



AGRICULTURAL RESOURCE MANAGEMENT SURVEY
SOYBEAN
PRODUCTION PRACTICES REPORT
 for 2011



NATIONAL AGRICULTURAL STATISTICS SERVICE

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VERSION	ID	TRACT	SUBTRACT	T-TYPE	TABLE	LINE
6	_____	01	_____	0	000	00



CONTACT RECORD

DATE	TIME	NOTES

INTRODUCTION:

[Introduce yourself, and ask for the operator. Rephrase in your own words.]

We are collecting information on practices and costs to produce soybeans and need your help to make the information as accurate as possible. Authority for collection of information on the Soybean Production Practices Report is Title 7, Section 2204 of the U.S. Code. This information will be used for economic analysis and to compile and publish estimates for your region and the United States. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes. Response is **voluntary**.

We encourage you to refer to your farm records during the interview.

H H M M

BEGINNING TIME [MILITARY]

SCREENING BOX

[Name, address and partners verified and updated if necessary]

POID _____	POID _____
PARTNER NAME	PARTNER NAME
ADDRESS	ADDRESS
CITY STATE ZIP PHONE NUMBER	CITY STATE ZIP PHONE NUMBER
POID _____	POID _____
PARTNER NAME	PARTNER NAME
ADDRESS	ADDRESS
CITY STATE ZIP PHONE NUMBER	CITY STATE ZIP PHONE NUMBER

A SOYBEAN FIELD SELECTION

A

TOTAL PLANTED ACRES

0050

1. How many acres of soybeans did this operation plant for the 2011 crop year?

[If no acres planted, review Screening Survey Information Form, make notes, then go to item 4 on back page.]

2. I will follow a simple procedure to make a random selection from the soybean fields planted for the 2011 crop.

TOTAL NUMBER OF FIELDS PLANTED

0020

What is the TOTAL number of soybean fields that were planted on this operation?

[If only one field, enter "1" and go to item 5.]

3. Please list these fields according to identifying name/number or describe each field. Then I will tell you which field has been selected.

[If there are more than 18 fields, make sure item 2 is TOTAL fields planted and list only the 18 fields closest to the operator's permanent residence. If respondent is unable to identify or describe the fields, use the Field Selection Grid Supplement.]

FIELD NAME, NUMBER OR DESCRIPTION

FIELD NAME, NUMBER OR DESCRIPTION

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

APPLY "RANDOM NUMBER" LABEL HERE

4. [ENUMERATOR ACTION: Circle the pair of numbers on the above label associated with the last numbered field in item 3. Select the field according to the number you circled on the label, and record the selected number. If only one field, enter 1.]

SELECTED FIELD NUMBER

0021

5. The field selected is _____ (field name/number/description).

During this interview, the soybean questions will be about this selected soybean field.

[Be sure the operator can identify the selected field.]

ACRES

6. How many acres of soybeans did this operation plant in this field for the 2011 crop?

1301

OFFICE USE
OY Field Substituted

0022

C NUTRIENT or FERTILIZER APPLICATIONS---SELECTED FIELD

C

<p>1. Were commercial nutrients or fertilizers applied to this field for the 2011 soybean crop?.....</p> <p>2. <i>[If COMMERCIAL nutrient or fertilizer applied, continue; else go to Section D.]</i></p> <p>3. How many commercial nutrient or fertilizer applications were made to this field for the 2011 crop? <i>(Include applications made by airplanes and custom applicators.)</i>.....</p> <p>4. Now I need to record information for each application.</p>	<p>YES = 1</p>	<p>CODE</p> <p>0202</p>	<p>EDIT TABLE</p> <p>0201</p>
			<p>NUMBER</p> <p>0203</p>

CHECKLIST	
✓ INCLUDE	✓ EXCLUDE
<input type="checkbox"/> Custom applied nutrients or fertilizers	<input type="checkbox"/> Micronutrients
<input type="checkbox"/> Nutrients or fertilizers applied in the fall of 2010 and those applied earlier if this field was fallow in 2010	<input type="checkbox"/> Unprocessed manure
<input type="checkbox"/> Commercially prepared manure or compost	<input type="checkbox"/> Nutrients or fertilizers applied to previous crops in this field
	<input type="checkbox"/> Lime and gypsum/landplaster

	T-TYPE	TABLE
	2	001
LINE	OFFICE USE	0213
99	LINES IN TABLE	

APPLICATION CODES for COLUMN 6	
1 Broadcast, ground without incorporation	5 In irrigation water
2 Broadcast, ground with incorporation	6 Chisel/Injected or knifed in
3 Broadcast, by aircraft	7 Banded in or over row
4 In seed furrow	8 Foliar or directed spray

L I N E	2 MATERIALS USED				3 What quantity was applied per acre?	4 [Enter material code.]	5 When was this applied?	6 How was this applied?	7 How many acres were treated in this application?
	[Enter percentage analysis or actual pounds of plant nutrients applied per acre.] [Show Common Nutrients or Fertilizers in Respondent Booklet.]				[Leave this column blank if actual nutrients were reported.]	1 Pounds 12 Gallons 19 Pounds of actual nutrients	1 In the fall before seeding 2 In the spring before seeding 3 At seeding 4 After seeding	[Refer to code list above.]	ACRES
	N Nitrogen	P ₂ O ₅ Phosphate	K ₂ O Potash	S Sulfur					
01	0205	0206	0207	0214	0208	0209	0210	0211	0212
02	0205	0206	0207	0214	0208	0209	0210	0211	0212
03	0205	0206	0207	0214	0208	0209	0210	0211	0212
04	0205	0206	0207	0214	0208	0209	0210	0211	0212
05	0205	0206	0207	0214	0208	0209	0210	0211	0212
06	0205	0206	0207	0214	0208	0209	0210	0211	0212
07	0205	0206	0207	0214	0208	0209	0210	0211	0212
08	0205	0206	0207	0214	0208	0209	0210	0211	0212

T-TYPE	TABLE	LINE
0	000	00

NOTES

D BIOCONTROL or PESTICIDE APPLICATIONS---SELECTED FIELD

D

Now I have some questions about all the biocontrols or pesticides used on this field for the 2011 soybean crop, including both custom applications and applications made by this operation.

1. Were any herbicides, insecticides, fungicides or other chemicals used on this soybean field for the 2011 crop?.....

YES = 1

CODE	EDIT TABLE
0302	0301

[Probe for applications made in the fall of 2010 (and those made earlier if this field was fallow).]

If no biocontrols or pesticides applied, go to Section E.

Include defoliant, fungicides, herbicides, insecticides, and other pesticides. Include biological and botanical pesticides.	Exclude nutrients or fertilizers reported earlier and seed treatments.	T - TYPE 3	TABLE 001
		LINE 99	OFFICE USE LINE IN TABLE
			0319

CHEMICAL PRODUCT NAME	LINE	2	3	4	5	6 OR 7		8	
		What products were applied to this field? <small>[Show product codes from Respondent Booklet.]</small>	Was this product bought in liquid or dry form? <small>[Enter L or D]</small>	Was this part of a tank mix? <small>[If tank mix, enter line number of first product in mix.]</small>	When was this applied? 1 BEFORE planting 3 AT planting 4 AFTER planting	How much was applied per acre per application?	What was the total amount applied per application in this field?	<small>[Enter unit code.]</small> 1 Pounds 12 Gallons 13 Quarts 14 Pints 15 Liquid Ounces 28 Dry Ounces 30 Grams	
	01	0305		0306	0307	0308	_____	0309	0310
	02	0305		0306	0307	0308	_____	0309	0310
	03	0305		0306	0307	0308	_____	0309	0310
	04	0305		0306	0307	0308	_____	0309	0310
	05	0305		0306	0307	0308	_____	0309	0310
	06	0305		0306	0307	0308	_____	0309	0310
	07	0305		0306	0307	0308	_____	0309	0310
	08	0305		0306	0307	0308	_____	0309	0310
	09	0305		0306	0307	0308	_____	0309	0310
	10	0305		0306	0307	0308	_____	0309	0310
	11	0305		0306	0307	0308	_____	0309	0310
	12	0305		0306	0307	0308	_____	0309	0310
	13	0305		0306	0307	0308	_____	0309	0310
	14	0305		0306	0307	0308	_____	0309	0310

2. [For biocontrols or pesticides not listed in Respondent Booklet, specify---]

LINE	Pesticide Type <small>(Herbicide, Insecticide Fungicide, etc.)</small>	EPA No. or Trade name and Formulation	Form Purchased <small>(Liquid or Dry)</small>	Where Purchased <small>[Ask ONLY if EPA No. cannot be reported.]</small>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICATION CODES for column 9	
1 Broadcast, ground without incorporation	6 Chisel/Injected or knifed in
2 Broadcast, ground with incorporation	7 Banded in or over row
3 Broadcast, by aircraft	8 Foliar or directed spray
4 In seed furrow	9 Spot treatments
5 In irrigation water	

L I N E	9	10	11	12
	How was this product applied? <i>[Enter code from above.]</i>	How many acres in this field were treated with this product? ACRES	How many times was it applied? NUMBER	Were these applications made by--- 1 Operator, partner or family member? 2 Custom applicator? 3 Employee/Other?
01	0311	0312 .__	0313	0316
02	0311	0312 .__	0313	0316
03	0311	0312 .__	0313	0316
04	0311	0312 .__	0313	0316
05	0311	0312 .__	0313	0316
06	0311	0312 .__	0313	0316
07	0311	0312 .__	0313	0316
08	0311	0312 .__	0313	0316
09	0311	0312 .__	0313	0316
10	0311	0312 .__	0313	0316
11	0311	0312 .__	0313	0316
12	0311	0312 .__	0313	0316
13	0311	0312 .__	0313	0316
14	0311	0312 .__	0313	0316

E PEST MANAGEMENT PRACTICES---SELECTED FIELD

E

Now I have some questions about your pest management decisions and practices used on this field for the 2011 soybean crop. By pests, we mean WEEDS, INSECTS, and DISEASES.

T-TYPE	TABLE	LINE
0	000	00

1. [ENUMERATOR ACTION: Were PESTICIDE applications reported in Section D?]

- YES – [Continue] NO – [Go to item 8]

2. Was weather data used to assist in determining either the need or when to make pesticide applications? YES = 1

CODE

0800

3. Were any biological pesticides such as Bt (*Bacillus thuringiensis*), insect growth regulators, neem or other natural/biological based products sprayed or applied to manage pests in this field? YES = 1

0801

4. Were pesticides with different mechanisms of action rotated or tank mixed for the primary purpose of keeping pests from becoming resistant to pesticides? YES = 1

0802

8. In 2011, how was this field primarily scouted for insects, weeds, diseases, and/or beneficial organisms?

- | |
|--|
| 1 By deliberately going to the field specifically for scouting activities [Enter code 1 and go to item 9.] |
| 2 By conducting general observations while performing routine tasks [Enter code 2 and go to item 11.] |
| 3 This field was not scouted. [Enter code 3 and go to item 16.] |

CODE

0808

9. Was an established scouting process (systematic sampling, recording counts, etc.) used or were insect traps used in this field? YES = 1

0809

10. Was scouting for pests done in this field due to---

a. a pest advisory warning? YES = 1

0810

b. a pest development model? YES = 1

0811

1	3	
11. Was this soybean field scouted for---	[If column 1 is YES , ask---] Who did the majority of the scouting for [column 1] ?	
	1 Operator, partner or family member 2 An employee 3 Farm supply or chemical dealer 4 Independent crop consultant or commercial scout CODE	
	YES = 1	
a. weeds?	0812	0814
b. insects or mites?	0815	0817
c. diseases?	0818	0820

	CODE
13. Were written or electronic records kept for this field to track the activity or numbers of weeds, insects or diseases?	0823
	YES = 1
14. Were scouting data compared to published information on infestation thresholds to determine when to take measures to manage pests in this field?	0824
	YES = 1
15. Did you use field mapping of previous weed problems to assist you in making weed management decisions?	0825
	YES = 1

16. Did you do any of the following other types of pest management for the specific purpose of managing or reducing the spread of pests in this field? [Enter code "1" for all that apply.]

		CODE
a.	Use the services of a diagnostic laboratory for pest identification or soil plant tissue pest analysis for this field?	0841
	YES = 1	
b.	Plow down crop residue (<i>using conventional tillage</i>)?	0842
	YES = 1	
c.	Remove / burn down crop residue?	0843
	YES = 1	
d.	Rotate crops in this field during the past three years?	0844
	YES = 1	
e.	Maintain ground covers, mulches, or other physical barriers?	0845
	YES = 1	
f.	Choose crop variety because of specific resistance to a certain pest?	0846
	YES = 1	
g.	Use no-till or minimum till?	0847
	YES = 1	
h.	Plan planting locations to avoid cross infestation of pests?	0848
	YES = 1	
i.	Adjust planting or harvesting dates?	0849
	YES = 1	
j.	Chop, spray, mow, plow, or burn field edges, lanes, ditches, roadways, or fence lines?	0850
	YES = 1	
k.	Clean equipment and field implements after completing field work to reduce the spread of pests?	0851
	YES = 1	
l.	Adjust row spacing, plant density or row directions?	0852
	YES = 1	
m.	Have the seed treated for insect or disease control after you purchased the seed for this field?	0854
	YES = 1	
n.	Maintain a beneficial insect or vertebrate habitat?	0855
	YES = 1	
o.	Maintain buffer strips or border rows to isolate soybean from non-organic crops or land, or did you take a buffer harvest?	0856
	YES = 1	
p.	Use a flamer to kill weeds?	0857
	YES = 1	

CODE

17. **Were any beneficial organisms (*insects, nematodes, fungi*) applied or released in this field to manage pests?** YES = 1
18. **Were floral lures, attractants, repellants, pheromone traps or other biological pest controls used on this field?** YES = 1
19. **Was a trap crop (*excluding fallow*) grown to help manage insects in this field?** YES = 1
20. **Was this field left fallow in 2010 to help manage insects on this field?** YES = 1
21. **Were water management practices such as irrigation scheduling, controlled drainage, or treatment of retention water used on this field to manage pests or toxin-producing fungi and bacteria?** YES = 1

Completion Code for Pest Management Data	
1 Incomplete/Refusal	0340

CONCLUSION

4. To receive the complete results of this survey on the release date, go to www.nass.usda.gov/results/. Would you rather have a brief summary mailed to you at a later date?..... YES = 1

CODE
0099

5. **ENDING TIME [MILITARY]**.....

HH MM
0005 _ _ _ _

RECORDS USE

6. [Did respondent use farm/ranch records to report--]

- a. [fertilizer data?]. YES = 1
- b. [pesticide data?]. YES = 1

CODE
0011
0012

SUPPLEMENTS USED

7. [Record the total number of each type of supplement used to complete this interview.].....

NUMBER
0041
0042

FERTILIZER APPLICATIONS

PESTICIDE APPLICATIONS

Reported by: _____ Telephone: (____) _____

Office Use

Response		Respondent		Mode		Enum	Eval.	R. Unit	Date	Optional	
1-Comp	9901	1- Op/Mgr	9902		0100	0098	0100	0921	9910	0002	0003
2-R		2-Sp		2-Tel							
3-Inac		3-Acct/Bkpr		3-Face-to-Face							
		4-Partner							11		
		9-Other							M M D D		

S/E Name _____