

IPM Survey

The following questions pertain to each HOUSEHOLD in the Healthy Homes Program. Fill in as much information as possible.

Site number _____

Today's date _____ Interviewer _____

1. How many IPM (Integrated Pest Management) visits did you have from Healthy Homes?
 - a.) none
 - b.) one
 - c.) two
 - d.) more than two

2. Did you miss any scheduled IPM visits?
 - a.) yes
 - b.) no

3. If yes, why?
 - a.) no one was at home for the appointment,
 - b.) the pest management company did not show up
 - c.) I had to work
 - d.) I forgot about the appointment
 - e.) the first IPM visit worked so well I did not feel I needed the second one.
 - f.) I didn't see any difference after the first visit, so I didn't bother with the second visit.
 - g.) Other _____

4. Did you notice any improvement/reduction in pests due to IPM?
 - a.) yes
 - b.) no

5. If you noticed a reduction in pest activity, when did you first notice it?
 - a.) after the first visit
 - b.) after the second visit

IPM Survey (continued):

6. Have you received pest services in the past (other than those provided by Healthy Homes)?
 - a.) yes
 - b.) no

7. Have you or anyone in your household tried to get rid of the pests (cockroaches or mice) yourself?
 - a.) yes
 - b.) no

8. If yes, what was used?
 - a.) bait
 - b.) traps
 - c.) spray
 - d.) other _____

9. Describe your cockroach infestation (problem) prior to the IPM we provided you.
 - a.) none
 - b.) light
 - c.) moderate
 - d.) heavy
 - e.) very heavy or too numerous to count.

10. Describe your cockroach infestation (problem) after the IPM we provided you:
 - a.) none
 - b.) light
 - c.) moderate
 - d.) heavy
 - e.) very heavy or more, or too numerous to count.

11. Describe your mouse infestation (problem) prior to the IPM we provided you.
 - a.) none
 - b.) light
 - c.) moderate
 - d.) heavy
 - e.) very heavy or too numerous to count.

IPM Survey (continued):

12. Describe your mouse infestation (problem) after the IPM we provided you:

- a.) none
- b.) light
- c.) moderate
- d.) heavy
- e.) very heavy or more, or too numerous to count.

13. Describe your child's asthma before the IPM services provided by Healthy Homes:

- a.) very mild
- b.) mild
- c.) moderate
- d.) severe
- e.) very severe

14. Describe your child's asthma after the IPM services provided by Healthy Homes:

- a.) very mild
- b.) mild
- c.) moderate
- d.) severe
- e.) very severe

15. Has IPM made a difference in the health of your asthmatic child?

- a.) Yes
- b.) No

16. If yes, please explain:

17. What kind of difference has the IPM made in your household?

IPM Survey (continued):

18. Do you have other comments/concerns related to IPM?
