**MYSTERY BITE QUESTIONNAIRE**

1. Area(s) within building where bites are occurring _______________________________

2. Number of people with symptoms_______

3. When did problem first occur? ______________ Frequency of occurrence ___________
   Time of day __________________

4. Description of symptoms (welts, rash, itching, etc.) _____________________________
   Area(s) of body affected ____________________________

5. Has patient seen a doctor (e.g., dermatologist)? If so, what was the diagnosis?
   ________________________________________________

6. Have insects or mites suspected of causing irritation been seen or captured? _______
   If so, were they identified by an entomologist or other competent professional? ______

7. Are pets present (dog, cat, parakeet, gerbil, hamster, mice, etc.)? ______________

8. Has there been infestation of birds, bats, rodents, raccoons, squirrels, etc. within past 6 months? _______
   If so, where in the building? __________________________

9. Has there been recent repair work in the building? (heating/cooling, ceiling, new carpet, paint, furnishings)? __________________________

10. Have affected persons been outdoors hiking, camping, gardening or leaf raking?

11. Have affected persons been traveling, staying in hotels, or acquired used beds or furnishings? __________________________

12. Is there any evidence of non-pest irritants? __________________________