

Alfalfa Insect Pest Management Survey



Insect pest management is an important topic for alfalfa producers in Wyoming. We are fielding this survey as part of a larger project which also includes focus groups conducted across the state to better understand farmer priorities, challenges, and strategies used to manage alfalfa insect pests. We will use these data to develop Extension materials on topics of particular concern to farmers and to initiate experimental research trials on major pests indicated by farmers. Anonymous data from this project will also be analyzed by students at the University of Wyoming to incorporate the perspective of farmers into our agricultural curriculum.

Your responses will be kept confidential. If you have any questions or concerns please do not hesitate to contact either of us – our contact information is listed at the bottom of this page.

Please return survey materials to Randa Jabbour at the address below.

We thank you for your participation.

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PART A. Farming History and Farm Information.

This first part of the survey asks questions about your experience and history with farming generally and with alfalfa farming in particular.

- 1. How many years have you been farming? _____
- 2. How many years have you been growing alfalfa, in particular? _____
- 3. What county/counties in Wyoming is your farm in? If your farm spans across two counties, or you have more than one farm please check all of the relevant counties.

<input type="checkbox"/> Albany	<input type="checkbox"/> Crook	<input type="checkbox"/> Laramie	<input type="checkbox"/> Platte	<input type="checkbox"/> Washakie
<input type="checkbox"/> Big Horn	<input type="checkbox"/> Fremont	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Sheridan	<input type="checkbox"/> Weston
<input type="checkbox"/> Campbell	<input type="checkbox"/> Goshen	<input type="checkbox"/> Natrona	<input type="checkbox"/> Sublette	
<input type="checkbox"/> Carbon	<input type="checkbox"/> Hot Springs	<input type="checkbox"/> Niobrara	<input type="checkbox"/> Sweetwater	
<input type="checkbox"/> Converse	<input type="checkbox"/> Johnson	<input type="checkbox"/> Park	<input type="checkbox"/> Teton	

- 4. Do you currently own a farm in a state other than Wyoming?
 Yes; Please name the state(s) _____
 No

- 5. Farm acreage:
_____ Acres total dryland crop production
_____ Acres dryland alfalfa
_____ Acres total irrigated crop production
_____ Acres irrigated alfalfa
_____ Acres total rangeland

- 6. Check if you grow alfalfa:
 To use for on-farm feed
 To market as hay; What type of hay? _____
 To market as seed
 Other; Please describe: _____

- 7. Do you have any acreage planted in Roundup-Ready alfalfa?
 Yes
 No

- 8. If you answered yes to question 7, how many acres? _____

- 9. Do you have any alfalfa acreage that is certified organic?
 Yes
 No

- 10. If you answered yes to question 9, how many acres? _____

11. Please indicate last year's annual gross agricultural sales. (Please check the most appropriate category).

<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$10,000 – 24,999	<input type="checkbox"/> \$100,000 – 249,999
<input type="checkbox"/> \$1,000 - 4,999	<input type="checkbox"/> \$25,000 – 49,999	<input type="checkbox"/> \$250,000 – 500,000
<input type="checkbox"/> \$5,000 – 9,999	<input type="checkbox"/> \$50,000 – 99,999	<input type="checkbox"/> Over \$500,000

12. What percentage of your gross annual agricultural sales come from alfalfa? _____.

13. What percentage of your household income comes from farming or ranching? _____.

PART B. Pests and Pest Management.

This section asks you about the kinds of pests you have encountered in alfalfa in particular and what you consider the most problematic pest. We are collecting this information in the hopes of conducting future research that will be most useful to you in managing alfalfa pests.

14. List the major challenges you have encountered with growing alfalfa, excluding insect pests (for example: other pests or management issues)

_____	_____	_____
_____	_____	_____
_____	_____	_____

15. The next several questions focus on insect pests. Please list alfalfa **insect** pests that you have encountered. **Place a star** next to the most problematic pest.

_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Why is this your most problematic **insect** pest? Briefly describe.

17. How do you manage for this most problematic insect pest?

	Check each of these pest management practices that you have tried:	Check the ONE management practice you use most often:	Check the ONE management practice you consider most effective:
Insecticide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resistant alfalfa variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early harvest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strip harvest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Which information sources do you use to find out how to manage alfalfa insect pests? Check your answer for each indicating how often you use it

	Never	Sometimes	Always
Books on insect management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional farm conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors who farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County extension agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County Weed and Pest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field days at local farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crop consultant/advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own trial and error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C. Advice Seeking About Farming.

We are interested in learning more about who producers talk to about their management practices. Please think about the five people you have most often discussed farming with within the last twelve months. Please list their first names in the first column in the table below. Note, we will **not** be contacting these people and are not asking you for their last names or other identifying information.

Person's first name	How do you know this person? (for example: neighbor, farmer, sales representative, etc.)	Did you seek advice about alfalfa from this person in the last year?	Did this person seek advice about alfalfa farming from you in the last year?	Did you seek advice about farming other than alfalfa from this person in the last year?	Did this person seek advice about farming other than alfalfa from you in the year?	Do you consider this person your friend?
1.		<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part D. Demographic Information.

For the final part of the survey we would like to ask some questions about you. All the information you provide is completely confidential.

19. What is your name? _____

This information will be kept confidential, we ask only because we want to make sure that each survey is filled out by each respondent only once.

20. Please tell us your gender by checking one of the following categories.

- Male
- Female

21. How many years have you lived in Wyoming? _____

22. Please indicate your current age by checking one of the following categories.

<input type="checkbox"/> Less than 25 years old	<input type="checkbox"/> 45-54 years old	<input type="checkbox"/> 65-69 years old
<input type="checkbox"/> 25-34 years old	<input type="checkbox"/> 55-59 years old	<input type="checkbox"/> 70 years old or older
<input type="checkbox"/> 35-44 years old	<input type="checkbox"/> 60-64 years old	

23. Please indicate your highest level of education. (Check most appropriate category).

<input type="checkbox"/> High School	<input type="checkbox"/> Technical/ Vocational Degree	<input type="checkbox"/> Some Graduate Education
<input type="checkbox"/> Some College	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Graduate Degree

24. Are there any other comments or suggestions you would like to share with us about this survey?

(Please write your comments below).

Optional: If you are interested in receiving Extension materials about alfalfa pest management developed as part of this project or participating in future on-farm field research trials, please provide contact information below:

Phone _____

E-mail _____

Mailing address _____
