

**FOR OFFICE USE ONLY**

No. of Samples: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Balance Due: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
 Mail-In  
 Walk-In

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Fee: \$10.00 per sample**

Please make checks payable to URI

What's the best way to contact you?  Phone  Email

## URI Plant Protection Clinic: Insect Questionnaire

Please answer all questions to the best of your ability. If possible, submit several insects in a crush-proof container (ie. pill bottle, film container) to keep specimen intact as it goes through the mail. Place samples in a padded mailer envelope, along with your payment and the completed questionnaire. Walk-in clients may follow the above procedures and leave samples with the Center receptionist.

### Insect Patterns and Descriptions

#### Insects Found in the Home

1. In what room(s) of the house did you find the insects?
2. Are they found in or near food products?  Yes  No  Don't know
3. Are they usually dead or alive when found?  Dead  Alive  Some dead, some alive
4. Do you have (check all that apply):  Basement  Crawl space  Garage  Air Conditioner  
 Fireplace  Wood stored in or near home  Mulched foundation plantings

#### Insects Found Outdoors

1. Where are they a problem (check all that apply):  Vegetables  Fruit  Annuals  Perennials  
 Ornamental trees/ shrubs  Other: \_\_\_\_\_  Lawn (fill out separate lawn questionnaire)
2. Type of plant damage (check all that apply):  Holes in fruit  Leaves skeletonized  Webbing  
 Boring inside plant  Chewed at base of stems  Holes in leaves  Other:

#### Pesticide Information

1. Have you used any insecticides?  Yes  No

What was the name of the product?

Continue on next page.

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:**

