# Survey for Grower Workshops and Training on Resistance Management

Date: Location:

Workshop/Training Sponsor :

1. **What state do you farm in? Please circle ONE.**

CT MA ME NH NJ NY PA RI VT other

1. **List the three main crops on your farm:**

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1. **Are you the decision maker for pest management on your farm?** (please circle)

Yes No Sometimes Don’t Know

1. **Who assists your farm with pest control programs (circle all that apply):**

Field rep for chemical company Key employee

Private consultant Cooperative Extension Educator

No one else Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **BEFORE attending this presentation, how would you rate your previous knowledge of Resistance Management:** (please circle)

None Very Little Fair Good Excellent

1. **Circle the options that describe your past training in Resistance Management:**

Full semester course Interaction with ag advisors

Professional Mini-course Interaction with other farmers

Workshops No training of any kind

Self-taught by reading

1. **How concerned are you about the following:** (Please check box that applies for each)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Marginally | Somewhat Concerned | Concerned | Very |
| Appearance of herbicide resistant "super" weeds on your farm |   |   |   |   |
| Disappearance of effective pesticides due to resistance problems |   |   |   |   |
| Increased pesticide usage on your farm due to resistance problems |   |   |   |   |
| Increased pesticide in the environment due to resistance problems |   |   |   |   |

1. **Today’s training on Resistance Management:** (Please circle)

Gave me new info Reinforced what I already knew Nothing new presented

1. **Based on your current knowledge of resistance management, how likely are you to adopt the following practices on your farm?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not likely  | Somewhat likely | Very likely | Already practice | Not relevant for my crop |
| Rotate pesticides based on Modes of Action  |   |   |   |   |   |
| Pay more attention to crop rotation  |   |   |   |   |   |
| Change varieties planted  |   |   |   |   |   |
| Reduced number of pesticide applications in a season  |   |   |   |   |   |
| Increased number of pesticide applications in a season  |   |   |   |   |   |
| Increase rates of pesticides applied |   |   |   |   |   |
| Decreased rates of pesticides applied |   |   |   |   |   |
| Increased number of chemicals in tank mixes  |   |   |   |   |   |
| Decreased number of chemicals in tank mixes  |   |   |   |   |   |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |   |   |   |

 **Would you be willing to share more details about your experience or concerns with RM issues?**

If **YES**, please give us your contact information and THANK YOU!!

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_