proof fence	<input type="radio"/>	<input type="radio"/>
Deer resistant plants	<input type="radio"/>	<input type="radio"/>
Deer repellent spray	<input type="radio"/>	<input type="radio"/>
Other deer deterrent	<input type="radio"/>	<input type="radio"/>
Provide forage, bait or water to attract deer	<input type="radio"/>	<input type="radio"/>

If other was selected, what other strategies do you use to change deer activity in your yard?

During spring and summer, do you or a contractor apply pesticides targeting ticks, mosquitoes or other insects on your property? (For example lawn insect granules, grub control combined with a fertilizer, insecticide spray)

- No
- Yes

If yes was selected, what pesticide/ insecticide is used? (please list brand and/or active ingredient)

If yes was selected, how often did you or a contractor apply pesticides on your property ?

- About once a season
- About once a month
- About once a week

Do you use any of these treatments on rodents (ex. mice, chipmunks) in your yard?

	No	Yes
Place tick tubes with treated nest material (ex. Damminix, Thermancell)	<input type="radio"/>	<input type="radio"/>
Have bait boxes with tick treatment (ex. Tick Control System)	<input type="radio"/>	<input type="radio"/>
Relocate rodents (ex. live-trap)	<input type="radio"/>	<input type="radio"/>
Kill rodents (ex. shoot, kill-trap)	<input type="radio"/>	<input type="radio"/>

If applicable, how frequently do you remove rodents from your yard?

- Rarely
- Only in the winter
- About once a month
- About once a week
- About once a day

If applicable, how frequently do you kill rodents in your yard?

- Rarely
- Only in the winter
- About once a month
- About once a week
- About once a day

Pet(s): Ticks can attach to some of your pets. The next section, asks about your pets. If you have more than one pet, please click yes even if it applies to only one pet.

Currently how many dogs and cats are living in your household?

	None	1	2	>2
Dog(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cat(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you don't have dogs or cats, you are finished. Thank you for completing the enrollment questionnaire.

If you do have dogs and cats you are almost there!

Please remember to ship this questionnaire and the consent form to:

From the **Midwest**, send your package to:

University of Wisconsin - Madison

Russell laboratories: The Tick App

1630 Linden Drive

Madison, WI, 53706

From the **Northeast**, send your package to:

Columbia University

Dept. of Ecology, Evolution and Environmental Biology

Dr. Diuk-Wasser - The Tick App

1200 Amsterdam Avenue

New York, NY 10027

Dogs (you can skip this section if you do not have dogs)

Last summer, did you find a tick on your dog(s)?

- No
- Yes
- I don't remember

Do you take your dog(s) when you spend the night at another property than your home? (ex. cabin/cottage/RVpark/second or vacation home)

- No
- Yes

During this spring and summer, how often do you check your dog(s) for ticks?

- Never
- Rarely
- At least once a month
- At least once a week
- At least once a day

During this spring and summer, how frequently do you treat your dog(s) against ticks?

- Never
- Once
- Every 2-3 months
- Every 4-6 weeks
- More frequent than every 4 weeks

What product do you use for tick protection for your dog? (select all that apply)

- Bravecto (oral)
- Vectra (spot on)
- Frontline (spot on)
- NexGard (oral)
- Other, which _____

Cats (you can skip this section if you do not have dogs)

Do have at least one cat that goes outside? (circle the one that applies): No Yes

Last summer, did you find a tick on your cat(s)? No Yes I don't remember

Do you take your cat(s) when you spend the night at another property than your home? (ex. cabin/cottage/RVpark/second or vacation home)

- No
- Yes

During this spring and summer, how frequently do you check your cat(s) for ticks?

- Never
- Rarely
- At least once a month
- At least once a week
- At least once a day

During this spring and summer, how frequently do you treat your cat(s) against ticks?

- Never
- Once, I treat once a year
- Once, I treat every 6-8 months (approximately)
- Every 2-3 months (approximately)
- Every 4-6 weeks (approximately)
- More frequent than every 4 weeks

What product do you use for tick protection on your cat(s)? (select all that apply)

- Bravecto (spot-on)
- Vectra (spot on)
- Frontline (spot on)
- Seresto (collar)
- Other, _____

Thank you for completing the enrollment questionnaire. We greatly appreciate it!