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Supplemental Appendix: Survey

- 1) How many horses reside at the farm where you work?
 - a. 0-4
 - b. 5-10
 - c. 11-15
 - d. > 15
 - e. Other_____

- 2) Are your horses bothered by mosquitoes at the farm?
 - a. Yes
 - b. No
 - c. Unsure
 - d. More information_____

- 3) Have you ever been bitten by a mosquito at the farm?
 - a. Yes
 - b. No
 - c. Unsure
 - d. More information_____

- 4) If answered “Yes” to Question 3, in what activity were you participating when the mosquito bite(s) occurred?
 - a. Horseback riding_____
 - b. Barn maintenance_____
 - c. Other _____

- 5) Has one or more of your horses ever had a mosquito borne illness (e.g., West Nile virus, Eastern equine encephalitis)?
 - a. Yes
 - b. No
 - c. If yes, which illness_____
 - d. Additional information_____

- 6) If you answered "yes" to #5, what was the outcome of the horse illness?
- Recovered completely
 - Recovered, but with long term health issues
 - Died
 - Additional information_____
- 7) Do you or your veterinarian (indicate which) vaccinate your horses against West Nile virus each year?
- Yes
 - No
 - If yes, in which month does vaccination take place?_____
 - Additional information_____
- 8) Do you or your veterinarian (indicate which) vaccinate your horses against Eastern equine encephalitis virus each year?
- Yes
 - No
 - If yes, in which month does vaccination take place?_____
 - Additional information_____
- 9) If you or your veterinarian do not vaccinate your horse(s) against West Nile virus and/or Eastern equine encephalitis each year, what is the reason for not vaccinating?
- Too expensive
 - Don't think the vaccine works
 - Other (please describe)_____

- 10) How do you protect your horses from mosquito bites? Circle all that apply.
- Apply insect repellent. Specify product used, if known_____
 - Permethrin-treated blanket
 - Barrier spray insecticide treatment of property. Specify product used_____

13) How important is you being protected from mosquitoes to you?

- a. Very Important
- b. Important
- c. Unimportant

14) How important is your horse(s) being protected from mosquitoes to you?

- a. Very Important
- b. Important
- c. Unimportant

15) Within the last year, which of the following actions have you or someone at your farm taken to protect against mosquitoes? Please choose all that apply.

- a. Removal of empty containers, such as tires, flower pots, and bird baths.
- b. Use of drainage system for storm water, such as ditches.
- c. Personal application of insecticides targeting mosquitoes.
- d. Personal protection by wearing appropriate clothing.
- e. Personal protection by wearing repellent (for example Off!® or Cutter®)
- f. Hiring professional mosquito control services to conduct pesticide treatments.
 - i. Please specify the company or agency name: _____
 - ii. Type of service: _____
Specify product used, if known _____
- g. Cleaning gutters of leaves, pine needles, and other debris.
- h. Other (please specify): _____
- i. None

16) Indicate your level of agreement or disagreement for the following statements:

- a. Mosquitoes are nuisance when I am working at the farm.
Strongly Agree Agree Neutral Disagree Strongly Disagree
- b. I am concerned about my health related to mosquito-borne illnesses when I am working at the farm.
Strongly Agree Agree Neutral Disagree Strongly Disagree
- c. I am concerned about the health of my horse(s) related to mosquito-borne illnesses when I am working at the farm.
Strongly Agree Agree Neutral Disagree Strongly Disagree