FORM A SOYBEAN YIELD SURVEY SEGMENT _____ TRACT ____





		YEAR	R, CROP, FOF (1 – 7)	RM, MMDD	Region, Sta	te, District	POID	Sample	Page of
							Date	:	
						roduction this ye	ear.		
coo		ny data re _l				d appreciate you ld observations	will	Гіте (Military Tim	171
									JAS PLANTED TRACT ACRES
1.	Around June acres of soy	101							
		Show operator his tract and fields on PHOTO. Verify the fields and the acreages of							
								peans planted in tract, e A and return all Forms.	
					T	ABLE A			
FIELD NUMBER (Sample field		TOTAL ACRES		ACRES PLANTED		Acres in USES or CROPS OTHER THAN SOYBEANS to be harvested for beans. (For example: ditches, fence rows, waterways, roads, other crops, etc.)		ACRES OF SOYBEANS TO BE HARVESTED FOR BEANS	
number has ##)		IN FIELD		TO SOYBEANS		USE		ACRES	(Col. 2 minus Col. 5)
			2		3	4		5	6
	1		-						
	1		•		•				
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	1		·		· ·			·	·
	1		·		· · ·			·	·
	1		·		· · · ·			·	·
	1		·		· · · · ·			·	·
			·	112	· · · · ·			·	
2.	The total so	ybean acr	 	112 umn 6) to be	e harvested NOT, RE-A	for beans in this	s tract is		
	The total so Verify th	ybean acr	· · · · · reage (colu	112 Imn 6) to be correct. If	NOT, RE-A	DD.	s tract is		
	The total so	ybean acr	· · · · · reage (colu	112 Imn 6) to be correct. If		DD.	s tract is		102
	The total so Verify th	ybean acr nat the AC	reage (colucted control contro	112 mn 6) to be correct. If D entry – Reage entry -	<i>NOT, RE-A</i> leturn all forn – CONTINU	DD.			102
	The total so Verify the ITEM 2 HA a. Was so	ybean acr nat the AC S {	reage (colucted control contro	112 mn 6) to be correct. If D entry – Re eage entry -	<i>NOT, RE-A</i> leturn all forn – CONTINU	DD. ns. E.			
	The total so Verify the ITEM 2 HA a. Was so	ybean acr nat the AC S { ybeans plants S - Conting Did you	reage (colucted for the colucted for the	112 Imn 6) to be correct. If D entry – Reage entry - eld number k page. W FIELD in	NOT, RE-A eturn all forn – CONTINU — Table A tha	DD. ns. Egreate t is intended for	er than zero? harvest for bea	ans?	

NO -- Conclude interview, record Form A ending time, and return all forms.

EODM.	A 1.	SOYREANS	Continuos
F()RM	Δ-1.	SOYBEANS	Continueo

	All questions on this page apply to SAMPLE FIELD ONLY.	
3.	Copy acres of soybeans for beans in Sample Field Number from Table A, column 6	103
4.	What was the row width (planter setting) for the soybeans planted in this sample field? INCHE	110
	ENUMERATOR NOTE: If this is an odd-numbered sample and the planted row space is less than or equal to 18 inches, lay out the sample unit and complete the Row Space Measurements, but do not complete the Form B counts for the August 1 survey.	
5.	Has this field been (or will it be) irrigated? YES = 1 DON'T KNOW = 2 NO = 3 cor	114 DE
6.	On what date was planting completed in this soybean field?	107
7.	(Show Respondent Show Card) What variety are the soybeans in the selected field?	130
AR	KANSAS ONLY: 2 Group II	
8.	What Maturity Group are the soybeans in the selected field?	108 PE
9.	With your permission I will go out to the field and mark off two small plots to be used in making plant will return to the plots each month until harvest to make counts and measurements, and harvest and Would that be all right?	
	YES –Continue. If this is a gleaning sample, tell the operator, "After harvest, I will also lay out two small plots to determine harvest lo	oss."
	■ NO – Conclude interview and return all forms.	
	a. The United Soybean Board (USB) has requested the soybean samples after NASS has completed their yield analyses. USB would like the sample and variety to analyze compositional traits such as oil and protein to increase the value of U.S. soybeans. Do we have your permission to provide your soybean sample to USB?	
	☐ YES = 1	131
10	Have you or will you apply pesticides with organophosphorous content to the sample field?	
	YES DON'T KNOW NO	
	If YES, enter latest application dateand name of pesticide	
11.	Respondent Name	
	Ending Time (Military Time	
	PORTANT: Review for completeness. Record ending time and sign ne. Record operators' telephone number, expected harvest date, and	
	ticide intentions (item 11), on your kit envelope. Supervisor Number	
	Evaluation	
12.	Enumerator Name: STATUS CODE	180