

University of Pennsylvania Bed Bug Survey

Address: _____ Date: _____

Residents Name: _____

Phone# _____ Email: _____

When did you first start suspecting bed bugs in your residence?

What made you suspect bed bugs in your residence? Please select all that apply.

- One resident exhibited a skin rash or problem
- More than one resident exhibited a skin rash or problem
- Bedding showed dark spots
- Resident saw bed bugs in the bed

Within the 6 months before bed bugs were suspected in your residence, did you obtain any furniture, mattresses, or bedding, if so where?

- None
- Off the sidewalk
- At a yard sale
- Off Craigslist(or similar website)
- At thrift store

- Other _____

When bed bugs were suspected, what did you do? Please select all that apply:

- I discussed it with my landlord
- I called an exterminator
- I went to the doctor
- I called Philadelphia Vector Control

- Other: _____

Have you tried to control the bed bugs in your residence?

- Yes**
- No**

If you hired a professional to deal with the problem, who was it? What did you they do? Please include information regarding the types of products used, as well as the frequency and duration of treatments.

If you tried to control the bed bug problem yourself, what did you do? Please include information regarding the types of products used, as well as the frequency and duration of treatments.

How much did you spend per treatment? _____

How much money did you spend on bed bug treatments overall? _____

When was the most recent treatment performed? (MM/DD/YYYY) _____

How successful were the treatments?

In which rooms have you seen bed bugs? How many bedrooms, common rooms, bathrooms, kitchen, etc. (Please specify number of rooms)