

## Bed Bug Complaint Questionnaire

1. Have you experienced any bites?
  - a. If yes, when did you first notice the bites (days/weeks)?
2. Have you observed any insects in your room?
3. Are your roommates experiencing any bites?
4. When did you last travel (before and/or after) noticing the bites?
5. Have you stayed overnight in other rooms, friends, hotels, etc around the time bites appeared?
6. Have you had any guests that have spent time in your room around the time you experienced bites or observed bugs?
7. Do you have problems with insect bites at home?
8. Indicate specific areas where bites are located (all over, legs, arms, back, face, etc)
9. Have you recently had any new or old items that were brought into the room? (furniture items, appliances, clothing, shoes, etc)
10. Have you seen spots or markings of any kind on or around your bedding and mattress?
11. Did you attempt any of your own pest control measures? (this is not advised, if yes, what did you attempt?)
12. When was the last time you washed your bedding?
13. Have you had contact with anyone that is also experiencing bites?
14. Have you spent any time outdoors in grassy/wooded areas that corresponds with the timeframe that you noticed bite marks?
15. Do you spend any significant time outside at dusk or after dark?
16. Any changes in soaps/detergents being used or personal hygiene products that may cause a skin reaction?