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Questionnaire for you who have been tick-bitten

Please answer all questions!

When did you notice you had been tick-bitten?

Year-Month-Day: _____ ____ ____ Time _____

When do you think you were tick-bitten?

Year-Month-Day: _____ ____ ____ Time _____

In what town/city were you when you were tick-bitten?

_____

What kind of nature type had you visited?

Lake/Sea ☐ Forrest ☐ Garden ☐ Lawn ☐

Other: _____

When was the tick removed?

Year-Month-Day: _____ ____ ____ Time _____

Where on the body was the tick attached?

_____

Did you remove the whole tick? Yes ☐ No ☐ Don't know ☐

Have you had any other tick bites this season? Yes ☐ No ☐ Don't know ☐

If Yes, how many? 1-4 ☐ 5-9 ☐ >10 ☐

Have you ever been treated for the tick-borne infection Borrelia?

Yes ☐ No ☐ Don't know ☐ If Yes; Year–Month–Day _____ ____ ____

Did you receive any medicine?

Yes ☐ No ☐ Don't know ☐ If Yes; which kind?_____

Have you ever been treated for the tick-borne infection Erythema migrans?
(Erythema migrans = red ring-like or homogenous expanding rash.)

Yes ☐ No ☐ Don't know ☐ If Yes; Year–Month–Day _____ ____ ____

Did you receive any medicine?

Yes ☐ No ☐ Don't know ☐ If Yes; which kind?_____

Have you ever been treated for the tick-borne infection Ehrlichiosis?
(Ehrlichiosis = flu-like symptoms)

Yes ☐ No ☐ Don't know ☐ If Yes; Year–Month–Day _____ ____ ____

Did you receive any medicine?

Yes ☐ No ☐ Don't know ☐ If Yes; which kind?_____

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Have you ever been treated for the tick-borne infection TBE?
(TBE = a viral infectious disease involving the central nervous system.)

Yes ☐ No ☐ Don't know ☐ If Yes; Year–Month–Day_____ ____ ____

Did you receive any medicine?

Yes ☐ No ☐ Don't know ☐ If Yes; which kind?_____

Do you have any of the following diseases?

Asthma	Yes ☐	No ☐	Don't know ☐
Allergy	Yes ☐	No ☐	Don't know ☐
Diabetes	Yes ☐	No ☐	Don't know ☐
Tumour-related disease	Yes ☐	No ☐	Don't know ☐
Are you on medication?	Yes ☐	No ☐	

If Yes; which kind?

_____

Do you smoke? Yes ☐ No ☐ Stopped smoking ☐ Year _____

If Yes, how many cigarettes per week? _____

How many years have you smoked? _____

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Do you have any pets? Yes ☐ No ☐

Dog Yes ☐ No ☐

Cat Yes ☐ No ☐

Bunny Yes ☐ No ☐

Other: _____

Are you vaccinated for TBE? Yes ☐ No ☐ Don't know ☐

If Yes; Year-Month-Day_____ ____ ____

Are you vaccinated for Yellow fever? Yes ☐ No ☐ Don't know ☐

If Yes; Year-Month-Day_____ ____ ____

Are you vaccinated for Japanese encephalitis? Yes ☐ No ☐ Don't know ☐

If Yes; Year-Month-Day_____ ____ ____

Thank you for your answers!

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Hi!

You are a participant in our study ”Tick-bites and risk of disease”. We previously received blood samples from you and a filled in questionnaire. Now, three month later we need a follow up blood sample. The follow up blood samples can be taken at _____, week ___, Monday, Tuesday, Wednesday, or Thursday, between _____ and _____ a clock.

If you had additional tick-bites since the first one and you have collected the ticks in the tube with a yellow cork, then please take that tube with you to the blood sampling.

We would like to know if you have had any symptoms related to tick-borne diseases during the study period. Please answer the following three questions and write your name, birth date and telephone number on the next page. We might give you a telephone call if you reported symptoms. Take this paper and the test tubes to your primary health care center when you go for the sample-taking.

1) Have you had additional tick-bites since the first sample-taking?

Yes ☐ No ☐ Don’t know ☐

If yes; when? Year-Month-Day: _____ _____ _____

2) How have you been feeling in general since the first sample-taking?
Have you been feeling good/as usual?

Yes ☐ No ☐ Don’t know ☐

If no; please report if you had any of the following symptoms:

Headache	Yes ☐	No ☐
Fatigue	Yes ☐	No ☐
Fever, 38° or higher	Yes ☐	No ☐
Neck pain	Yes ☐	No ☐
Loss of appetite	Yes ☐	No ☐
Nausea/Vomiting	Yes ☐	No ☐
Weight Loss	Yes ☐	No ☐
Vertigo	Yes ☐	No ☐
Concentration difficulties	Yes ☐	No ☐
Radiating pain	Yes ☐	No ☐
Muscle or joint pain	Yes ☐	No ☐
Numbness/formication	Yes ☐	No ☐

Please turn the page!

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3) If you reported any symptoms in question 2, did the symptoms arrive before or after any additional tick-bites?

Before additional tick-bite Yes ☐ No ☐ Don't know ☐

After additional tick-bite Yes ☐ No ☐ Don't know ☐

4) If you reported any symptoms in question 2, did you visit you primary health care center for this?

Yes ☐ No ☐

5) If you reported any symptoms in question 2, how many days did the symptoms last?

_____

Thank you for your answers!

Please make sure you answered every question!
Bring this paper to your new sample-taking!

Name: _____

Birth: _____

Telephone number:
Home _____
Work _____
Mobile _____

Best regards
xxx xxxx