Nuisance Survey: Please complete this in the middle of each summer month.

Date\_\_\_\_\_\_\_\_\_\_ (June \_\_\_\_\_, July \_\_\_\_\_, August\_\_\_\_\_)

Instructions: Please circle or check the most appropriate response for what has occurred in the past TWO WEEKS.

Please include the address from where the data were taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: While encounters with mosquitoes differ from day to day, try to think about nuisance in general.

1. How often did you spend time outdoors (i.e., beyond a 30 minute period)?

\_\_\_\_Daily \_\_\_\_A few times a week \_\_\_\_Once a week \_\_\_\_Rarely \_\_\_\_Never

2. When you do spend time outdoors, on average, how many hours do you spend? \_\_\_\_\_

3. Did mosquito-related nuisances affect the amount of time you spent outdoors?

\_\_\_\_Yes \_\_\_\_No \_\_\_\_Unsure

Explain your answer and please provide other factors that may have kept you indoors, when you would have preferred to be outdoors.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. In general, how many complaints in a single day have you, other members of your household, or guests make aloud when encountering the outdoors near your home:\_\_\_\_\_\_\_\_\_

5. How often do you encounter mosquitoes indoors?

\_\_\_\_Daily \_\_\_\_A few times a week \_\_\_\_Once a week \_\_\_\_Rarely \_\_\_\_Never

6\*\* Optional

Instructions: Go outdoors when you think mosquito activity is high. Pick a location where you enjoy sitting. And complete the following.

Nuisance Data Worksheet- Please Rate the Following Nuisance levels as appropriate:

Time of Day (circle one): Morning (6am-11am), Afternoon (12pm-6pm), Evening (6pm-11pm)

Time to first encounter/first seeing a mosquito (indicate seconds or minutes): \_\_\_\_\_\_\_\_

Circle # of mosquitoes encountered: NONE, FEW (1-3), SOME (4-10), MANY (+ 10)

How tolerable was your experience (circle one): JUST FINE, IRRITATING, INTOLERABLE