

Cost of diagnosis and management of Lyme disease in an endemic area: A questionnaire to assess patient costs associated with Lyme disease

I do not want to participate in this part of the study. Please do not contact me further.]

1) Age and sex of person seen by physician for Lyme disease or tick bite:

Age: _____ years Sex: Male Female

2) For those with Lyme disease or possible Lyme disease:

a. Are you still ill? Yes No

b. Are you still being treated? Yes No

c. How long were you/have you been ill? _____ weeks OR _____ days

d. Besides visits to the doctor's office, did you take any time off work because of Lyme disease?

Yes No If Yes, how much time? _____ days

e. Did anybody have to help you with housework or look after you because of Lyme disease?

Yes No

If Yes, did you pay them any money? Yes No

If you paid them, how much did you pay them? \$_____

3) Was at least some of the cost of the office visit and treatment covered by any type of health insurance, such as an HMO, an employer-provided plan, a private insurance company, or a government plan (e.g., Medicare, Medicaid)?

Yes No

4) How many times did you visit a doctor's office for treatment or evaluation? _____ times.

5) On average, how much time did a visit to the doctor's office take (not including travel time)? _____ hours per visit.

6) For those who received the Lyme vaccine, please answer the following questions. If you did not receive the vaccine, please skip to question 7.

a) How many vaccinations did you receive? _____

b) When did you receive the first vaccination? month: _____ year: _____

c) When did you receive the last vaccination? month: _____ year: _____

d) What was the charge for the vaccinations? \$_____

e) What did you have to pay out-of-pocket for the vaccinations (including charges for office visit)?
\$_____

f) Was at least some of the cost of the office visit and vaccination covered by any type of health insurance, such as an HMO, an employer-provided plan, a private insurance company, or a government plan (e.g., Medicare, Medicaid)? Yes No

If yes, how much? \$_____

- g) How many times did you visit a doctor's office for the vaccinations? _____ times.
- h) On average, how much time did a visit to the doctor's office take (not including travel time)? _____ hours per visit.
- i) Did you have any side effects from the vaccine? Yes No
Describe: _____
- j) Did you need to return to the doctor's office for side effects? Yes No
If yes, how many times? _____
If yes, did you miss any work due to side effects? Yes No
How many days? _____
- k) Please list any other expenses related to receiving the vaccine (use back of sheet for additional listings)
Description: _____ \$ _____
- l) Do you know anyone who has suffered from Lyme disease?
If so, what was there relationship to you (e.g., daughter, friend, fellow worker, etc. – please list all):

- 7) How far did you have to travel to the doctor's office (round trip)? _____ miles.
- 8) Did you need to have someone look after your family while you were at the doctor? Yes No
If Yes, did you pay them? Yes No
If you paid them, how much did you pay them? \$ _____
- 9) How much have you spent on prescription medicines to treat Lyme disease? \$ _____
- 10) How much have you spent on non-prescription medicines for Lyme disease? \$ _____
- 11) Please list any other expenses related to this illness (use back of sheet for additional listings):
Description: _____ \$ _____
Description: _____ \$ _____
- 12) Please estimate your household's income:
 <than \$10,000 per year \$10,000–\$19,999
 \$20,000–\$29,999 \$30,000–\$39,999
 \$40,000–\$49,999 \$50,000–\$59,000
 >\$60,000

