



## ANT QUESTIONNAIRE

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

1. Have you seen ants inside this year? yes/no

2. Did you see ants inside last year? yes/no

3. Have you seen winged ants inside? yes/no

4. Circle the line(s) which best show the size(s) of ants you have seen.

5. What colour were the ants? \_\_\_\_\_

6. Where have you seen the most ants inside? Please be as specific as possible.

\_\_\_\_\_  
\_\_\_\_\_

7. When the ants are at their worst, approximately how many did you see inside every day?

1-5

5-10

10-20

more than 20

8. Have you ever heard rustling noises made by the ants? yes/no

9. Have you ever seen 'trails' of ants travelling on the outside of the buildings? yes/no  
If yes, where?

10. Have you sprayed the ants? yes/no

Please tell us anything else that you have noticed about the ants.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return the completed form to your caretaker or CRHC's office, located at 631 Fisgard Street