

Veterinary KAP Survey

PID 373

[Project Home](#)
[Project Setup](#)
[Online Designer](#)
[Data Dictionary](#)
[Codebook](#)

Codebook ▾

Data Dictionary Codebook

04-26-2021 9:37pm

[^ Collapse all instruments](#)

| # | Variable / Field Name | Field Label <i>Field Note</i> | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) |
|---|-----------------------|--|--|
| Instrument: Veterinary KAP Survey (veterinary_kap_survey) 🟢 Enabled as survey ^ Collapse | | | |
| 1 | participant_id | Participant ID | text |
| 2 | consent_form | Knowledge, Attitudes, and Practices of Veterinary Professionals Towards Ticks and Tick-Borne Diseases Survey You are being asked to participate in a voluntary research study. The purpose of this study is to assess your knowledge and experience with ticks and tick-borne diseases. Risks related to this research are not beyond what you would already experience in your everyday life. The researchers will not have access to your individually identifiable information. The benefits related to this research include improving our ability to design outreach and educational materials for veterinary professionals in Illinois. Principal Investigator Name and Title: Rebecca Smith, Associate Professor of Epidemiology Department and Institution: Department of Pathobiology, University of Illinois College of Veterinary Medicine Contact Information: 217-300-1428 (phone); rlsdvm@illinois.edu (email) What procedures are involved? The study procedures include completing an online survey. This research will be collected using REDCap, which is a data collection and management application. You will need to participate one time. Your participation will last approximately 15 minutes. Will my study-related information be kept confidential? Faculty, students, and staff will not have access to | descriptive |

any of your individually identifiable information. Confidentiality will be maintained to the extent of laws and university policies. Personal identifiers will not be collected, published, or presented. Will I be reimbursed for any expenses or paid for my participation in this research? You will be given the option to receive a poster on ticks and tick-borne diseases in Illinois, suitable for hanging in a clinic. Can I withdraw or be removed from the study? If you decide to participate, you are free to withdraw your consent and discontinue participation at any time, please just close your browser. Your participation in this research is voluntary. Your decision whether or not to participate, or to withdraw after beginning participation, will not affect your current or future dealings with the University of Illinois at Urbana-Champaign. Will data collected from me be used for any other research? Your de-identified information could be used for future research without additional informed consent. Whom should I contact if I have questions? If you have questions about this project, you may contact the principal investigator, Rebecca Smith, Associate Professor via phone at 217-300-1428 or via email to rlsdvm@illinois.edu; or Nohra Mateus-Pinilla, Director, Wildlife Veterinary Epidemiology Laboratory via phone at 217-333-6856 or via email to nohram@illinois.edu. If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects at 217-333-2670 or via email at irb@illinois.edu. Please print this consent form if you would like to retain a copy for your records. I have read and understand the above consent form. I certify that I am 18 years old or older. By clicking the "Submit" button to enter the survey, I indicate my willingness to voluntarily take part in this study.

| | | | | | | | | | | | | | | | | | |
|---|-------------------------|---|--|---|----------|---|-------|---|-----------|---|-------------------------|---|-------|---|-------|---|--------------|
| 3 | introduction | <p>Section Header: <i>Start</i></p> <p>Greetings all. Thank you for participating in this short survey. Participation is voluntary and declining to participate or finish the survey will involve no penalties. The goal of this survey is to assess the knowledge, attitudes, and practices among veterinarians and veterinary technicians in regards to tick-borne diseases. Participation should only take about 15 minutes of your time. Information will remain confidential and identifying information will be collected in a categorical fashion to protect identities of participants. No foreseeable risks are associated with the taking of this survey. Benefits include an informational poster to express our gratitude for your participation and the furthering of science related to public health in your area. Please send any questions to: itick@vetmed.illinois.edu.</p> <p>We greatly appreciate your participation. As thanks, upon completion you will be mailed a poster for your waiting room to show your support of important public health research.</p> | descriptive | | | | | | | | | | | | | | |
| 4 | age | <p>Section Header: <i>Demographics</i></p> <p>Please select the group that includes your age.</p> | <p>dropdown</p> <table border="1" data-bbox="1356 818 1577 1192"> <tr><td>1</td><td>Under 18</td></tr> <tr><td>2</td><td>18-24</td></tr> <tr><td>3</td><td>25-34</td></tr> <tr><td>4</td><td>35-44</td></tr> <tr><td>5</td><td>45-54</td></tr> <tr><td>6</td><td>55-64</td></tr> <tr><td>7</td><td>65 and above</td></tr> </table> | 1 | Under 18 | 2 | 18-24 | 3 | 25-34 | 4 | 35-44 | 5 | 45-54 | 6 | 55-64 | 7 | 65 and above |
| 1 | Under 18 | | | | | | | | | | | | | | | | |
| 2 | 18-24 | | | | | | | | | | | | | | | | |
| 3 | 25-34 | | | | | | | | | | | | | | | | |
| 4 | 35-44 | | | | | | | | | | | | | | | | |
| 5 | 45-54 | | | | | | | | | | | | | | | | |
| 6 | 55-64 | | | | | | | | | | | | | | | | |
| 7 | 65 and above | | | | | | | | | | | | | | | | |
| 5 | gender | Please select the gender you identify with most. | <p>radio</p> <table border="1" data-bbox="1356 1245 1692 1459"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> <tr><td>3</td><td>Nonbinary</td></tr> <tr><td>4</td><td>Other/Prefer not to say</td></tr> </table> | 1 | Female | 2 | Male | 3 | Nonbinary | 4 | Other/Prefer not to say | | | | | | |
| 1 | Female | | | | | | | | | | | | | | | | |
| 2 | Male | | | | | | | | | | | | | | | | |
| 3 | Nonbinary | | | | | | | | | | | | | | | | |
| 4 | Other/Prefer not to say | | | | | | | | | | | | | | | | |
| 6 | county | Please list the county/counties in which you practice. | text, Required | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|----|--|--|--|---|-------------------|---|--------------------------------|---|-------------------------|---|--------------------------|---|-------------------|---|------------------------|---|---------------|
| 7 | practice_distribution | Please select your clinic's practice distribution. | radio <table border="1"> <tr><td>1</td><td>Small animal only</td></tr> <tr><td>2</td><td>Small animal predominant</td></tr> <tr><td>3</td><td>Mixed animal</td></tr> <tr><td>4</td><td>Large animal predominant</td></tr> <tr><td>5</td><td>Large animal only</td></tr> <tr><td>6</td><td>Production animal only</td></tr> </table> | 1 | Small animal only | 2 | Small animal predominant | 3 | Mixed animal | 4 | Large animal predominant | 5 | Large animal only | 6 | Production animal only | | |
| 1 | Small animal only | | | | | | | | | | | | | | | | |
| 2 | Small animal predominant | | | | | | | | | | | | | | | | |
| 3 | Mixed animal | | | | | | | | | | | | | | | | |
| 4 | Large animal predominant | | | | | | | | | | | | | | | | |
| 5 | Large animal only | | | | | | | | | | | | | | | | |
| 6 | Production animal only | | | | | | | | | | | | | | | | |
| 8 | species_specific Show the field ONLY if: [practice_distribution] = '1' or [practice_distribution] = '2' or [practice_distribution] = '4' or [practice_distribution] = '3' or [practice_distribution] = '5' or [practice_distribution] = '6' | If your clinic is single species exclusive, please identify it here. (Ex. Swine only). | text | | | | | | | | | | | | | | |
| 9 | job_position | Please indicate if you are a veterinarian, licensed veterinary technician, or veterinary staff member. | radio, Required <table border="1"> <tr><td>2</td><td>Veterinarian</td></tr> <tr><td>1</td><td>Licensed veterinary technician</td></tr> <tr><td>0</td><td>Veterinary staff member</td></tr> </table> | 2 | Veterinarian | 1 | Licensed veterinary technician | 0 | Veterinary staff member | | | | | | | | |
| 2 | Veterinarian | | | | | | | | | | | | | | | | |
| 1 | Licensed veterinary technician | | | | | | | | | | | | | | | | |
| 0 | Veterinary staff member | | | | | | | | | | | | | | | | |
| 10 | years_in_practice | How many years have you been in practice? | dropdown <table border="1"> <tr><td>1</td><td>Less than 5 years</td></tr> <tr><td>2</td><td>6-10 years</td></tr> <tr><td>3</td><td>11-15 years</td></tr> <tr><td>4</td><td>16-20 years</td></tr> <tr><td>5</td><td>21-25 years</td></tr> <tr><td>6</td><td>26-30 years</td></tr> <tr><td>7</td><td>Over 30 years</td></tr> </table> | 1 | Less than 5 years | 2 | 6-10 years | 3 | 11-15 years | 4 | 16-20 years | 5 | 21-25 years | 6 | 26-30 years | 7 | Over 30 years |
| 1 | Less than 5 years | | | | | | | | | | | | | | | | |
| 2 | 6-10 years | | | | | | | | | | | | | | | | |
| 3 | 11-15 years | | | | | | | | | | | | | | | | |
| 4 | 16-20 years | | | | | | | | | | | | | | | | |
| 5 | 21-25 years | | | | | | | | | | | | | | | | |
| 6 | 26-30 years | | | | | | | | | | | | | | | | |
| 7 | Over 30 years | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|----|---|--|--|---|-------------------|---|------------|---|-------------|---|-------------|---|-------------|---|-------------|---|---------------|
| 11 | years_in_area | How many years have you been practicing in your current area? | dropdown <table border="1"> <tr><td>1</td><td>Less than 5 years</td></tr> <tr><td>2</td><td>6-10 years</td></tr> <tr><td>3</td><td>11-15 years</td></tr> <tr><td>4</td><td>16-20 years</td></tr> <tr><td>5</td><td>21-25 years</td></tr> <tr><td>6</td><td>26-30 years</td></tr> <tr><td>7</td><td>Over 30 years</td></tr> </table> | 1 | Less than 5 years | 2 | 6-10 years | 3 | 11-15 years | 4 | 16-20 years | 5 | 21-25 years | 6 | 26-30 years | 7 | Over 30 years |
| 1 | Less than 5 years | | | | | | | | | | | | | | | | |
| 2 | 6-10 years | | | | | | | | | | | | | | | | |
| 3 | 11-15 years | | | | | | | | | | | | | | | | |
| 4 | 16-20 years | | | | | | | | | | | | | | | | |
| 5 | 21-25 years | | | | | | | | | | | | | | | | |
| 6 | 26-30 years | | | | | | | | | | | | | | | | |
| 7 | Over 30 years | | | | | | | | | | | | | | | | |
| 12 | training | Have you ever been trained on tick species or tick-borne diseases? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | |
| 13 | training_years_ago Show the field ONLY if: [training] = '1' | How long ago was your training in years? | text | | | | | | | | | | | | | | |
| 14 | kind_of_training Show the field ONLY if: [training] = '1' | What kind of training did you receive? | notes | | | | | | | | | | | | | | |
| 15 | tick_species_near | Section Header: <i>Knowledge In this section, we would like to gain knowledge of your current understanding of ticks and tick-borne diseases. We are simply interested in what you know.</i> Please list any tick species that you know of that are near you. | notes | | | | | | | | | | | | | | |
| 16 | disease_species | Please indicate any species of tick you recorded above that can carry disease. | notes | | | | | | | | | | | | | | |
| 17 | time_to_transmit | How long does a tick have to be attached to you or an animal to transmit disease? | radio <table border="1"> <tr><td>0</td><td>Seconds</td></tr> <tr><td>3</td><td>Minutes</td></tr> <tr><td>2</td><td>Hours</td></tr> <tr><td>1</td><td>Days</td></tr> </table> | 0 | Seconds | 3 | Minutes | 2 | Hours | 1 | Days | | | | | | |
| 0 | Seconds | | | | | | | | | | | | | | | | |
| 3 | Minutes | | | | | | | | | | | | | | | | |
| 2 | Hours | | | | | | | | | | | | | | | | |
| 1 | Days | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|-------------------|--|---|---|-------------------|----------------|----|-------------------|------------|---|-------------------|-----------------|---|-------------------|-------------------------|---|-------------------|---------------------|---|-------------------|-------------------|---|-------------------|------------------|---|-------------------|-----------|---|-------------------|------------------|
| 18 | bite | Can you always tell if a tick has bitten you? | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | tick_habitat | Which of the below are considered preferred habitats for ticks? (Please select as many as you believe apply). | checkbox <table border="1"> <tr> <td>0</td> <td>tick_habitat__0</td> <td>Desert</td> </tr> <tr> <td>3</td> <td>tick_habitat__3</td> <td>Grasslands</td> </tr> <tr> <td>4</td> <td>tick_habitat__4</td> <td>Woodlands</td> </tr> <tr> <td>1</td> <td>tick_habitat__1</td> <td>Swamps</td> </tr> <tr> <td>2</td> <td>tick_habitat__2</td> <td>Agricultural fields</td> </tr> </table> | 0 | tick_habitat__0 | Desert | 3 | tick_habitat__3 | Grasslands | 4 | tick_habitat__4 | Woodlands | 1 | tick_habitat__1 | Swamps | 2 | tick_habitat__2 | Agricultural fields | | | | | | | | | | | | |
| 0 | tick_habitat__0 | Desert | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | tick_habitat__3 | Grasslands | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | tick_habitat__4 | Woodlands | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | tick_habitat__1 | Swamps | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | tick_habitat__2 | Agricultural fields | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | bite_locations | Where on the body are locations where ticks commonly attach and bite? (Please select all that apply). | checkbox <table border="1"> <tr> <td>0</td> <td>bite_locations__0</td> <td>Under the arms</td> </tr> <tr> <td>1</td> <td>bite_locations__1</td> <td>In hair</td> </tr> <tr> <td>2</td> <td>bite_locations__2</td> <td>Behind the ears</td> </tr> <tr> <td>3</td> <td>bite_locations__3</td> <td>Inside the belly button</td> </tr> <tr> <td>4</td> <td>bite_locations__4</td> <td>Wrists</td> </tr> <tr> <td>5</td> <td>bite_locations__5</td> <td>Back of the knees</td> </tr> <tr> <td>6</td> <td>bite_locations__6</td> <td>Between the legs</td> </tr> <tr> <td>7</td> <td>bite_locations__7</td> <td>Shoulders</td> </tr> <tr> <td>8</td> <td>bite_locations__8</td> <td>Around the waist</td> </tr> </table> | 0 | bite_locations__0 | Under the arms | 1 | bite_locations__1 | In hair | 2 | bite_locations__2 | Behind the ears | 3 | bite_locations__3 | Inside the belly button | 4 | bite_locations__4 | Wrists | 5 | bite_locations__5 | Back of the knees | 6 | bite_locations__6 | Between the legs | 7 | bite_locations__7 | Shoulders | 8 | bite_locations__8 | Around the waist |
| 0 | bite_locations__0 | Under the arms | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | bite_locations__1 | In hair | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | bite_locations__2 | Behind the ears | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | bite_locations__3 | Inside the belly button | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | bite_locations__4 | Wrists | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | bite_locations__5 | Back of the knees | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | bite_locations__6 | Between the legs | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | bite_locations__7 | Shoulders | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | bite_locations__8 | Around the waist | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | diseases_present | Please list any tick-borne diseases that are present in your area. If you feel there are none, please type N/A. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|---|---|---------------------------|--------------|---|---------------------------|------------|---|---------------------------|--------------------|---|---------------------------|--------------|---|---------------------------|---------------|---|---------------------------|--------------|---|---------------------------|-----------------|---|---------------------------|------------------|---|---------------------------|---------------|---|---------------------------|------------------------------|----|----------------------------|---|----|----------------------------|-----------|
| 22 | test_positive_diseases | Please indicate tick-borne diseases for which you have had patients test positive in the past two years. In the following questions please estimate the number of cases that are test confirmed that you have seen. Please limit your response to those cases occurring in the past two years. (Please select all that apply and take your best guess if you cannot recall exactly how many cases of each disease have appeared in your clinic). | checkbox, Required <table border="1" data-bbox="1354 123 1995 902"> <tr> <td>0</td> <td>test_positive_diseases__0</td> <td>Anaplasmosis</td> </tr> <tr> <td>1</td> <td>test_positive_diseases__1</td> <td>Babesiosis</td> </tr> <tr> <td>2</td> <td>test_positive_diseases__2</td> <td>Borrelia miyamotoi</td> </tr> <tr> <td>3</td> <td>test_positive_diseases__3</td> <td>Lyme disease</td> </tr> <tr> <td>4</td> <td>test_positive_diseases__4</td> <td>Bourbon virus</td> </tr> <tr> <td>5</td> <td>test_positive_diseases__5</td> <td>Ehrlichiosis</td> </tr> <tr> <td>6</td> <td>test_positive_diseases__6</td> <td>Heartland virus</td> </tr> <tr> <td>7</td> <td>test_positive_diseases__7</td> <td>Powassan disease</td> </tr> <tr> <td>8</td> <td>test_positive_diseases__8</td> <td>Rickettsiosis</td> </tr> <tr> <td>9</td> <td>test_positive_diseases__9</td> <td>Rocky Mountain Spotted Fever</td> </tr> <tr> <td>10</td> <td>test_positive_diseases__10</td> <td>Southern Tick Associated Rash Illness (STARI)</td> </tr> <tr> <td>11</td> <td>test_positive_diseases__11</td> <td>Tularemia</td> </tr> </table> | 0 | test_positive_diseases__0 | Anaplasmosis | 1 | test_positive_diseases__1 | Babesiosis | 2 | test_positive_diseases__2 | Borrelia miyamotoi | 3 | test_positive_diseases__3 | Lyme disease | 4 | test_positive_diseases__4 | Bourbon virus | 5 | test_positive_diseases__5 | Ehrlichiosis | 6 | test_positive_diseases__6 | Heartland virus | 7 | test_positive_diseases__7 | Powassan disease | 8 | test_positive_diseases__8 | Rickettsiosis | 9 | test_positive_diseases__9 | Rocky Mountain Spotted Fever | 10 | test_positive_diseases__10 | Southern Tick Associated Rash Illness (STARI) | 11 | test_positive_diseases__11 | Tularemia |
| 0 | test_positive_diseases__0 | Anaplasmosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | test_positive_diseases__1 | Babesiosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | test_positive_diseases__2 | Borrelia miyamotoi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | test_positive_diseases__3 | Lyme disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | test_positive_diseases__4 | Bourbon virus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | test_positive_diseases__5 | Ehrlichiosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | test_positive_diseases__6 | Heartland virus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | test_positive_diseases__7 | Powassan disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | test_positive_diseases__8 | Rickettsiosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | test_positive_diseases__9 | Rocky Mountain Spotted Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | test_positive_diseases__10 | Southern Tick Associated Rash Illness (STARI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | test_positive_diseases__11 | Tularemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | anaplasmosis Show the field ONLY if: [test_positive_diseases(0)] = '1' | Cases of anaplasmosis: | text (number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | babesiosis Show the field ONLY if: [test_positive_diseases(1)] = '1' | Cases of babesiosis: | text (number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | borrelia_miyamotoi Show the field ONLY if: [test_positive_diseases(2)] = '1' | Cases of Borrelia miyamotoi: | text (number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|----|---|---|---------------|
| 26 | lyme Show the field ONLY if: [test_positive_diseases(3)] = '1' | Cases of Lyme disease: | text (number) |
| 27 | bourbon_virus Show the field ONLY if: [test_positive_diseases(4)] = '1' | Cases of Bourbon virus: | text (number) |
| 28 | ehrlichiosis Show the field ONLY if: [test_positive_diseases(5)] = '1' | Cases of ehrlichiosis: | text (number) |
| 29 | heartland_virus Show the field ONLY if: [test_positive_diseases(6)] = '1' | Cases of Heartland virus: | text (number) |
| 30 | powassan_disease Show the field ONLY if: [test_positive_diseases(7)] = '1' | Cases of Powassan disease: | text (number) |
| 31 | rickettsiosis Show the field ONLY if: [test_positive_diseases(8)] = '1' | Cases of rickettsiosis: | text (number) |
| 32 | rmsf Show the field ONLY if: [test_positive_diseases(9)] = '1' | Cases of Rocky Mountain Spotted Fever: | text (number) |
| 33 | stari Show the field ONLY if: [test_positive_diseases(10)] = '1' | Cases of Southern Tick Associated Rash Illness (STARI): | text (number) |

| | | | | | | | | | | | | | | | | | | |
|----|--|---|--|---|-----------------|----------------------------------|---|-----------------|------------------------|---|-----------------|--------------------------|---|-----------------|-----------------------------------|---|-------------|-------------------|
| 34 | tularemia Show the field ONLY if: [test_positive_diseases(11)] = '1' | Cases of tularemia: | text (number) | | | | | | | | | | | | | | | |
| 35 | symptoms | What are symptoms of tick-borne disease? (Please select all that apply). | checkbox <table border="1"> <tr> <td>1</td> <td>symptoms__1</td> <td>Fever</td> </tr> <tr> <td>2</td> <td>symptoms__2</td> <td>Hair loss</td> </tr> <tr> <td>3</td> <td>symptoms__3</td> <td>Joint pain</td> </tr> <tr> <td>4</td> <td>symptoms__4</td> <td>Rash</td> </tr> <tr> <td>5</td> <td>symptoms__5</td> <td>None of the above</td> </tr> </table> | 1 | symptoms__1 | Fever | 2 | symptoms__2 | Hair loss | 3 | symptoms__3 | Joint pain | 4 | symptoms__4 | Rash | 5 | symptoms__5 | None of the above |
| 1 | symptoms__1 | Fever | | | | | | | | | | | | | | | | |
| 2 | symptoms__2 | Hair loss | | | | | | | | | | | | | | | | |
| 3 | symptoms__3 | Joint pain | | | | | | | | | | | | | | | | |
| 4 | symptoms__4 | Rash | | | | | | | | | | | | | | | | |
| 5 | symptoms__5 | None of the above | | | | | | | | | | | | | | | | |
| 36 | risk_factors | What are risk factors for tick-borne diseases? (Please select as many as you feel apply). | checkbox <table border="1"> <tr> <td>1</td> <td>risk_factors__1</td> <td>Working outdoors in wooded areas</td> </tr> <tr> <td>2</td> <td>risk_factors__2</td> <td>Being bitten by a tick</td> </tr> <tr> <td>3</td> <td>risk_factors__3</td> <td>Working of a golf course</td> </tr> <tr> <td>4</td> <td>risk_factors__4</td> <td>Having a tall un-mowed grass lawn</td> </tr> </table> | 1 | risk_factors__1 | Working outdoors in wooded areas | 2 | risk_factors__2 | Being bitten by a tick | 3 | risk_factors__3 | Working of a golf course | 4 | risk_factors__4 | Having a tall un-mowed grass lawn | | | |
| 1 | risk_factors__1 | Working outdoors in wooded areas | | | | | | | | | | | | | | | | |
| 2 | risk_factors__2 | Being bitten by a tick | | | | | | | | | | | | | | | | |
| 3 | risk_factors__3 | Working of a golf course | | | | | | | | | | | | | | | | |
| 4 | risk_factors__4 | Having a tall un-mowed grass lawn | | | | | | | | | | | | | | | | |
| 37 | tests | What tests are available to test for tick-borne diseases? | notes | | | | | | | | | | | | | | | |
| 38 | test_preference | Which tests for tick-borne diseases do your prefer and why? | notes | | | | | | | | | | | | | | | |
| 39 | samples | What samples should be taken for the tests you mentioned above? (Please select all that apply). | checkbox <table border="1"> <tr> <td>1</td> <td>samples__1</td> <td>Serum</td> </tr> <tr> <td>2</td> <td>samples__2</td> <td>Blood</td> </tr> <tr> <td>3</td> <td>samples__3</td> <td>Joint fluid</td> </tr> <tr> <td>4</td> <td>samples__4</td> <td>Other</td> </tr> </table> | 1 | samples__1 | Serum | 2 | samples__2 | Blood | 3 | samples__3 | Joint fluid | 4 | samples__4 | Other | | | |
| 1 | samples__1 | Serum | | | | | | | | | | | | | | | | |
| 2 | samples__2 | Blood | | | | | | | | | | | | | | | | |
| 3 | samples__3 | Joint fluid | | | | | | | | | | | | | | | | |
| 4 | samples__4 | Other | | | | | | | | | | | | | | | | |
| 40 | sample_other Show the field ONLY if: [samples(4)] = '1' | Please specify: | text | | | | | | | | | | | | | | | |
| 41 | treatments | What treatments are available for tick-borne diseases? | notes | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|----|-----------------------------|--|---|---|-------------|---|-----------------------------|---|--------------------------|---|---------------------|
| 42 | alpha_gal | Have you ever heard of the alpha-gal/red meat allergy? | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 43 | alpha_gal_cause | What causes the alpha-gal/ red meat allergy? (If you are uncertain, please give your best guess). | notes | | | | | | | | |
| 44 | alpha_gal_test | Is there a test for the alpha-gal/red meat allergy? | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 45 | alpha_gal_treatment | How do you treat the alpha-gal/red meat allergy? | radio <table border="1"> <tr> <td>1</td> <td>Antibiotics</td> </tr> <tr> <td>2</td> <td>Monoclonal antibody therapy</td> </tr> <tr> <td>3</td> <td>Antigen stimulus therapy</td> </tr> <tr> <td>4</td> <td>There is no therapy</td> </tr> </table> | 1 | Antibiotics | 2 | Monoclonal antibody therapy | 3 | Antigen stimulus therapy | 4 | There is no therapy |
| 1 | Antibiotics | | | | | | | | | | |
| 2 | Monoclonal antibody therapy | | | | | | | | | | |
| 3 | Antigen stimulus therapy | | | | | | | | | | |
| 4 | There is no therapy | | | | | | | | | | |
| 46 | tick_concern | Section Header: <i>Attitudes In this section, we would like to assess your opinions and how you feel about ticks and tick-borne diseases.</i> Do you believe that ticks are a concern in your area? | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|--|--|---|---------------------|---|----|---------------------|---|---|---------------------|---|---|---------------------|---|---|---------------------|--|---|---------------------|--|---|---------------------|----------|---|---------------------|----------------|
| 47 | ticks_of_concern | Please indicate which ticks you believe are a concern. (Please select all that apply). | checkbox <table border="1" data-bbox="1354 121 1997 867"> <tr> <td data-bbox="1354 121 1392 245">1</td> <td data-bbox="1392 121 1661 245">ticks_of_concern__1</td> <td data-bbox="1661 121 1997 245">The Blacklegged tick or Deer Tick (Ixodes scapularis)</td> </tr> <tr> <td data-bbox="1354 245 1392 368">2</td> <td data-bbox="1392 245 1661 368">ticks_of_concern__2</td> <td data-bbox="1661 245 1997 368">The Brown Dog tick (Rhipicephalus sanguineus)</td> </tr> <tr> <td data-bbox="1354 368 1392 492">3</td> <td data-bbox="1392 368 1661 492">ticks_of_concern__3</td> <td data-bbox="1661 368 1997 492">The Gulf Coast tick (Amblyomma maculatum)</td> </tr> <tr> <td data-bbox="1354 492 1392 615">4</td> <td data-bbox="1392 492 1661 615">ticks_of_concern__4</td> <td data-bbox="1661 492 1997 615">The Lone Star tick (Amblyomma americanum)</td> </tr> <tr> <td data-bbox="1354 615 1392 738">5</td> <td data-bbox="1392 615 1661 738">ticks_of_concern__5</td> <td data-bbox="1661 615 1997 738">The American Dog tick (Dermacentor variabilis)</td> </tr> <tr> <td data-bbox="1354 738 1392 862">6</td> <td data-bbox="1392 738 1661 862">ticks_of_concern__6</td> <td data-bbox="1661 738 1997 862">The Winter tick (Dermacentor albipictus)</td> </tr> <tr> <td data-bbox="1354 862 1392 816">7</td> <td data-bbox="1392 862 1661 816">ticks_of_concern__7</td> <td data-bbox="1661 862 1997 816">Other(s)</td> </tr> <tr> <td data-bbox="1354 816 1392 867">8</td> <td data-bbox="1392 816 1661 867">ticks_of_concern__8</td> <td data-bbox="1661 816 1997 867">Not applicable</td> </tr> </table> | 1 | ticks_of_concern__1 | The Blacklegged tick or Deer Tick (Ixodes scapularis) | 2 | ticks_of_concern__2 | The Brown Dog tick (Rhipicephalus sanguineus) | 3 | ticks_of_concern__3 | The Gulf Coast tick (Amblyomma maculatum) | 4 | ticks_of_concern__4 | The Lone Star tick (Amblyomma americanum) | 5 | ticks_of_concern__5 | The American Dog tick (Dermacentor variabilis) | 6 | ticks_of_concern__6 | The Winter tick (Dermacentor albipictus) | 7 | ticks_of_concern__7 | Other(s) | 8 | ticks_of_concern__8 | Not applicable |
| 1 | ticks_of_concern__1 | The Blacklegged tick or Deer Tick (Ixodes scapularis) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ticks_of_concern__2 | The Brown Dog tick (Rhipicephalus sanguineus) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ticks_of_concern__3 | The Gulf Coast tick (Amblyomma maculatum) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ticks_of_concern__4 | The Lone Star tick (Amblyomma americanum) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ticks_of_concern__5 | The American Dog tick (Dermacentor variabilis) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ticks_of_concern__6 | The Winter tick (Dermacentor albipictus) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ticks_of_concern__7 | Other(s) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ticks_of_concern__8 | Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | tick_other Show the field ONLY if: [ticks_of_concern(7)] = '1' | Please specify: | text | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | education_importance | Do you feel that client education about ticks and tick-borne diseases is important? | yesno <table border="1" data-bbox="1354 1065 1457 1175"> <tr> <td data-bbox="1354 1065 1392 1117">1</td> <td data-bbox="1392 1065 1457 1117">Yes</td> </tr> <tr> <td data-bbox="1354 1117 1392 1175">0</td> <td data-bbox="1392 1117 1457 1175">No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | disease_concern | Do you think that tick-borne diseases are a concern in your area? | yesno <table border="1" data-bbox="1354 1227 1457 1338"> <tr> <td data-bbox="1354 1227 1392 1279">1</td> <td data-bbox="1392 1227 1457 1279">Yes</td> </tr> <tr> <td data-bbox="1354 1279 1392 1338">0</td> <td data-bbox="1392 1279 1457 1338">No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | diseases_of_concern Show the field ONLY if: [disease_concern] = '1' | If you selected "Yes" above, please list the tick-borne diseases you are concerned about in your area. | notes | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|--|--|---|--------------------|---|----|--------------------|--|---|--------------------|----------------------------------|---|--------------------|---------------------------------|---|--------------------|----------------------------------|---|--------------------|---|---|--------------------|-------|
| 52 | training_yn | Would you like to have training on ticks and tick-borne diseases? | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 53 | training_topics | What tick and tick-borne disease topics would you like further training in? (Please select all that apply). | checkbox <table border="1"> <tr> <td>1</td> <td>training_topics__1</td> <td>Tick species</td> </tr> <tr> <td>2</td> <td>training_topics__2</td> <td>Tick removal</td> </tr> <tr> <td>3</td> <td>training_topics__3</td> <td>Tick-borne diseases in your area</td> </tr> <tr> <td>4</td> <td>training_topics__4</td> <td>Testing for tick-borne diseases</td> </tr> <tr> <td>5</td> <td>training_topics__5</td> <td>Treatment of tick-borne diseases</td> </tr> <tr> <td>6</td> <td>training_topics__6</td> <td>Community outreach/communication about ticks and diseases</td> </tr> <tr> <td>7</td> <td>training_topics__7</td> <td>Other</td> </tr> </table> | 1 | training_topics__1 | Tick species | 2 | training_topics__2 | Tick removal | 3 | training_topics__3 | Tick-borne diseases in your area | 4 | training_topics__4 | Testing for tick-borne diseases | 5 | training_topics__5 | Treatment of tick-borne diseases | 6 | training_topics__6 | Community outreach/communication about ticks and diseases | 7 | training_topics__7 | Other |
| 1 | training_topics__1 | Tick species | | | | | | | | | | | | | | | | | | | | | | |
| 2 | training_topics__2 | Tick removal | | | | | | | | | | | | | | | | | | | | | | |
| 3 | training_topics__3 | Tick-borne diseases in your area | | | | | | | | | | | | | | | | | | | | | | |
| 4 | training_topics__4 | Testing for tick-borne diseases | | | | | | | | | | | | | | | | | | | | | | |
| 5 | training_topics__5 | Treatment of tick-borne diseases | | | | | | | | | | | | | | | | | | | | | | |
| 6 | training_topics__6 | Community outreach/communication about ticks and diseases | | | | | | | | | | | | | | | | | | | | | | |
| 7 | training_topics__7 | Other | | | | | | | | | | | | | | | | | | | | | | |
| 54 | training_other Show the field ONLY if: [training_topics(7)] = '1' | Please specify: | notes | | | | | | | | | | | | | | | | | | | | | |
| 55 | public_outreach | Do you feel like more public outreach about ticks and tick-borne diseases from the Illinois Department of Public Health (IDPH), American Veterinary Medical Association (AVMA), or the University of Illinois would benefit your area? | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 56 | outreach_agency | Who would you like to receive public outreach from? | checkbox <table border="1"> <tr> <td>1</td> <td>outreach_agency__1</td> <td>Illinois Department of Public Health (IDPH)</td> </tr> <tr> <td>2</td> <td>outreach_agency__2</td> <td>American Veterinary Medical Association (AVMA)</td> </tr> <tr> <td>3</td> <td>outreach_agency__3</td> <td>The University of Illinois</td> </tr> <tr> <td>4</td> <td>outreach_agency__4</td> <td>Other</td> </tr> </table> | 1 | outreach_agency__1 | Illinois Department of Public Health (IDPH) | 2 | outreach_agency__2 | American Veterinary Medical Association (AVMA) | 3 | outreach_agency__3 | The University of Illinois | 4 | outreach_agency__4 | Other | | | | | | | | | |
| 1 | outreach_agency__1 | Illinois Department of Public Health (IDPH) | | | | | | | | | | | | | | | | | | | | | | |
| 2 | outreach_agency__2 | American Veterinary Medical Association (AVMA) | | | | | | | | | | | | | | | | | | | | | | |
| 3 | outreach_agency__3 | The University of Illinois | | | | | | | | | | | | | | | | | | | | | | |
| 4 | outreach_agency__4 | Other | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|---|--|---|------------------|--|----|------------------|--|---|------------------|--|---|------------------|--|---|------------------|---|---|------------------|---|---|------------------|--------|---|------------------|-----------------------------|
| 57 | outreach_other Show the field ONLY if: [outreach_agency(4)] = '1' | Please specify: | text | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 | look_for_ticks | Section Header: <i>Practices For this section, we would like to gain knowledge of your current practices regarding ticks and tick-borne diseases.</i> Do you routinely look for ticks on yourself and/or patients? | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59 | ticks_removed | If you have removed ticks from yourself and/or your patients, what species of tick have you found? (Please select as many as apply). | checkbox <table border="1"> <tr> <td>1</td> <td>ticks_removed__1</td> <td>The Blacklegged tick or Deer Tick (<i>Ixodes scapularis</i>)</td> </tr> <tr> <td>2</td> <td>ticks_removed__2</td> <td>The Brown Dog tick (<i>Rhipicephalus sanguineus</i>)</td> </tr> <tr> <td>3</td> <td>ticks_removed__3</td> <td>The Gulf Coast tick (<i>Amblyomma maculatum</i>)</td> </tr> <tr> <td>4</td> <td>ticks_removed__4</td> <td>The Lone Star tick (<i>Amblyomma americanum</i>)</td> </tr> <tr> <td>5</td> <td>ticks_removed__5</td> <td>The American Dog tick (<i>Dermacentor variabilis</i>)</td> </tr> <tr> <td>6</td> <td>ticks_removed__6</td> <td>The Winter tick (<i>Dermacentor albipictus</i>)</td> </tr> <tr> <td>7</td> <td>ticks_removed__7</td> <td>Others</td> </tr> <tr> <td>8</td> <td>ticks_removed__8</td> <td>I don't know/don't remember</td> </tr> </table> | 1 | ticks_removed__1 | The Blacklegged tick or Deer Tick (<i>Ixodes scapularis</i>) | 2 | ticks_removed__2 | The Brown Dog tick (<i>Rhipicephalus sanguineus</i>) | 3 | ticks_removed__3 | The Gulf Coast tick (<i>Amblyomma maculatum</i>) | 4 | ticks_removed__4 | The Lone Star tick (<i>Amblyomma americanum</i>) | 5 | ticks_removed__5 | The American Dog tick (<i>Dermacentor variabilis</i>) | 6 | ticks_removed__6 | The Winter tick (<i>Dermacentor albipictus</i>) | 7 | ticks_removed__7 | Others | 8 | ticks_removed__8 | I don't know/don't remember |
| 1 | ticks_removed__1 | The Blacklegged tick or Deer Tick (<i>Ixodes scapularis</i>) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ticks_removed__2 | The Brown Dog tick (<i>Rhipicephalus sanguineus</i>) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ticks_removed__3 | The Gulf Coast tick (<i>Amblyomma maculatum</i>) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ticks_removed__4 | The Lone Star tick (<i>Amblyomma americanum</i>) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ticks_removed__5 | The American Dog tick (<i>Dermacentor variabilis</i>) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ticks_removed__6 | The Winter tick (<i>Dermacentor albipictus</i>) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ticks_removed__7 | Others | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ticks_removed__8 | I don't know/don't remember | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | other_removed Show the field ONLY if: [ticks_removed(7)] = '1' | Please specify: | notes | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 | exposure | Do you routinely ask about tick exposure when talking to clients? | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----|--|---|---|---|--------------------------|-------|--------------------------------------|---------------------|---|---|---------------------|-------------|------|---------------------|-------|
| 62 | when_to_test | When do you test for tick-borne diseases? | radio <table border="1"> <tr> <td>1</td> <td>Routinely</td> </tr> <tr> <td>2</td> <td>When suspecting a tick-borne disease</td> </tr> <tr> <td>3</td> <td>To rule out a tick-borne disease</td> </tr> </table> | 1 | Routinely | 2 | When suspecting a tick-borne disease | 3 | To rule out a tick-borne disease | | | | | | |
| 1 | Routinely | | | | | | | | | | | | | | |
| 2 | When suspecting a tick-borne disease | | | | | | | | | | | | | | |
| 3 | To rule out a tick-borne disease | | | | | | | | | | | | | | |
| 63 | disease_and_test | Which tick-borne diseases do you test for and what tests do you use? | notes | | | | | | | | | | | | |
| 64 | preferred_sample | What samples do you prefer to use/submit? (Please select those that apply). | checkbox <table border="1"> <tr> <td>1</td> <td>preferred_sample__1</td> <td>Serum</td> </tr> <tr> <td>2</td> <td>preferred_sample__2</td> <td>Blood</td> </tr> <tr> <td>3</td> <td>preferred_sample__3</td> <td>Joint fluid</td> </tr> <tr> <td>4</td> <td>preferred_sample__4</td> <td>Other</td> </tr> </table> | 1 | preferred_sample__1 | Serum | 2 | preferred_sample__2 | Blood | 3 | preferred_sample__3 | Joint fluid | 4 | preferred_sample__4 | Other |
| 1 | preferred_sample__1 | Serum | | | | | | | | | | | | | |
| 2 | preferred_sample__2 | Blood | | | | | | | | | | | | | |
| 3 | preferred_sample__3 | Joint fluid | | | | | | | | | | | | | |
| 4 | preferred_sample__4 | Other | | | | | | | | | | | | | |
| 65 | preferred_sample_other Show the field ONLY if: [preferred_sample(4)] = '1' | Please specify: | checkbox | | | | | | | | | | | | |
| 66 | test_number | How many tests for tick-borne diseases have you performed in the past year? | radio <table border="1"> <tr> <td>1</td> <td>1-10</td> </tr> <tr> <td>2</td> <td>10-50</td> </tr> <tr> <td>3</td> <td>50-100</td> </tr> <tr> <td>4</td> <td>100-200</td> </tr> <tr> <td>5</td> <td>200+</td> </tr> </table> | 1 | 1-10 | 2 | 10-50 | 3 | 50-100 | 4 | 100-200 | 5 | 200+ | | |
| 1 | 1-10 | | | | | | | | | | | | | | |
| 2 | 10-50 | | | | | | | | | | | | | | |
| 3 | 50-100 | | | | | | | | | | | | | | |
| 4 | 100-200 | | | | | | | | | | | | | | |
| 5 | 200+ | | | | | | | | | | | | | | |
| 67 | decline_testing | What is the main reason clients decline testing for tick-borne diseases? | radio <table border="1"> <tr> <td>1</td> <td>They find it unnecessary</td> </tr> <tr> <td>2</td> <td>Cost is a limiting factor</td> </tr> <tr> <td>3</td> <td>Tick-borne disease is not a main differential</td> </tr> <tr> <td>4</td> <td>Other</td> </tr> </table> | 1 | They find it unnecessary | 2 | Cost is a limiting factor | 3 | Tick-borne disease is not a main differential | 4 | Other | | | | |
| 1 | They find it unnecessary | | | | | | | | | | | | | | |
| 2 | Cost is a limiting factor | | | | | | | | | | | | | | |
| 3 | Tick-borne disease is not a main differential | | | | | | | | | | | | | | |
| 4 | Other | | | | | | | | | | | | | | |
| 68 | decline_other Show the field ONLY if: [decline_testing] = '4' | Please specify: | notes | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----|---|---|--|---|------|---|--------|---|--------|---|--------|---|---------|---|---------------------|
| 69 | travel_history | When you have a patient present with signs of a tick-borne disease like a fever of unknown origin, joint pain, and lethargy, do you ask about travel history? | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 70 | suspect_places Show the field ONLY if: [travel_history] = '1' | Please list the places (if any) that would make you suspect tick-borne diseases. (Please be as specific as possible). | notes | | | | | | | | | | | | |
| 71 | highest_tick_numbers | From which species do you remove the most ticks? | radio <table border="1"> <tr> <td>1</td> <td>Cats</td> </tr> <tr> <td>2</td> <td>Dogs</td> </tr> <tr> <td>3</td> <td>Cattle</td> </tr> <tr> <td>4</td> <td>Horses</td> </tr> <tr> <td>5</td> <td>Poultry</td> </tr> <tr> <td>6</td> <td>Exotics/pocket pets</td> </tr> </table> | 1 | Cats | 2 | Dogs | 3 | Cattle | 4 | Horses | 5 | Poultry | 6 | Exotics/pocket pets |
| 1 | Cats | | | | | | | | | | | | | | |
| 2 | Dogs | | | | | | | | | | | | | | |
| 3 | Cattle | | | | | | | | | | | | | | |
| 4 | Horses | | | | | | | | | | | | | | |
| 5 | Poultry | | | | | | | | | | | | | | |
| 6 | Exotics/pocket pets | | | | | | | | | | | | | | |
| 72 | highest_disease_species | In which species do you diagnose the highest number of tick-borne diseases? | radio <table border="1"> <tr> <td>1</td> <td>Cats</td> </tr> <tr> <td>2</td> <td>Dogs</td> </tr> <tr> <td>3</td> <td>Cattle</td> </tr> <tr> <td>4</td> <td>Horses</td> </tr> <tr> <td>5</td> <td>Poultry</td> </tr> <tr> <td>6</td> <td>Exotics/pocket pets</td> </tr> </table> | 1 | Cats | 2 | Dogs | 3 | Cattle | 4 | Horses | 5 | Poultry | 6 | Exotics/pocket pets |
| 1 | Cats | | | | | | | | | | | | | | |
| 2 | Dogs | | | | | | | | | | | | | | |
| 3 | Cattle | | | | | | | | | | | | | | |
| 4 | Horses | | | | | | | | | | | | | | |
| 5 | Poultry | | | | | | | | | | | | | | |
| 6 | Exotics/pocket pets | | | | | | | | | | | | | | |
| 73 | your_treatment | How do you treat tick-borne diseases? | notes | | | | | | | | | | | | |
| 74 | resistance | What is your level of concern about antimicrobial resistance in regards to the treatment of tick-borne diseases? | dropdown <table border="1"> <tr> <td>1</td> <td>Low</td> </tr> <tr> <td>2</td> <td>Medium</td> </tr> <tr> <td>3</td> <td>High</td> </tr> </table> Custom alignment: RH | 1 | Low | 2 | Medium | 3 | High | | | | | | |
| 1 | Low | | | | | | | | | | | | | | |
| 2 | Medium | | | | | | | | | | | | | | |
| 3 | High | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----|--|--|--|---|--------------|------------------|------------|--------------|----------|---|--------------|--------------------|---|--------------|-------|
| 75 | disease_info | Do you provide information about tick-borne diseases to your clients on a routine basis? | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH | 1 | Yes | 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 76 | info_form | If you do provide information to your clients about tick-borne diseases, how do you do this? | checkbox <table border="1"> <tr> <td>1</td> <td>info_form__1</td> <td>Flyers/pamphlets</td> </tr> <tr> <td>2</td> <td>info_form__2</td> <td>Verbally</td> </tr> <tr> <td>3</td> <td>info_form__3</td> <td>Refer to a website</td> </tr> <tr> <td>4</td> <td>info_form__4</td> <td>Other</td> </tr> </table> Custom alignment: RH | 1 | info_form__1 | Flyers/pamphlets | 2 | info_form__2 | Verbally | 3 | info_form__3 | Refer to a website | 4 | info_form__4 | Other |
| 1 | info_form__1 | Flyers/pamphlets | | | | | | | | | | | | | |
| 2 | info_form__2 | Verbally | | | | | | | | | | | | | |
| 3 | info_form__3 | Refer to a website | | | | | | | | | | | | | |
| 4 | info_form__4 | Other | | | | | | | | | | | | | |
| 77 | info_form_other Show the field ONLY if: [info_form(4)] = '1' | Please specify: | text Custom alignment: RH | | | | | | | | | | | | |
| 78 | additional_info | Section Header: <i>Final Questions</i> Do you have any information you would like to share? If so, please include it here. | notes Custom alignment: RH | | | | | | | | | | | | |
| 79 | final_questions | Please include any questions you have about this survey or its content. | notes Custom alignment: RH | | | | | | | | | | | | |
| 80 | address | Section Header: <i>Thank you for completing this survey. Your answers are highly valued and will help improve our knowledge of ticks and tick-borne disease in your area, so that we in-turn can help you formulate a more accurate tick-borne disease differential list. Thank you again for your help. We could never perform a study like this without people like you. Please fill out the brief form below if you would like to receive your complimentary commemorative poster.</i> Please type your name and mailing address here if you wish to receive your complimentary commemorative poster. Thank you again. | notes, Identifier Custom alignment: RH | | | | | | | | | | | | |
| 81 | veterinary_kap_survey_complete | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | | | |
| 0 | Incomplete | | | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | | | |

