



September 3, 2015

**Dear «Resident\_Name»:**

Last «Time\_Period» you registered for and attended our free Natural Yard Care workshops. At that time you agreed to complete a follow-up survey to help us evaluate our program. We appreciate your candid feedback, as it is vital to help us assess results and improve our program.

Please provide your feedback completing the enclosed survey and by returning it in the postage-paid envelope by September 15. If you prefer, you may complete it online by entering this web address into your internet browser:

«URL»

**To thank you for returning the completed survey by September 15, we will email you a free annual full-access subscription to the Chinook Book coupon smartphone app with over 1,400 coupons for local grocery products and local businesses (a \$15 retail value).**

The app has coupons to dozens of popular Snohomish County businesses including Cedar Grove composting, Bartell Drugs, Haggen Grocery, and many more. It also includes discounts for products and services related to natural yard care and other ways you can help protect Snohomish County's water quality. The coupon app works on both iPhones and Android smart phones.

Your responses are very valuable to us. Thank you for your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathryn Wells".

Kathryn Wells  
Snohomish Conservation District

This project is sponsored by the following partners:

**Snohomish Conservation District**

**Snohomish County**

**Washington State Department of Ecology**

**Arlington**

**Bothell**

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**Lynnwood**

**Marysville**

**Mill Creek**

**Monroe**

**Mountlake Terrace**

**Mukilteo**

**Snohomish**



Svy #

## Snohomish County Yard Care Workshop Survey

Please have the person in your household who knows the most about how your yard is cared for fill out this survey in dark pen. It will take about 10 minutes to complete. Please return the survey in the postage-paid envelope.

### Lawn

**1. Do you have a lawn?**

Yes

No (Skip to Question 12 on page 3)

**2. Approximately to what height did you or your lawn care service mow your grass since the workshops?**

Shorter than 2 inches

Taller than 3 inches

Lawn was not mowed

About 2 to 3 inches

I don't know

**3. How often in each of the following months in the past year did you or your lawn care service leave grass clippings on the lawn (also called mulch mowing or grasscycling)?**

Never

Sometimes

Always

Not mowed

June 2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September 2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
October 2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
March 2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April 2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. If you do not always mulch mow or grasscycle, what prevents you from leaving grass clippings on the lawn?**

(Select all that apply)

I don't like lots of grass clippings on the lawn

I don't leave grass clippings when they are wet

I don't want to track grass clippings into the house

I don't have the right equipment

I don't leave grass clippings when the grass is too long

It takes too much effort

Lawn service decides when to leave or remove grass clippings

Does not apply. I always leave grass clippings on my lawn

Other (please explain)

**5. Since the workshops, have you fertilized your lawn?**

- Yes
- Not yet, but I plan to
- No, and I don't plan to (Skip to Question 7)

**6. Since the workshops, what type of fertilizer has been or will be used on your lawn? (Select all that apply.)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Chemical lawn fertilizer | <input type="checkbox"/> Starter fertilizer              | <input type="checkbox"/> I don't remember what I use |
| <input type="checkbox"/> Slow release fertilizer  | <input type="checkbox"/> Fertilizer labeled as "organic" | <input type="checkbox"/> I don't know                |
| <input type="checkbox"/> Winterizer               | <input type="checkbox"/> Fertilizer labeled as "natural" |  |
| <input type="checkbox"/> Fast release fertilizer  | <input type="checkbox"/> Weed & feed                     |  |

Other (please list)

**7. Has a "weed and feed" product been used on your lawn since the workshops? (Weed and feed products contain both fertilizer and weed killer.)**

- Yes
- No

**8a. Do you plan to have a "weed and feed" product used on your lawn in the future?**

- Yes ----->>
- No (Skip to Question 9)

**8b. Compared to before the workshops, how often do you expect that a "weed and feed" product will be used on your lawn?**

- More often than before
- About the same frequency
- Less often than before
- I didn't use weed & feed before the workshop
- I don't know because someone else applies it
- I've used it in the past but I don't plan to use it again in the future

**9. Has lime been applied to your lawn since the workshops?**

- Yes
- Not yet, but I plan to
- No, and I don't plan to

**10a. Has your lawn been aerated since the workshops?**

- Yes ----->>
- Not yet, but I plan to ----->>
- No, and I don't plan to (Skip to Question 11a)

**10b. Did you, or do you plan to, apply a thin layer of compost over the lawn after aerating (called top-dressing)?**

- Yes
- No
- I don't know

**11a. Have you ever measured how much water your sprinklers put on your lawn in a set amount of time? For example, one method is to place tuna cans under the sprinklers for 15 minutes and measure the depth of water in the cans.**

- Yes ----->>
- No ----->>
- I don't use sprinklers ----->>
- I don't water my lawn (Skip to Question 12)

**11b. How often have you watered your lawn this summer?**

- Daily
- Every other day
- 2 or 3 times per week
- Once a week
- 2 to 3 times a month
- Once a month or less
- Never

## Planting Beds

**12. Does your yard include planting beds with trees, shrubs, flowers, or groundcovers?**

- Yes
- No (Skip to Question 15 on Page 4)

**13. What, if anything, currently covers the ground in these planting beds? (Select all that apply.)**

- Bark
- Lawn
- Weeds
- Grass clippings
- Dense or groundcover plants
- Leaves
- Landscape fabric or plastic
- Wood chips
- Nothing covers the bare soil
- Compost
- I don't know

Other (please describe)

**14a. Since the workshops, what methods have you or your yard care service used to treat pests or diseases in your planting beds? (Select all that apply.)**

- Applied product to treat or repel a pest ----->>
- Used netting or plant collars to keep out the pests
- Removed or washed off pests by hand
- Chose to tolerate some bugs and plant damage
- Removed or pruned the affected plant
- I don't know what my yard care service does
- Haven't needed to use treatment methods
- Other method (describe below)

**14b. How were the pest-control products applied to your planting beds since the workshops?**

- Broadly applied to the garden
- Spot applied only to the pest or disease
- Both broadly and spot applied
- I did not apply pest-control products

## Weeds, Planting, and Soil

**15. Since the workshops, what methods have you or your yard care service used to manage weeds in your yard?**  
 (Select all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Haven't needed to use treatment methods<br><input type="checkbox"/> Spot-treated weeds<br><input type="checkbox"/> Pulled or dug up weeds<br><input type="checkbox"/> Broadly applied a weed killer | <input type="checkbox"/> Smothered weeds with mulch or a weed barrier<br><input type="checkbox"/> Chose to tolerate the weeds<br><input type="checkbox"/> I don't know what my yard care service does |
|--|---|

Other (please describe)

**16. How often do you intend to look for the following information when choosing a new plant?**

	Never 1	2	3	About half the time 4	5	6	Always 7	I don't know how to do this
Sun/shade needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watering needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil drainage needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-grown size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resistance to pests and diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native to the Pacific Northwest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold temperature tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. How often do you intend to match up the plant's needs to the place in your yard where it will thrive best?**

	Never 1	2	3	About half the time 4	5	6	Always 7	I don't know how to do this
Match plant needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. Since the workshops have you sketched a map of your yard to note sunny/shady and wet/dry areas, "heat sinks," and where plants are thriving or struggling?**

- Yes  
 Not yet, but I plan to  
 No, and I don't plan to

**19. What materials should be used when preparing the soil for planting?** (Select all that apply.)

- |                                      |                                     |                                       |  |
|--------------------------------------|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Bagged soil | <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Compost      | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Manure      | <input type="checkbox"/> Peat moss  | <input type="checkbox"/> I don't know |  |

Other (please explain)

**20. How should you use these materials?** (Select all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Mix into soil 6 to 8 inches deep | <input type="checkbox"/> Put in the bottom of the new planting hole    |
| <input type="checkbox"/> Mix into soil 4 to 6 inches deep | <input type="checkbox"/> Leave on top of the soil around the new plant |
| <input type="checkbox"/> Mix into soil 2 to 4 inches deep | <input type="checkbox"/> I don't know                                  |

Other or it depends  
(please explain)

## Your Opinions & Information Resources

**21. Who performs the following yard care activities in your yard?** (Select one per row.)

	I or a household member	Yard care service	Both a household member and a yard care service	No one does this
Mowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fertilizing (lawn or beds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling weeds or applying herbicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling pests or applying pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying mulch (such as wood chips, compost, leaves, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installing new plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. What were the most useful things you learned from the workshops?**

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**23. What resources have you used as you tried new techniques learned in the workshops?** (Select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Master Gardener program                      | <input type="checkbox"/> Internet searches              |
| <input type="checkbox"/> Advice from a local nursery                  | <input type="checkbox"/> Program brochures and handouts |
| <input type="checkbox"/> Websites or hotlines provided by the program | <input type="checkbox"/> My notes from the training     |

Other (please explain)

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**24a. Since the workshops, did you share information with anyone about natural yard care? If so, please estimate approximately how many people you shared information with.**

I didn't share information (Skip to Question 25)

I shared information with approximately ----->>  (number of) people  
(Please also answer questions 24b and 24c)

**24b. With whom did you share information on natural yard care? (Select all that apply)**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Neighbors | <input type="checkbox"/> Coworkers                 |
| <input type="checkbox"/> Friends   | <input type="checkbox"/> Other or I don't remember |
| <input type="checkbox"/> Family    |  |

**24c. What information did you share? (Select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Smart watering tips                | <input type="checkbox"/> Planting tips                    |
| <input type="checkbox"/> Lawn care tips                     | <input type="checkbox"/> Pest and disease management tips |
| <input type="checkbox"/> Soil preparation tips              | <input type="checkbox"/> Plant choice tips                |
| <input type="checkbox"/> Other information (describe below) |   |

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**25. Overall would you recommend the Natural Yard Care program to others?**

- Definitely not     Probably not     Not sure     Probably yes     Definitely yes

**26. Do you have any suggestions for improving or expanding the Natural Yard Care workshops?**

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**We will deliver your Chinook Book subscription code for the Android/iPhone app via email if we receive your response by September 15. Please print your email address clearly.**