University of Rhode Island
Cooperative Extension Education Center
3 East Alumni Avenue, Kingston, RI 02881
Tel: 401-874-2900

Name:__________________________________________

Address:_________________________________________

_____________________________________________Zip Code:_____________

Telephone:
Home____________________Work_____________________

URI PLANT PROTECTION CLINIC QUESTIONNAIRE FOR INSECTS
Please answer all questions to the best of your ability by circling a response or filling in the blank.
When mailing, submit several insects in a crush-proof container such as a pill bottle or film
container to keep specimen intact as it goes through the mail. Attach your check (made out to
URI) with the completed questionnaire and insect sample. Walk-in clients may follow the above
procedure and leave sample with the Center receptionist.

Insects Found in the Home
1. In what room(s) of the house did you find the insects? (Circle all that apply)
   Kitchen  Pantry  Bath  Basement  Other (explain)_________________________________________

2. Are they found in or near food products?  Yes  No  Don't Know

3. Are they usually alive or dead when found?  Alive  Dead  Some Alive/Some Dead

4. Do you have? (Circle all that apply)
   Basement  Crawl space  Garage  Air conditioner  Fireplace
   Wood stored in or near the home  Mulched foundation plantings

5. Do you see any signs of damage to wood or tubes of mud going up the basement wall or the
   outside of your foundation?  Yes  No

Insects Found Outdoors
1. Where are they a problem? (Circle all that apply)
   Vegetables  Fruit  Annuals  Ornamental Trees/Shrubs  Perennials  Lawn*
   (*For lawn insects, please fill out separate Turf Form also.)

2. Type of plant damage? (Circle all that apply)
   Holes in fruit  Leaves skeletonized  Boring inside plant  Speckling  Entire leaf eaten
   Leaves yellowing  Chewed off roots  Chewed at base of stems  Webbing
   Notches out of leaves

Pesticide Information
1. Have you used any insecticides?  Yes  No
   If yes, what was the name of the product? _______________________________________

2. Are you completely opposed to the use of pesticides in the home, or will you use them if
   necessary?  __Opposed  __Will use

Additional Comments: On Back