

## 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? \_\_\_\_\_