

# ANNUAL SPECIAL CROPS SURVEY - HAWAII

OMB No. 0535-0037

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SMetaKey:



NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE

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## Field Office

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Please make corrections to name, address and ZIP Code, if necessary.

Your operation was selected for our annual Special Crops survey. Your cooperation is needed to help us accurately estimate for this important sector of Hawaii's agriculture. Information requested in this survey is used to prepare estimates of selected agricultural commodities. 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 in combination with similar reports from other producers. Response is **voluntary**.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number is 0535-0037. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Please complete and return this questionnaire by the indicated due date. Someone from our office may be in contact with you. If you have any concerns regarding this survey or are in need of any assistance in completing this form, you may contact Mark Hudson at 973-9588 (Oahu) or toll free at 1 (800) 804-9514. Thank you very much for your cooperation.

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## Section B: Medicinal Crops

List the total acreage, harvested acreage, amount sold and total dollars received for any medicinal crop you grew in 2012. If you sold your crop in some other form (e.g. dried, powdered, etc.) than fresh, please indicate what it was next to the amount under type.

Name of Crop	Total Area	Area Harvested	Pounds Sold (Fresh)	Type	Total Dollars
	<i>Acres or sq ft.</i>	<i>Acres or sq ft</i>			
`Awa (Kava)					
Neem					
Noni					
Tea					
<i>(List others below)</i>					

## Section C: Vegetables, Strawberries, and Melons

List for each vegetable, strawberry, or melon crop you grew or raised during 2012, the total acres harvested, the amount sold (pounds) from your farm during 2012, and the total dollars received or the average price per pound you received. If you do not know the exact amount, please provide your best estimate.

Name of Crop	Total Area Harvested	Pounds Sold	Total Dollars Received or Price per Pound Received
<b>Vegetables</b>		<i>Acres or square feet</i>	
Beans, Snap (bush/long)			
Cucumbers			
Squash, Italian			
Sweet Potatoes			
<i>(List others below)</i>			
<b>Strawberries &amp; Melons</b>			
Honeydew Melons			
Strawberries			
Watermelons			
<i>(List others below)</i>			

## Section D: Farm Information

1. Please check (√) which feature(s) describe your farm operation. You may check more than one item.

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Organically-grown crop | <input type="checkbox"/> 3. Crops grown in a greenhouse or other protective structure. |
| <input type="checkbox"/> 2. Hydroponic cultivation | <input type="checkbox"/> 4. Crops are irrigated  |

2. How many total acres (include all land leased for agricultural purposes) was on this operation on January.....  Acres

3. What was the peak number of hired workers on your payroll at anytime during 2012 (enter "0" if none).....  Workers

4. Please identify the district in which your farm is located, by checking (√) the appropriate box. your farm is located in more than one district, please indicate by numbering (1, 2, 3, etc.) each, with 1 being your primary location.

- |  |  |   |   |
|--|--|---|---|
| <p><b>Hawaii County</b></p> <input type="checkbox"/> Puna (110)<br><input type="checkbox"/> South Hilo (120)<br><input type="checkbox"/> North Hilo (130)<br><input type="checkbox"/> Hamakua (140)<br><input type="checkbox"/> North Kohala (150)<br><input type="checkbox"/> South Kohala (160)<br><input type="checkbox"/> North Kona (170)<br><input type="checkbox"/> South Kona (180)<br><input type="checkbox"/> Ka`u (190) | <p><b>Honolulu County</b></p> <input type="checkbox"/> Honolulu (610)<br><input type="checkbox"/> Koolaupoko (640)<br><input type="checkbox"/> Koolauloa (650)<br><input type="checkbox"/> Waialua (660)<br><input type="checkbox"/> Wahiawa (670)<br><input type="checkbox"/> Waianae (680)<br><input type="checkbox"/> Ewa (690) | <p><b>Kauai County</b></p> <input type="checkbox"/> Waimea (210)<br><input type="checkbox"/> Koloa (220)<br><input type="checkbox"/> Lihue (230)<br><input type="checkbox"/> Kawaihau (240)<br><input type="checkbox"/> Hanalei (250) | <p><b>Maui County</b></p> <input type="checkbox"/> Hana (310)<br><input type="checkbox"/> Makawao (320)<br><input type="checkbox"/> Wailuku (330)<br><input type="checkbox"/> Lahaina (340)<br><input type="checkbox"/> Molokai (350)<br><input type="checkbox"/> Kalawao (360) |
|--|--|---|---|

**Thank you for your cooperation!**

**Please return this questionnaire in the envelope that was provided.**

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

Position or relationship respondent has with this operation: \_\_\_\_\_ Date: \_\_\_\_\_

Enumerator: \_\_\_\_\_ Enumerator ID:  Evaluation:

Respondent Code	
1 = Oper/Mgr	9902
2 = Sp	
3 = Acct/Bkpr	
4 = Ptr	
5 = Other <i>(specify)</i> _____	

Response Code		
1 = C	5 = ER	9901
2 = R	6 = EI	
3 = I	7 = EOH	
4 = OH	8 = KZ	

Mode Code		
1 = M	6 = e-mail	9903
2 = T	7 = Fax	
3 = F-F		
19 = Other <i>(specify)</i> _____		