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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, if known _____
 - Other. Please specify. _____
- 11) Have you ever had a mosquito borne illness (e.g., West Nile virus, Eastern equine encephalitis)?
- Yes
 - No
 - If yes, which illness _____
 - Additional information _____
- 12) How do you protect yourself from mosquito bites? Circle all that apply.
- Wear long-sleeved shirt.
 - Wear long pants.
 - Apply insect repellent. Specify product used, if known _____
 - Wear permethrin-treated clothing.
 - Barrier spray insecticide treatment of property. Specify product used, if known _____
 - Other. Please specify. _____

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: _____
- g. Cleaning gutters of leaves, pine needles, and other debris.
- h. Other (please specify): _____
- i. None

Specify product used, if known _____

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
- d. Mosquitoes keep me from enjoying time outside at the farm.
Strongly Agree Agree Neutral Disagree Strongly Disagree

17) Please add any additional comments you wish to share before the survey concludes.

18) What is your facility name, your name, street address, city, county?