

# StopSkinMites Survey

The intention of this anonymous survey is to collect data to present to the health department in an attempt to raise awareness and have this condition recognized by the Center for Disease Control, and covered by insurance.

By documenting symptoms and contributing factors over a number of years, these surveys will contribute to research that hopefully convinces doctors that they have misdiagnosed thousands of people.

When complete, please email or fax your answers to Megan Wells. Contact information is provided below.

1. Do you have biting, pricking, itching, and or crawling sensations on your skin but can't see what is causing it?
2. Do you have lesions that do not heal?
3. How long have you had symptoms?
4. Have you seen a dermatologist or doctor for it but believe you have been misdiagnosed?
5. Have you been told you are delusional by a dermatologist?
6. Have you had skin scrapings or biopsies that showed nothing?
7. Were you prescribed scabies treatments that did not work?
8. Are you unable to sleep thru the night due to the symptoms?
9. Is there a particular time of day that your symptoms worsen?
10. Does sweating aggravate your symptoms?
11. Do you feel symptoms only in your house or car and not in your yard?
12. Do you feel more symptoms while at your computer?
13. Do you feel an increase in symptoms in front of your kitchen or bathroom sink?
14. Are you male or female?
15. What is your age?
16. In what area do you live?
17. Do you have any pets?

# StopSkinMites Survey

18. Do you have any feral cats in your yard or other wild animals or rodents?
19. Before the symptoms occurred, how would you rate your overall health?
20. Do any other household members have the same or similar symptoms?
21. What are their ages and gender?
22. Did the other members get symptoms at the same time or later?
23. How much later?
24. Have you believed you got rid of it only to have it reappear?
25. How many times have you gotten over it and had it reappear?
26. What caused it to reappear?
27. Did treating your environment with pesticides or bombs fail?
28. Do you have any symptoms affecting the skin on your face or head?
29. Are the symptoms in the folds of the skin or on larger surfaces like back or outer arms, etc.?
30. Do you have anything affecting your feet?
31. Do you feel tingling in an area before you have other symptoms show up there?
32. Do your symptoms worsen after eating?
33. Are there any particular foods that trigger symptoms?
34. What foods and what symptoms?
35. Do you feel your clothing is infecting you?
36. Have you noticed any symptoms from touching files or paper?