

BED BUG QUESTIONNAIRE

Na	ame: Phone:	
Email:		
Address:		
1.	Have you seen bed bugs (small brown, flattened insects) in your premises?	yes/no
2.	If so, where were they seen?	
3.	Do you have a specimen?	yes/no
4.	Have you seen these insects mainly active at night?	yes/no
5.	Have you seen any blood spots on your sheets, bed furnishings?	yes/no
6.	If so, where were they observed:	
7.	Have you had any bites on your body?	yes/no
8.	If so, where were the bite marks?	
9.	How many bite marks do you have? ☐ One or two ☐ A few (5-10) ☐ Many more than a few	
10. Were the bite marks: □ red and flat □ raised or bumpy □ other		
11	. Have you had any guests staying in or visiting your premises?	yes/no
12. If so, how long ago?		
13	. Have you recently purchased any used furniture, clothing or other items?	yes/no
14	. Have you recently traveled and/or stayed overnight in a hotel, motel, hostel or private home?	yes/no
15. If so, how long ago?		