

## SECTION 34 OPERATOR CHARACTERISTICS

1. In 2009, how many operators (individuals) were involved in the day-to-day decisions for this operation? Enter the number of operators and the number of women operators. Exclude hired workers unless they were a hired manager or family member. . . . . 1575

Total Number of Operators	Women Operators

2. Answer the following questions for up to three primary operators of this operation as of **December 31, 2009**.

	Principal Operator or Senior Partner	Operator 2	Operator 3
a. Name	0930	1584	1595
b. Sex of operator. . . . .	0926 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1586 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1597 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
c. Is operator 2 or 3 the spouse of the principle operator? . . . . .		Xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
d. At which occupation did the operator spend the majority (50 percent or more) of his/her worktime in 2009. . . . .	0928 <b>Mark one answer only</b> 1 <input type="checkbox"/> Agricultural work 2 <input type="checkbox"/> Other	1580 <b>Mark one answer only</b> 1 <input type="checkbox"/> Agricultural work 2 <input type="checkbox"/> Other	1591 <b>Mark one answer only</b> 1 <input type="checkbox"/> Agricultural work 2 <input type="checkbox"/> Other
e. Is this operator retired? . . . . .	0924 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1582 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1593 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
f. How many days did the operator work off this operation in 2009? Include days in which the operator worked at least 4 hours per day in an off-farm job. Include work on someone else's farm for pay. . . . .	0929 <b>Mark one answer only</b> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 – 49 days 3 <input type="checkbox"/> 50 – 99 days 4 <input type="checkbox"/> 100 – 199 days 5 <input type="checkbox"/> 200 days or more	1831 <b>Mark one answer only</b> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 – 49 days 3 <input type="checkbox"/> 50 – 99 days 4 <input type="checkbox"/> 100 – 199 days 5 <input type="checkbox"/> 200 days or more	1931 <b>Mark one answer only</b> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 – 49 days 3 <input type="checkbox"/> 50 – 99 days 4 <input type="checkbox"/> 100 – 199 days 5 <input type="checkbox"/> 200 days or more
g. Did the operator live on this operation at any time in 2009. . . . .	0923 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1581 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1592 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
h. In what year did the operator begin to operate any part of this operation? . . . . .	0930	1584	1595
i. What year did the operator begin to operate any farm? . . . . .	Xxxx	Xxxx	Xxxx
j. What was the operator's age on December 31, 2009?	0925  years	1585  years	1596  years

	Principal Operator or Senior Partner	Operator 2	Operator 3
k. Is the operator of Spanish, Hispanic, or Latino origin or background, such as Mexican, Cuban, or Puerto Rican, regardless of race? . . . . .	0927  Spanish, Hispanic or Latino origin  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1587  Spanish, Hispanic or Latino origin  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1598  Spanish, Hispanic or Latino origin  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
i. What is the operator's race? . . . . .	<b>Mark one or more</b>  1701 <input type="checkbox"/> White  1702 <input type="checkbox"/> Black or African American  1703 <input type="checkbox"/> American Indian or Alaska Native, specify tribe  _____  1705 <input type="checkbox"/> Asian  1704 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<b>Mark one or more</b>  1701 <input type="checkbox"/> White  1702 <input type="checkbox"/> Black or African American  1803 <input type="checkbox"/> American Indian or Alaska Native, specify tribe  _____  1705 <input type="checkbox"/> Asian  1704 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<b>Mark one or more</b>  1701 <input type="checkbox"/> White  1702 <input type="checkbox"/> Black or African American  1903 <input type="checkbox"/> American Indian or Alaska Native, specify tribe  _____  1705 <input type="checkbox"/> Asian  1704 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
m. How many people lived in the operator's household in 2009? . . . . .	Number of persons living in Principal Operator's household  1577  _____ number	Number living in household of Operator 2. Enter "0" if this operator has been counted in the previous column.  1589  _____ number	Number living in household of Operator 3. Enter "0" if this operator has been counted in the previous column.  1600  _____ number
n. Is this operator a hired manager for this operation? . . . . .	1576  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1588  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1599  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
o. Is the operator deaf or does he/she have serious difficulty hearing? . . . . .	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
p. Is the operator blind or does he/she have serious difficulty seeing even when wearing glasses? . . . . .	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
q. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? . . . . .	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
r. Does this person have serious difficulty walking or climbing stairs? . . . . .	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

	Principal Operator or Senior Partner	Operator 2	Operator 3
s. Because of a physical, mental or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office? . . . . .	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Xxxx  1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

**HOUSEHOLD INCOME**

3. In 2009, how many households shared in the net farm income of this operation? . . . . . 1608

Number

4. In 2009, what percent of the principal operator's total household income came from this operation? . . . . . 1578

Percent (%)