

# Printable Lyme Disease Survey

from [lymesupport.com/la/](http://lymesupport.com/la/)  
to fill it out via internet, use this link:  
<http://lymesupport.com/la/lds.htm>

Do you have issues you would like the State of Connecticut and/or other responsible parties to address regarding Lyme disease (borelliosis) and other tick-borne illnesses?

Do you want to help educate others regarding these your concerns?

If so, please use the survey below to express your concerns in relation to your experience. You may provide a video interview of your responses if desired.

Please make a copy of this form and fill in by hand.

Send your response(s) by January 24, 2004 if at all possible. The next hearing in Connecticut January 29, 2004.

Print and use this version of the survey if you want to mail back to us. Otherwise, you may use the online survey form to provide your responses. The online survey form is located at <http://lymesupport.com/la/lds.htm> We will also accept videotape presentations and emailed testimonies of your concerns. Just be sure and use the survey as a guideline for what to talk about. Please provide your contact information regardless what method you use to send us your results.

## **ABOUT US:**

You will be submitting your survey results to "CT Lyme disease/OTBI advocates" (or "CT Advocates", neither official names) which is a small group of **volunteers**, concerned, dedicated Lyme disease support people and advocates, who plan to act as liaisons in presenting your questions, concerns and testimony regarding the impact of TBIs on your life.

Our united hope is to foster a better future for mankind regarding the impact of Lyme disease and other tick-borne illnesses. One of ways in which we might accomplish that is by presenting collective concerns of the citizens of Connecticut and elsewhere our local, state and/or federal authorities responsible for the health and welfare of it's citizens. We have an upcoming opportunity to present your concerns to the Connecticut Attorney General via a state hearing. Your input is most welcome by way of this survey!

Please mail your results to this address:

**CT Advocates  
c/o Nancy Berntsen  
1017 Howe Ave  
Shelton CT 06484**

To contact us by email, send email to: [Nancy](mailto:nancy@lymesupport.com)

[nancy@lymesupport.com](mailto:nancy@lymesupport.com)

Nancy can be reached at (203) 924-9395

Please make a copy of this form and fill in by hand. Due to blank lines for you to write your story, it is 5 pages long. Submit your response(s) by January 18, 2004 if at all possible. The next hearing is January 29, 2004.



1. Please provide the following contact information.

Full Name \_\_\_\_\_

Organization \_\_\_\_\_

Street address \_\_\_\_\_

Address (cont.) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

FAX \_\_\_\_\_

E-mail \_\_\_\_\_

URL \_\_\_\_\_

How I found out about this survey: \_\_\_\_\_

2. Please identify and describe yourself:

Month/year of birth \_\_\_\_\_

Gender  Male  Female

3. Select any of the following options that apply:

I give CT Lyme disease/OTBI advocates permission to utilize/print my survey results (items #2-7) in full or in part.

I give CT Lyme disease/OTBI advocates permission to use my contact info (from #1) as necessary. I understand that my contact information will not be sold, given away or misused, and I will only be contacted if believed to be necessary.

I request that CT Lyme disease/OTBI advocates not share any contact information from section #1 except my initials, town and state to anyone outside of the advocates collecting this information.

Your name \_\_\_\_\_

I am willing to testify in person regarding my story/concerns in public (example: a public hearing) if I am available.

I give permission to present my concerns in full or in part via videotape or other recording for use by CT Lyme disease/OTBI advocates for investigative and/or educational purposes regarding problems with Lyme disease and other tick-borne illnesses.

**4. The information I am providing below is about:**

\_\_\_myself.

\_\_\_my child of whom I am a legal guardian.

\_\_\_Other: \_\_\_\_\_

(Note: we will not knowingly use data for anyone other than you or your legal child without his or her consent.)

**5. What are your biggest concerns about tick-borne illnesses?**

**(Select up to five you would like to elaborate on further in the survey)**

\_\_\_ Inaccurate lab tests

\_\_\_ Diagnosis problems

\_\_\_ Treatment/cure issues

\_\_\_ Difficulty finding a qualified health care practitioner

\_\_\_ Suppression of supportive research

\_\_\_ Insurance coverage issues

\_\_\_ Title 19 or Husky coverage issues

\_\_\_ Loss of time at job or school due to illness

\_\_\_ Lack of an standard for treatment for early or chronic infection .

\_\_\_ No acceptable standard for diagnosis

\_\_\_ Inaccurate reporting of cases of Lyme disease

\_\_\_ Tick control

\_\_\_ Safety of donor blood in blood banks

\_\_\_ Tick testing

\_\_\_ Persecution and/or censorship of particular doctors

\_\_\_ Over-reliance on faulty lab tests for diagnosis

\_\_\_ Incompetent doctors

\_\_\_ Disability issues

\_\_\_ Education issues

\_\_\_ Public health issues

\_\_\_ Vaccine issues

\_\_\_ Impact of family/marriage

\_\_\_ Impact on friendships

\_\_\_ Impact on job performance

\_\_\_ Financial burden

\_\_\_ Multiple family members infected with TBIs

\_\_\_ Other concerns \_\_\_\_\_



