

## Cotton IPM Survey

### 1: Demographics

- 1) Please list the town nearest your farming operation.  
a) \_\_\_\_\_ Town Nearest Farm
- 2) Are you the sole owner, a partner, or an employee of this farm?  
a) Sole Owner                       c) Employee   
b) Partner                                       d) Other (\_\_\_\_\_)
- 3) What is your age? \_\_\_\_\_ age
- 4) Are you male or female?                      a) Male                       b) Female
- 5) How many acres, altogether, do you farm? \_\_\_\_\_ Total acres farmed.
- 6) Please indicate how many acres of cotton you grew in 2001? \_\_\_\_\_ Total cotton acres.
- 7) List the each cotton variety and the number of acres of each variety planted.

VARIETY	ACRES	YIELD lbs/acre
a.)		
b.)		
c.)		
d.)		

### 2: Cultural Practices

	Never	Seldom	Always
1) Do you rotate crop to reduce pest and weed pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you use soil/lab tests to identify potential problems?			
a) Nematodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Soil analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Other.... (what for?) * (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you select varieties with disease or insect resistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you adjust planting dates to reduce pest damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you adjust row spacing to reduce potential for pest damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you adjust fertilizer rate to reduce potential for pest damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Do you clean equipment between fields?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Do you adjust irrigation timing/amount to reduce pest damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Do you adjust harvest dates to reduce pest damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Do you manage the weeds in border areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Do you destroy old crop debris soon after harvest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Please write in what other lab test is used. If no other lab tests are used, please indicate never

### 3. Scouting and Recordkeeping

	Never	Seldom	Always
1) Do you keep field histories/maps to plan current pest management programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Was your cotton field (surveyed) scouted for;			
a) insects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) weeds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are written or electronic records kept from the surveyed field to track the activity or numbers of insects, weeds, or diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) If scouting was done, who carried out the majority of the scouting ?			
a) Operator/Partner/Family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Farm Supply/Chemical Dealer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Crop Consultant/Commercial Scout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4. Pesticide Usage

1) Do you use

	Pre-plant		# of applications	Post - plant		# of applications
	YES	NO		YES	NO	
herbicide	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
insecticide	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
nematicide	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
fungicide	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
manure	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
fertilizer	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Never	Seldom	Always
2) Do you use any <b>pre</b> plant mechanical weed control methods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Did you apply herbicides before weeds emerged based on: (If you did not apply herbicides before weeds emerged go to 4.)			
a) A routine treatment (for problems found in previous years)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Field mapping of previous weed problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Recommendations from a chemical dealer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Recommendations from an independent consultant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4: Pesticide Usage (cont)

	Never	Seldom	Always
4) Do you use any <b>post</b> plant mechanical weed control methods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Did you apply herbicides after weeds emerged based on: (If you did not apply herbicides after weeds emerged go to 5.)			
a) A routine treatment (for problems found in previous years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Type and/or density of weeds present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Recommendations from a chemical dealer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Recommendations from an independent consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Did you apply insecticides based on: (If you did not apply insecticides go to next section.)			
a) A preventative schedule (i.e. routine calendar spraying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Scouting data compared to infestation threshold guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Standard practice or history of insect problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Local information that the pest was or was not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Own determination of infestation level (not scouted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 5: Pesticide Application

	Never	Seldom	Always
1) Did you follow all chemical label instructions for use ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you calibrate your sprayers?			
a) at the beginning of each growing season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) recalibrate as needed during the current season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you scout fields for target pests once a week or more?			
a) plant diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) weeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are pesticides applied only when populations exceed the ET?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you rotate classes of pesticides to avoid pesticide resistance?			
a) fungicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) herbicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) insecticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) nematicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Are spot treatments applied on problem hot spots when possible?			
a) fungicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) herbicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) insecticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Do you consider the potential negative effects of a pesticide or timing of the application on beneficial organisms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6) Other**

		Never	Seldom	Always
1) Do you use crop phenological (growth) cycles for pest control?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you use insect phenological (life) cycles for pest control?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) What resources do you make use of to aid in your cotton management program ?				
a. Clemson University		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. County agent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The web		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Please list your major disease problems	a) _____ c) _____		b) _____ d) _____	
5) Please list your major insect problems	a) _____ c) _____		b) _____ d) _____	
6) Please list your major production problems	a) _____ c) _____		b) _____ d) _____	
7) What is your estimate of the impact of adopting IPM on your overall yield;			Increase _____ % Decrease _____ %	
8) Do you follow Clemson Extension cotton recommendations for;		Never	Seldom	Always
a) chemical programs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) insect threshold levels		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) best management tillage operations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Do you utilize Clemson Extension web pages as a decision making tool in your cotton growing ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Do you use <b>other</b> University cotton extension(print or web) in making decisions on any pest aspects involved with cotton?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) If you had an early season budworm problem on your cotton would you use a pyrethroid spray to eliminate the problem quickly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) If yes, and the pest pressure persists, would you come in with a second spray ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) What one thing would you like the Clemson Extension Service to accomplish in the next five years to help you improve your business/farm? _____				
	_____			
	_____			