Figure S1. Questionnaire delivered during the biannual serosurveys

Study #\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent address and telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vacation street address and telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fire code # \_\_\_\_\_\_\_\_\_\_\_\_

Have you received the Lyme Vaccine? Yes \_\_\_\_\_\_\_If yes, what year? \_\_\_\_\_\_\_ No\_\_\_\_\_

Which of these groups’ best describes your ethnic identification? Circle the number of your answer:

1) Asian, 2) Black, not of Hispanic origin, 3) Hispanic, 4) West Indian/Caribbean,

5) White, 6) American Indian, 7) Mixed, 8) Other, 9) Don’t know

**EXPOSURE HISTORY**

**1.** How many years have you spent at your present address (permanent or vacation)? \_\_\_\_\_\_\_\_\_

During which months? All \_\_\_If not all, check all that apply-

Jan\_\_\_ Feb\_\_\_ Mar\_\_\_ Apr\_\_\_ May \_\_\_ June \_\_\_ July \_\_\_ Aug \_\_\_Sept \_\_\_ Oct \_\_\_ Nov\_\_\_ Dec\_\_

**2.**  How many hours a day do you spend out of doors near vegetation?

 Less than 1 \_\_\_ Several \_\_\_ 5 or more \_\_\_

**3.** Do you keep a pet? dog\_\_\_ cat\_\_\_ horse\_\_\_ other\_\_\_

**4.** How frequently do you see deer around your residence?

 Daily \_\_\_ Weekly \_\_\_ Less frequently \_\_\_

**5.**  Have you been bitten by a tick this year? Yes \_\_\_ No \_\_\_

 If yes, was it a deer tick \_\_\_ wood/dog tick \_\_\_ tiny \_\_\_ large \_\_\_

 If yes, was it in your town? \_\_\_ Elsewhere? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.**  Do your tick bites itch? Yes \_\_\_ No \_\_\_

**7.** When outdoors, what personal protection measures against ticks do you employ?

 None \_\_\_ Repellant \_\_\_ Long pants/socks\_\_\_ Avoid brush\_\_\_Tick check \_\_\_

**8.**  Do you try to control ticks around your residence? Yes \_\_\_ No \_\_\_

 Chemical spray \_\_\_ Damminix \_\_\_ Brush control \_\_\_ Other \_\_\_\_\_\_\_\_

**ILLNESS HISTORY**

**9.**  Have you ever been diagnosed with Lyme disease\_\_\_\_ babesiosis \_\_\_anaplasmosis\_\_\_\_?

 If so, by symptoms \_\_\_ blood test \_\_\_ both \_\_\_

 When? \_\_\_\_\_\_\_\_ What was your treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How much did your illness cost you (time lost, physician and treatment costs, etc.)? \_\_

**10.**  Have you had any of the following signs of illness this year?

A) rash B) chills C) fever D)headache E) muscle aches F) fatigue G) night sweats H) joint pains I) swelling J) nasal congestion K) cough L) sore throat

1. How many people do you know who have had Lyme disease? \_\_\_\_\_\_\_
2. Have you ever been diagnosed to have immunodeficiency? \_\_\_\_\_\_\_
3. Have you had problems with recurrent infections in the last 10 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14.** Are you on long-term steroids or other immunosuppressive medication? \_\_\_\_\_\_\_\_\_\_