

# 2006 Challenges to Onion and Garlic Production

## Part 1: Insects and Mites

### q1: Insects and Mites

Please tell us how frequently the following insects and mites have been a stress on your onion and/or garlic crop over the past 10 years.

Please choose the appropriate response for each item:

	Never 1	Rarely 2	Occasionally 3	Often 4	Always 5
Armyworms/Cutworms ( <i>Spodoptera</i> & others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulb mites ( <i>Rhizoglyphus spp.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onion maggot ( <i>Delia antiqua</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onion thrips ( <i>Thrips tabaci</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seed corn maggot ( <i>Delia platura</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Western flower thrips ( <i>Frankliniella occidentalis</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wireworms ( <i>Limonius spp.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 2: Diseases

### q2: Diseases

How often have the following bacterial or fungal diseases been a problem on your onion and/or garlic crops over the past 10 years?

Please choose the appropriate response for each item:

	Never 1	Rarely 2	Occasionally 3	Often 4	Always 5
Bacterial leaf streak ( <i>Pseudomonas viridiflava</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacterial soft rot ( <i>Erwinia carotovora</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black mold ( <i>Aspergillus niger</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Botrytis leaf blights ( <i>B. squamosa</i> or <i>cinerea</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Botrytis neck rot ( <i>B. allii</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damping off ( <i>Pythium spp.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downy mildew ( <i>Peronospora destructor</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fusarium basal rot ( <i>Fusarium oxysporum</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pink root ( <i>Pyrenochaeta terrestris</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powdery mildew ( <i>Oidiopsis spp.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purple blotch ( <i>Alternaria porri</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhizoctonia rots ( <i>R. solani</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rust ( <i>Puccinia porri</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sclerotinia rots ( <i>S. sclerotiorum</i> or <i>rolfsii</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slippery or sour skin ( <i>Pseudomonas alliicola</i> or <i>cepacia</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smudge ( <i>Colletotrichum circinans</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Smut ( <i>Urocystis magica</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stemphyllium leaf blight ( <i>S. vesicarium</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White rot ( <i>Sclerotium cepivorum</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xanthomonas blight ( <i>X. campestris</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 3: Viruses and mycoplasmas

#### q3: Viruses and Mycoplasmas

How often have the following viruses and mycoplasmas been a problem for your garlic and/or onion crops over the past 10 years?

Please choose the appropriate response for each item:

	Never 1	Rarely 2	Occasionally 3	Often 4	Always 5
Aster yellows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garlic mosaic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iris yellow spot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onion yellow dwarf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shallot latent virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 4: Nematodes

#### q4: Nematodes

How often have the following nematodes been a problem for your onion and/or garlic crops over the past 10 years?

Please choose the appropriate response for each item:

	Never 1	Rarely 2	Occasionally 3	Often 4	Always 5
Lesion ( <i>Pratylenchus penetrans</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northern root-knot ( <i>Meloidogyne hapla</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stem or bulb ( <i>Ditylenchus dipsaci</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sting ( <i>Belonolaimus longicaudatus</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stubby-root ( <i>Paratrichodorus minor</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 5: Abiotic problems

#### q5: Abiotic Problems

How often have these environmental stresses been a problem for your garlic and/or onion crops over the past 10 years?

Please choose the appropriate response for each item:

	Never 1	Rarely 2	Occasionally 3	Often 4	Always 5
Pre-mature bolting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ozone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 6: Quality factors

**q6: Quality Factors**

**How often have the following quality factors been a problem for your onion and/or garlic crops over the past 10 years?**

Please choose the appropriate response for each item:

	Never 1	Rarely 2	Occasionally 3	Often 4	Always 5
Pungency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 7: Demographics**

**q7: Are there any other challenges to your onion and garlic crops that we have not mentioned? Please specify the stress, and how frequently you encounter it (never, rarely, occasionally, often, always).**

Please write your answer here:

**q8: What city and state or province do you live in?**

Please write your answer here:

**q9: What is your zip code?**

Please write your answer here:

**q10: In 2005, how many acres of onion did you plant?**

Please write your answer here:

**q11: In 2005, how many acres of garlic did you plant?**

Please write your answer here:

**q12: For onion producers, what percentage of each different onion color was produced on your farm in 2005? If none, please enter a 0 (zero). (Please put answer in numerical format ie. 75%, 33.3%, etc).**

Please write your answer(s) here:

Red Onion:

White Onion:

Yellow Onion:

Shallots:

Other:

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**q13: In 2005, was any of your garlic or onion crop certified organic?**

Please choose **only one** of the following:

☐ Yes

☐ No

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**Submit Your Survey.**

Thank you for completing this survey.  
Please mail or fax your completed survey to:

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