

2015 URBAN AGRICULTURE PILOT STUDY

OMB No.0535-0248
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**United States
 Department of
 Agriculture**



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

USDA/NASS

National Operations Division
 9700 Page Avenue, Suite 400
 St. Louis, MO 63132-1547
 Phone: 1-888-424-7828
 Fax: 1-855-415-3687
 E-mail: nass@nass.usda.gov

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				Attempted Contacts		
				Date	Time	Notes
State	POID	Tract	Subtr.			
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1. In 2014 did you grow any food crops in an urban area, such as in a backyard garden, community garden, school garden, roof-top garden? Include gardens grown under cover, such as green houses or hoop houses and gardens grown in containers or raised beds. Food crops include vegetables, fruits, berries, herbs, grains, legumes, and nuts.

xxx ¹ Yes ³ No

2. In 2014 were you in charge of organizing or administering a location in an urban area where food crops were grown in sub-divided or multiple plots where each plot was operated by separate individuals or families? Examples include a community garden or a roof-top garden.

xxx ¹ Yes ³ No

ENUMERATOR NOTE:

- If Item 1 = Yes and Item 2 = Yes, go to Item 3
- If Item 1 = Yes and Item 2 = No, go to Item 7
- If Item 1 = No and Item 2 = Yes, go to Item 3
- If Item 1 = No and Item 2 = No, go to Item 25

3. In which of the following types of places were you in charge of organizing or administering the growing of food crops in an urban area in 2014?

xxx

- 1 Community garden
- 2 Roof-top garden
- 3 Other (Specify: ^{xxx} _____)

4. How many total individual occupied plots were used to grow food crops at this location in 2014?

Number of Plots
xxx

5. Please list each of the individual occupied plots reported in Item 4 based on an identifier such as the individual grower's name or plot location.

Plot #	Plot Identifier	Plot #	Plot Identifier
1		29	
2		30	
3		31	
4		32	
5		33	
6		34	
7		35	
8		36	
9		37	
10		38	
11		39	
12		40	
13		41	
14		42	
15		43	
16		44	
17		45	
18		46	
19		47	
20		48	
21		49	
22		50	
23		51	
24		52	
25		53	
26		54	
27		55	
28		56	

* Use additional pages if necessary

PLOT SELECTION FOR SUB-SAMPLING

6. In what month is the respondent's birthday?

Month

Numeric Month
xxx

ENUMERATOR ACTION:

- a) Based on the numeric month of the respondent's birthday reported above, start down the first column of plots (starting with plot #1) listed in Item 5 until you reach the number of the respondent's birthday month. This will be the first selected plot to complete an additional questionnaire.
- b) From this first selected plot, count down the same number of plots as the respondent's birthday month. This will be the second selected plot to complete an additional questionnaire. Once you reach the last listed plot in Item 5, continue counting at the beginning of the list at plot #1. Continue doing this until you have randomly selected **five** plots to complete an additional questionnaire. If there are five or less total plots, select all plots to complete an additional questionnaire.
- c) For the five selected plots to complete an additional questionnaire, collect the individual grower's name and contact information in order to use for the collection of an additional questionnaire.

Selected Respondent 1 – NAME: _____ PHONE: () _____ -- _____

ADDRESS: _____

Notes: _____

Selected Respondent 2 – NAME: _____ PHONE: () _____ -- _____

ADDRESS: _____

Notes: _____

Selected Respondent 3 – NAME: _____ PHONE: () _____ -- _____

ADDRESS: _____

Notes: _____

Selected Respondent 4 – NAME: _____ PHONE: () _____ -- _____

ADDRESS: _____

Notes: _____

Selected Respondent 5 – NAME: _____ PHONE: () _____ -- _____

ADDRESS: _____

Notes: _____

ENUMERATOR NOTE: Make sure contact information has been collected for up to five selected respondents. If Item 1 = Yes, continue with Item 7; otherwise go to Item 31.

7. Which of the following did you use to grow food crops in 2014? Check all that apply.

	Places and/or structures utilized to grow food crops
xxx ¹ <input type="checkbox"/>	Aquaponics: Growing fish and plants together in one integrated system.
xxx ¹ <input type="checkbox"/>	Backyard or Home Garden or Residential Garden: A single-plot garden on the same lot as a single-family or multi-family building.
xxx ¹ <input type="checkbox"/>	Commercial Enterprise (Located on the roof or within a commercial business building)
xxx ¹ <input type="checkbox"/>	Community Garden: A garden divided into individual plots.
xxx ¹ <input type="checkbox"/>	Demonstration Garden
xxx ¹ <input type="checkbox"/>	Hydroponics: Growing plants in water without soil.
xxx ¹ <input type="checkbox"/>	Roof-top garden
xxx ¹ <input type="checkbox"/>	School Garden: A garden on the grounds of a school.
xxx ¹ <input type="checkbox"/>	Urban Farm: A large garden comprising more than one vacant lot managed by a single gardener/farmer or group.
xxx ¹ <input type="checkbox"/>	Vacant Lot Garden: A garden on a vacant lot,
xxx ¹ <input type="checkbox"/>	Other, specify: Such as railroad and utility rights-of-way, public parks, parking lots.
xxx ¹ <input type="checkbox"/>	
xxx ¹ <input type="checkbox"/>	

16. In 2014, did you raise or keep any animals in an urban area? Examples include:

- Cattle
- Colonies of Bees
- Fish in captivity (Aquaculture and aquaponics)
- Goats
- Hogs
- Horses
- Poultry
- Rabbits, mink
- Sheep
- Other, specify below

xxx ¹ Yes – Continue
No – Go to Item 18

³

17. What were the types of animals raised in 2014 and the number on December 31, 2014?

Type of animal raised In 2014	Number of animals on December 31, 2014	How many total dollars did you make selling or boarding these livestock
Type	Number	Dollars
xxx	xxx	xxx
xxx	xxx	Xxx
xxx	xxx	Xxx
xxx	xxx	Xxx
xxx	xxx	Xxx
xxx	xxx	Xxx

18. In 2014, did you produce any livestock products in an urban area? Examples include:

- Eggs
- Honey
- Milk
- Wool
- Other, specify below

xxx ¹ Yes – Continue ³ No – Go to Item 20

19. What were the types of livestock products produced in 2014?

Type of Livestock products produced in 2014	Quantity of product produced in 2014	How many total dollars did you make selling these products
Type	Quantity	Dollars
xxx Eggs	xxx Dozen	xxx
xxx Honey	xxx Pounds	xxx
xxx Milk	xxx Pounds	xxx
xxx Mohair	xxx Pounds	xxx
xxx Wool	xxx Pounds	xxx
xxx	xxx	xxx

20. In 2014, did you produce any certified organic products according to USDA's National Organic Program (NOP)?

xxx ¹ Yes

³ No

None	Number of Hired Workers
xxx ¹ <input type="checkbox"/>	

21. How many hired workers, including paid family members, assisted you with growing any food crops, raising any animals, or producing any livestock products in this urban area?

22. At any time during 2014, did you do any of the following? Check all that apply.

		YES	NO
a.	Produce and sell value added crops, livestock, or products such as beef jerky, fruit jams, jelly, preserves, floral arrangements, etc.	XX ¹ <input type="checkbox"/> X	³ <input type="checkbox"/>
b.	Market products through a community supported agriculture (CSA) arrangement	XX ¹ <input type="checkbox"/> X	³ <input type="checkbox"/>
c.	Market products at a farmers market or farm stand	XX ¹ <input type="checkbox"/> X	³ <input type="checkbox"/>
d.	Market products to restaurants	XX ¹ <input type="checkbox"/> X	³ <input type="checkbox"/>
e.	Market products to institutions (such as schools)	XX ¹ <input type="checkbox"/> X	³ <input type="checkbox"/>
f.	Market products to grocery stores	XX ¹ <input type="checkbox"/> X	³ <input type="checkbox"/>
g.	Donate products to food pantries or shelters	XX ¹ <input type="checkbox"/> X	³ <input type="checkbox"/>

23. In 2014, how many people (individuals) were involved in making the day-to-day decisions for this agricultural activity (backyard garden, community garden, school garden, roof-top garden, greenhouse, etc.)? Enter the total number of individuals and the number of women. Exclude hired workers unless they were a hired manager or family member.

Total Number of Individuals	Number of Women
xxx	xxx

24. Answer the following questions for up to four individuals who made the day-to-day decisions for this urban agricultural activity, referred to here as an urban farm, which includes backyard garden, community garden, school garden, roof-top garden, greenhouse, hoop house, *etc.*, as of December 31, 2014.

	Respondent	Person 2	Person 3	Person 4
a. Name	xxx	xxx	xxx	xxx
b. Sex	xxx 1 <input type="checkbox"/> Male 3 <input type="checkbox"/> Female	xxx 1 <input type="checkbox"/> Male 3 <input type="checkbox"/>	xxx 1 <input type="checkbox"/> Male 3 <input type="checkbox"/>	xxx 1 <input type="checkbox"/> Male 3 <input type="checkbox"/>
c. At which occupation did each person spend the majority (50 percent or more) of his/her worktime in 2014?	Mark one answer only xxx 1 <input type="checkbox"/> Urban farm 2 <input type="checkbox"/> Other	Mark one answer only xxx 1 <input type="checkbox"/> Urban farm 2 <input type="checkbox"/> Other	Mark one answer only xxx 1 <input type="checkbox"/> Urban farm 2 <input type="checkbox"/> Other	Mark one answer only xxx 1 <input type="checkbox"/> Urban farm 2 <input type="checkbox"/> Other
e. Is this person retired from farming?	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
f. How many days did each person work at least four hours per day in an off-farm job. Include work on someone else's farm for pay.	Mark one answer only xxx 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	Mark one answer only xxx 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	Mark one answer only xxx 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	Mark one answer only xxx 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 each person live at the address where the urban farm is located at any time in 2014?	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
h. In what year did each person begin to operate any part of this urban farm?	xxx year	xxx year	xxx year	xxx year
i. In what year did each person begin to operate ANY urban farm?	xxx year	xxx year	xxx year	xxx year
j. What was each person's age on Dec 31, 2014?	xxx years	xxx years	xxx years	xxx years
k. Is the person of Spanish, Hispanic, or Latino origin or background, such as Mexican, Cuban, or Puerto Rican, regardless of race?	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

	Respondent	Person 2	Person 3	Person 4
	Mark one or more	Mark one or more	Mark one or more	Mark one or more
I. Race?	xxx <input type="checkbox"/> White	xxx <input type="checkbox"/> White	xxx <input type="checkbox"/> White	xxx <input type="checkbox"/> White
	xxx <input type="checkbox"/> Black or African American	xxx <input type="checkbox"/> Black or African American	xxx <input type="checkbox"/> Black or African American	xxx <input type="checkbox"/> Black or African American
	xxx <input type="checkbox"/> American Indian or Alaskan Native. Specify Tribe	xxx <input type="checkbox"/> American Indian or Alaskan Native. Specify Tribe	xxx <input type="checkbox"/> American Indian or Alaskan Native. Specify Tribe	xxx <input type="checkbox"/> American Indian or Alaskan Native. Specify Tribe
	xxx <input type="checkbox"/> Asian	xxx <input type="checkbox"/> Asian	xxx <input type="checkbox"/> Asian	xxx <input type="checkbox"/> Asian
	xxx <input type="checkbox"/> Native Hawaiian or other Pacific Islander	xxx <input type="checkbox"/> Native Hawaiian or other Pacific Islander	xxx <input type="checkbox"/> Native Hawaiian or other Pacific Islander	xxx <input type="checkbox"/> Native Hawaiian or other Pacific Islander
	Mark one answer only	Mark one answer only	Mark one answer only	Mark one answer only
r. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, National Guard?	xxx 1 <input type="checkbox"/> Never served in the military 2 <input type="checkbox"/> Only on active duty for training in the Reserves or National Guard 3 <input type="checkbox"/> Now on active duty 4 <input type="checkbox"/> On active duty in the past, but not now	xxx 1 <input type="checkbox"/> Never served in the military 2 <input type="checkbox"/> Only on active duty for training in the Reserves or National Guard 3 <input type="checkbox"/> Now on active duty 4 <input type="checkbox"/> On active duty in the past, but not now	xxx 1 <input type="checkbox"/> Never served in the military 2 <input type="checkbox"/> Only on active duty for training in the Reserves or National Guard 3 <input type="checkbox"/> Now on active duty 4 <input type="checkbox"/> On active duty in the past, but not now	xxx 1 <input type="checkbox"/> Never served in the military 2 <input type="checkbox"/> Only on active duty for training in the Reserves or National Guard 3 <input type="checkbox"/> Now on active duty 4 <input type="checkbox"/> On active duty in the past, but not now
s. How many people lived in each person's household in 2014?	Number of persons living in the Respondent's household xxx number	Number living in household of Person 2. Enter "0" if Person 2 was counted in the previous column. xxx number	Number living in household of Person 3. Enter "0" if Person 3 was counted in the previous column. xxx number	Number living in household of Person 4. Enter "0" if Person 4 was counted in the previous column. xxx number
u. Is this person a hired manager for this urban farm?	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

25. Would the Respondent, Person 2, Person 3, or Person 4 be considered the Primary Operator?

xxx 1 Respondent 2 Person 2 3 Person 3 4 Person 4 5 Other Person

226. How many beginning farmers not listed above make decisions for this urban farm? A “beginning farmer” is a person who has been a farmer (made decisions for an operation) for a total of less than 10 years.

Number
xxx

27. Answer the following as to who was responsible for the major decisions, either primarily or jointly, as of December 31, 2014? For each person and for each item, mark as many as apply.

Mark as many as apply

	Respondent	Person 2	Person 3	Person 4	Owner or Contractor (Skip this column if operation is owned)	Contract Service
a. Land acquisition or sales decisions also including leasing.	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No
b. Land use and crop decisions including planting, crop spraying, or other, e.g., grazing.	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No
c. Livestock decisions including purchase and marketing, breeding or pasturing.	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No
d. Major farm equipment purchases or sale.	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No
e. Hiring and/or contracting with agriculture service or business service providers.	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No
f. Business management, accounting, payroll, marketing decisions.	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No
g. Applying for government programs.	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> No

28. In 2014, how many households shared in the net farm income of this operation?

Number
xxx

29. In 2014, what percent of the principal operator's total household income came from this urban farm?

Percent (%)
xxx

30. At any time during 2014, did this urban farm have internet access, either on the operation or at the principal operator's residence?

xxx Yes – Report the type of service that was used to access the internet. Check all that apply. No

xxx <input type="checkbox"/> Dial-up service	xxx <input type="checkbox"/> Fiber-optic service	xxx <input type="checkbox"/> Broadband over Power Lines (BPL)
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xxx <input type="checkbox"/> DSL service	xxx <input type="checkbox"/> Mobile broadband plan for a computer or a cell phone	xxx <input type="checkbox"/> Other, specify below
xxx <input type="checkbox"/> Cable modem service	xxx <input type="checkbox"/> Satellite service	xxx

31. Thank you for participating in the survey. Do you have any additional comments? [Write them in the box below].

Xxx

Respondent Name		Area Code and Phone Number		Date (MM DD YY)
xxx	xxx		xxx	

32. [Were the questions in this study appropriate for this respondent?]

xxx ¹ Yes – Go to item 22 ³ No – Explain why the questions were not appropriate

xxx

33. [Describe what you encountered at this location. Was there agriculture? What was at the location, etc.?.]

xxx

Enumerator Name		Area Code and Phone Number
xxx	xxx	

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Response	9901	Respondent	9902	Mode	9903	Enum.	9998	Eval.	9900	9985	Office Use for POID				
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est		1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth		1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-e-mail 7-Fax 8-CAPI 19-Other							9989	_ _ _ _ - _ _ _ - _ _ _			
											Optional Use				
											9907	9908	9906	9916	

S/E Name
