XVIII. NWOS Urban Form

National Property Owner Tree SUrvey

USDA Forest Service 160 Holdsworth Way Amherst, MA 01003 Email: nwos@fs.fed.us Toll-Free Telephone: (855) 233-3372 Fax: (413) 545-1860 Internet: www.fia.fs.fed.us/nlos OMB Number: 0596-0078 Approval expiration: xxxxxxx

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Instructions

- ✓ Please provide answers for the property you own at [SPECIFIC ADDRESS].
- ✓ The owner who makes most of the decisions about your property at [SPECIFIC ADDRESS] should answer this questionnaire.
- ✓ If this questionnaire is received by a company or other organization, please have the person most knowledgeable about the organization's property and landscape management answer this questionnaire. Please only answer for the property at [SPECIFIC ADDRESS].
- ✓ If you do not own any land in the [AREA], please return this questionnaire in the postage-paid envelope provided and write on the cover "No Land Owned."

[Inside cover will feature a map of the focus area. Language throughout survey will refer to property owned in this area.]

Ownership & Land Information

1. Which category below best describes who owns this property?

__Individual

- ___Joint, with husband or wife
- ___Joint, such as with other family members or friends
- ___Family partnership or family LLC or LLP
- ___Family trust or estate
- ___Corporation or business
- __Other (please specify):_____
- 2. Which category below best describes this property?
 - ___Residential

 \rightarrow If this is a residential property, what type of structure is on it?

- ___Single family home
- __Multi-family home
- ___Apartment building or condominiums
- __Other (please specify):_____

__Industrial or commercial

- ___Vacant lot
- ___Municipal or public
- __Other (please specify):_____

If this is a residential property, please complete the rest of this survey.

If this property is industrial, commercial, a vacant lot, municipally/publicly owned, or other non-residential uses, no additional responses are needed. Please return this survey in the postage paid envelope provided.

3. Do you currently own more than one property in the [AREA]?

___Yes ___No

If no, skip to question 4. If yes, how many properties do you own? _____ properties

4. If there is a residential structure on your property, is it air-conditioned (central air or window units)?

__Yes __No __Don't know

___Not applicable, there are no residential structures

5. My property has the following features: *Check all that apply.*

___A back yard

___A front yard

___A side yard(s)

- ___Trees and/or shrubs that were planted
- ___Trees and/or shrubs that grew naturally
- ___Vegetable/fruit garden

___A flower garden

- ___A recreational feature, such as a tennis or basketball court
- ___A water feature, such as a pool or pond

___A driveway

- ___Patio, porch, or deck
- ___Shed or other storage building
- ___None of the above
- 6. How important are the following reasons for why you currently own this property? *Check one box for each item.*

	Very important	Important	Moderately important	Of little importance	Not important	Not applicable
For property investment						
To enjoy beauty or scenery						
To raise my family						
The local school system						
Services offered by my municipality						
Cost of the property						
Level of property tax						
Close to work						
Safety of the area						
To pass property on to my children or heirs						

For recreation			
Quality of the neighborhood/community			
Other			
Please specify:			

7. Do you reside on this property?

____Yes, I live there ____No, I do not live there

If yes, please answer a, b, and c

If no, skip to question 8

- a. Including yourself, how many people are a part of your household?
- b. Is anyone in your household under the age of 18?

__Yes

- _No
- c. Is anyone in your household (including you) over the age of 65?
 __Yes
 __No
- In what year did you, personally, first acquire this property?

Activities

- 9. Which of the following regularly occurs on your property? *Check all that apply.*
 - ___Composting yard and/or food waste

__Gardening

- ___Mowing the lawn
- ___Recreational activities, such as games, sports, or children playing
- ___Social activities, such as cookouts or parties
- ___Watching birds or other wildlife
- ___Watering lawn, trees, or other plants
- ___None of the above

- 10. Which of the following have occurred on your property **in the past five years?** *Check all that apply.*
 - ___Applied fertilizers to lawn
 - ___Applied fertilizers to trees
 - __Collected or foraged wild plants or mushrooms, such as <REGIONAL EXAMPLES>, on your property or from your neighborhood or nearby parks. This does not include harvesting from gardens.
 - __Eliminated or removed invasive plants
 - __Installed a new lawn
 - ___Planted shrubs, flowers, or ornamental grasses

___Planted trees

- ___Pruned trees
- ___Removed whole trees
- ____Used chemicals to control weeds or insects
- ___None of the above
- 11. Which of the following will likely occur on your property **in the next five years?** *Check all that apply.*
 - ___Apply fertilizers to lawn
 - ___Apply fertilizers to trees
 - __Collected or foraged wild plants or mushrooms, such as <REGIONAL EXAMPLES>, on your property or from your neighborhood or nearby parks. This does not include harvesting from gardens.
 - ___Eliminated or removed invasive plants
 - __Install a new lawn
 - ___Plant shrubs, flowers, or ornamental grasses
 - ___Plant trees
 - __Prune trees
 - ___Remove whole trees
 - ____Use chemicals to control weeds or insects
 - ___None of the above
 - __Don't know
- 12. Have you ever been required by your insurance company to remove trees from your property?
 - __Yes
 - __No
 - ___Don't remember

13. Who, if anyone, performs the tree and yard work on your property? *Check all that apply.*

__Me

- ___My husband or wife
- ___My children
- ___Another family member
- ___A neighbor
- ___A landscaping or tree care company
- __Home Owner's Association or Co-op
- __Other (please specify):_____
- __No one

Your Neighborhood and Community

- 14. About how many of your neighbors do you know by name?
 - __None
 - ___A few
 - ___About half
 - ___Most of them
 - __All of them
- 15. Which, if any, of the following neighborhood or community activities do you regularly do? *Check all that apply.*
 - ___Attend a neighborhood or community meeting
 - ___Attend a social event in my neighborhood, such as a cookout or block party
 - ___Go to a nearby park
 - ___Maintain a plot in a community garden
 - ____Talk/visit with a neighbor
 - ___Walk or jog in my neighborhood
 - __Other (please specify):_____
 - ___ None of the above

16. Please rate the following characteristics of the neighborhood and community around your property.

Check one box for each item.

	Very good	Good	Fair	Poor	Very poor	Not applicable
Cleanliness of streets and sidewalks in my neighborhood						
Number of parks and open spaces in my community						
Quality of parks and open spaces in my community						
Quality of the trees in my neighborhood						
Safety and security in my neighborhood						
Air quality						

17. Please indicate your level of agreement with the following statements. *Check one box for each item.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable/Don't know
Local government services are adequate in my neighborhood						
People in the neighborhood are willing to help one another						
People in the neighborhood can be trusted						
There are many opportunities to meet neighbors						
There is an active neighborhood group or association						
Trespassing and/or vandalism are a concern for my property						

Programs & Organizations

- 18. In some communities there are groups of residents who volunteer their time to help maintain public green spaces (even though this might not be the main reason for having the group). The volunteer work may involve activities like tree planting, litter removal, habitat restoration, trail construction, or working in a community garden.
 - a. How aware are you of groups like these?

Extremely	Moderately	Somewhat	Slightly	Not at all	
Aware	Aware	Aware	Aware	Aware	

- b. Have you ever participated in a group like this?
 - __Yes __No
- 19. Some towns and cities offer curbside yard waste removal, such as grass clippings or leaves. Is a service like this available at this property?
 - __Yes __No __Don't know

- 20. Are you legally allowed to burn leaves or yard waste at this property?
 - __Yes __No __Don't know
- 21. In some areas, there are programs that help property owners cover the expense of planting new trees or maintaining existing trees on their property. Typically these programs are intended for planting or maintaining trees close to the road.
 - a. How familiar are you with programs like these?

Extremely	Moderately	Somewhat	Slightly	Not at all
Familiar	Familiar	Familiar	Familiar	Familiar
_		_		_

- b. In the **past five years**, have you used a program like this to help you plant new trees or maintain existing trees on your property?
 - __Yes __No __Don't know

Sources of Information

22. How familiar are you with the following professionals? *Check one box for each item.*

	Extremely familiar	Moderately familiar	Somewhat familiar	Slightly familiar	Not at all familiar
Arborists					
Tree care professionals					
Urban foresters					
Landscape architects/designers					
Landscape contractors					
Extension agents					
Master gardeners					

23. In the past 5 years, have you talked with anyone or received information/advice about how to maintain your property's landscape?

__Yes __No

If yes, please answer a, b, and c. If no, skip to question 24.

a. What was it about? *Check all that apply.*

___Trees

- ___Gardening
- ___Lawn care
- __Ornamental flowers and shrubs
- ___Weed, pest, or disease control
- __Other (please specify):_____
- b. How did it happen? *Check all that apply.*
 - ___Talked to someone
 - ___Received a brochure or written material
 - ___From the internet
 - ___Attended a conference or workshop
 - ___Went to a local library
 - ___Read product labels
 - __Other (please specify):_____
- c. Who was involved? *Check all that apply.*
 - ___No one, I found the information myself
 - ___State or local government employee
 - ___A neighbor
 - ___A family member or friend
 - ___A non-profit organization
 - ___Employee at a lawn and garden center
 - __Employee of a landscaping or tree care company
 - __Other (please specify): _____

Perceptions & Attitudes

24. Please indicate your level of agreement with the following statements. *Check one box for each item.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
Animals are a problem for my trees and/or garden						
Good landscaping increases the value of my property						
Having trees in a neighborhood makes it a better place to live						
I care about what my neighbors think of the appearance of my yard						
I enjoy seeing wildlife on my property						
My community should invest more in tree plantings and tree care						
Planting and maintaining trees is unaffordable						
The trees on my property are healthy and attractive						
Trees interfere with the enjoyment of my property						
Trees on or near my property create more work for me						
Trees provide services, like cooling my house in the summer or reducing air pollution						

- 25. Trees can sometimes pose risks or concerns for a property.
 - a. How concerned are you about each of the following on your property? *Check one box for each item.*

	Great concern	Concern	Moderate concern	Of little concern	No concern	Not Applicable
Tree roots interfering with building foundations or pipes						
Trees or branches breaking and damaging my property						
Trees or branches breaking and causing a power outage						
Trees blocking solar panels or wind turbines installed on my property						
Trees blocking scenic views						

b. Have you or someone on your behalf done any of the following to specifically address these risks or concerns?

Check all that apply.

- ___Pruned trees on my property
- ___Removed trees on property
- ___Worked with my neighbors to minimize tree risks from their property
- ___Contacted my town or city about trees near the street
- ___Contacted utility companies about trees near the wires
- ___Other (please specify):_____
- __None of the above
- ___Not applicable, no trees on my property

Demographics

Please answer for the owner who makes most of the decisions for this property.

26. Are you retired?

__Yes __No

27. What is or was your main occupation?

28. What is your age:

29. What is your gender?

__Male __Female

30. What is the highest degree or level of education you have completed?

__Less than 12th grade __High school/GED

___Some college

____Associate degree

____Bachelor's degree

___Advanced degree

31. Are you of Hispanic or Latino origin?

__Yes

__No

32. What is your race? *Select one or more.*

___American Indian or Alaska Native

___Asian

__Black or African-America

___Native Hawaiian or Other Pacific Islander

___White

33. What is your household's annual income?

___Less than \$25,000

__\$25,000 to \$49,999

__\$50,000 to \$99,999

__\$100,000 to \$199,999

___\$200,000 or more