

Resident Bed Bug Questionnaire

1. Has resident found physical evidence of bed bugs? 􀀀 Yes 􀀀 No

If Yes, what evidence was found by resident?

􀀀 Live Bed Bugs 􀀀 Shed Skins 􀀀 Eggs 􀀀 Blood/Fecal Stains

1. Where Was Evidence Found?

􀀀 Bed 􀀀 Carpets/Baseboards 􀀀 Wall 􀀀 Furniture

􀀀 Other, Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has resident reported being been bitten by bed bugs? 􀀀 Yes 􀀀 No

If Yes, where have the bites occurred?

􀀀 Legs and Feet 􀀀 Chest and Torso

􀀀 Arms and Shoulders 􀀀 Head and Neck

1. Do you socialize with anyone else in the complex?

􀀀 Yes, Unit Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀀀 No

1. Do you currently, or have you ever, shared furniture with other residents of this complex?

􀀀 Yes, Furniture Item(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀀀 No

1. Have you brought any used furniture into this residence from other sources?

For example: roadside, consignment store, garage sale

􀀀 Yes, Furniture Item(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀀀 No

1. Have you traveled recently outside the city?

􀀀 Yes, Where and How long ago: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀀀 No

1. Have you had out of town guests recently?

􀀀 Yes, How long ago: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀀀 No

1. Do you use the community laundry room?

􀀀 Yes

􀀀 No

Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_