

XVIII. NWOS Urban Form

National Property Owner Tree Survey

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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
 → 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

8. 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
Familiar | Moderately
Familiar | Somewhat
Familiar | Slightly
Familiar | Not at all
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