



Survey of Home Owners

Please read the following before proceeding:

A pest is defined as an unwanted organism. Pests can include weeds, insects, rodents or mammals, plant diseases, fungi, and bacteria.

How would you classify yourself in terms of tolerating pests in the areas in and around your home?

| Area/place | Zero tolerance | Moderate tolerance | Will tolerate a few | Don't mind if pests are present | Depends on the pest |
|---------------------------------|----------------|--------------------|---------------------|---------------------------------|---------------------|
| Living quarters of your home | | | | | |
| Basement or cellar of your home | | | | | |
| Home lawn & yard | | | | | |
| Home vegetable garden | | | | | |

How frequently do you check the areas in and around your home for pests?

| Area/place | Never | Occasionally | Usually | Always |
|---------------------------------|-------|--------------|---------|--------|
| Living quarters of your home | | | | |
| Basement or cellar of your home | | | | |
| Home lawn & yard | | | | |
| Home vegetable garden | | | | |

Who/what do you consult for advice on pest control in the areas in and around your home?

| Area/place | Commercial Pest Control Operator or Landscaper Business | Internet | Cooperative Extension Fact Sheets or Publications | Master Gardeners (in person or by phone 'Helpline') | Home & Garden Center Staff | Other |
|---------------------------------|---|----------|---|---|----------------------------|-------|
| Living quarters of your home | | | | | | |
| Basement or cellar of your home | | | | | | |
| Home lawn & yard | | | | | | |
| Home vegetable garden | | | | | | |

What do you feel about the following? (Check the box which best describes your opinion for each item)

| | Serious hazard | Somewhat of a hazard | Not a hazard at all | Not Sure |
|--|----------------|----------------------|---------------------|----------|
| Artificial fertilizers | | | | |
| Herbicides (for undesirable plants/weeds) | | | | |
| Insecticides (for flying and crawling insects) | | | | |
| Fungicides | | | | |
| Bacteriocides | | | | |
| Residues from pesticides | | | | |
| Runoff to streams from pesticides | | | | |
| Groundwater contamination from pesticides | | | | |

Have you bought pesticides in the past five years?

- Yes
- No

Please check the amounts of pest control products you purchased in 2001:

| Product | 1-2 units | 3-4 units | 5-6 units | 7-8 units | 9-10 units |
|--|-----------|-----------|-----------|-----------|------------|
| Weed and Feed products (# of bags) | | | | | |
| Granular Herbicides (# of bags) | | | | | |
| Liquid herbicides (# of units) | | | | | |
| Bacteriocidal cleaners for kitchen/bath (# of units) | | | | | |
| Chemical Insecticides (# of units) | | | | | |
| Fungicides (# of units) | | | | | |
| Sticky or pitfall traps (# of individual traps) | | | | | |
| Bait and/or toxicant traps (# of individual traps) | | | | | |
| Biorational pesticides(e.g., <i>Bacillus thuriengensis</i> (Bt), nematodes) (# of containers) | | | | | |
| Horticultural oil (# of bottles) | | | | | |
| Hornet or wasp spray (# of cans) | | | | | |
| Other (fill in): | | | | | |

Have you heard or read any information about integrated pest management (IPM)?

- Yes
- No

Please read before proceeding:

“Integrated pest management” or “IPM” means a sustainable approach to managing pests by using all appropriate technology and management practices in a way that minimizes health, environmental and economic risks. IPM includes, but is not limited to, monitoring pest populations, consumer education, and when needed cultivation practices, sanitation, solid waste management, structural maintenance, physical, mechanical, biological, and chemical controls.

NJ Department of Environmental Protection

Do you currently practice IPM in any of these areas of your home? (Check all that apply)

- Living quarters of home
- Basement or cellar
- Lawn and yard
- Vegetable garden

Would you consider practicing IPM in any of these areas of your home? (Check all that apply)

- Living quarters of home
- Basement or cellar
- Lawn and yard
- Vegetable garden

Would you switch commercial pest control businesses to be able to have IPM used in your home?

- Yes
- No

Would you switch commercial landscapers to be able to have IPM used in your home?

- Yes
- No

What do you feel about the following statements? (Check the box which most closely matches your opinion for each statement)

| Statement | Agree | Neutral | Disagree | Don't Know |
|---|-------|---------|----------|------------|
| All over-the-counter pesticides are generally safe to use. | | | | |
| There is basically no difference in the safety of solely using pesticides versus using IPM. | | | | |
| The use of synthetic chemicals in pest control has a negative effect on the environment. | | | | |
| I would buy less toxic pest controls if it were more readily available. | | | | |
| I would buy less toxic pest controls if it were cheaper. | | | | |
| I would buy less toxic pest controls if relative toxicity of products were clearly labeled. | | | | |
| I would like to learn more about IPM for homeowners. | | | | |
| I know where to go to get more information about IPM for homeowners. | | | | |

Your answers to the following questions will help us interpret the results of this survey.

How many persons, including yourself, live in your household? _____

How many persons in your household are below the age of 17? _____

Are you the primary purchaser of pest control products or services in your household?

- Yes
- No

If you live in New Jersey, please select the county you reside in.

- Mercer
- Somerset
- Middlesex
- Morris
- Monmouth
- Bergen
- Other _____

Do you consider your neighborhood

- Urban
- Suburban
- Rural

Please select your gender

- Female
- Male

Which of the following *best* describes your current marital status? (Please check one)

- Single
- Married
- Separated
- Divorced
- Widower(d)
- Other

In what range does your age (in years) fall? (Please check one)

- less than 20
- 21 - 35
- 36-50
- 51-65
- over 65

Please select the highest level of education you have completed. (Please check one)

- Some Grade School
- Some High School
- High School
- Some College
- College Graduate
- Masters Degree
- Some Graduate School
- Graduate Degree
- Doctoral Degree

In what range does your annual household income fall? (Please check one)

- Less than \$9,999
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- More than \$70,000

Would you like to add any comments?

Thank you for your help in completing this survey!