

TAGS Survey of Tick Problems

(further comments welcome on back of page)

Please assist us to help you by completing this

Date:

Age: Male/Female

Street:

Suburb:

Name (optional):

Phone (optional):

Do ticks cause problems for you?

Yes No (please circle)

Have you, or a member of your family (*Not pets*) ever suffered an illness related to tick bite?

Yes No

Allergic reaction? (please circle)

Fever?

Spotted Fever?

Lyme Disease?

Do ticks cause problems for you or your family *at home*?

Yes No

Would the tick problems cause you to move to another area?

Yes No

Do you feel that you have adequate information about ticks?

Yes No

Have you received useful information about ticks?

Yes No

Where did it come from? Please Rate the source (*best, ok, worst, none*)

TAGS

Friend

Doctor

Council

Internet

Other

Have you ever received the yellow TAGS Tick Alert Card?

Yes No

Would you like to receive more information about ticks?

Yes No

How do you rate the impact of ticks on your daily life? (please circle)

No impact

Occasional

Frequent

Continuous

Do you have a medical condition *not* related to ticks? (please circle)

Diabetes

High Blood Pressure

Other

Please post to: TAGS (Tick Alert Group Support Inc.) PO Box 95, Mona Vale NSW 1660