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| Project Code 102 QID 120034A | | OMB No. 0535-0088: Approval Expires 4/30/2015 | | |
| **SURVEY_LOGO_1:USDA_logo_bw.gif** | **FORM A SOYBEAN YIELD SURVEY**  **SEGMENT\_\_\_\_\_\_\_\_\_ TRACT\_\_\_\_\_\_**  **Initial Interview 2015** | | http://nassnet/miso/PRIME_Center/Communication_Guidelines/Official_Logos/NASS%20Graphic/nass_logo_bw.gif | **NATIONAL**  **AGRICULTURAL STATISTICS**  **SERVICE** |

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|  | YEAR, CROP, FORM, MMDD  (1 – 7) | | **Region, State, District** | | **POID** | **Sample** | | **Page** | **of** | |
|  | **\_\_\_ \_\_\_ \_\_\_ \_\_\_** | |
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|  |  | |  | **Date:** | |  | | | | |

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| Earlier this season you gave a representative from our office information about the soybean acreage on your farming operation. We are now collecting information to help determine soybean production in (*Your State*) and the United States  The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107–347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation. Response is **voluntary**. |

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|  | **Starting Time (Military Time)** | 171 |
|  |  | JAS PLANTED TRACT ACRES |

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| 1. Around June 1, you had planted or intended to plant acres  of corn for all purposes in field(s) in this tract.. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | 101 |
| *Show operator his tract and fields on PHOTO. Verify the fields and*  *the acreage of corn planted in the tract and entered in Table A.* |  | DO NOT CHANGE |
| *Record the acreages of corn to be harvested for grain or seed in Column 6*  *and ADD to total*. | If no corn planted in tract, correct Table A and return all Forms. | |

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| **TABLE A** | | | | | | | | | | | | | |
| **FIELD**  **NUMBER**  (Sample field number has ##) | **TOTAL ACRES**  **IN FIELD** | | | | **ACRES PLANTED**  **TO SOYBEANS** | | **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**  (*Col. 2 minus Col. 5*) | |
| **USE** | | **ACRES** | | |
| **1** | **2** | | | | **3** | | **4** | | **5** | | | **6** | |
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|  |  | |  | | 112 | **. \_\_\_\_** |  | |  | | |  |  |
| 2. The total soybean acreage (*column 6*) to be harvested for beans in this tract is . . . . . . . . | | | | | | | | | | | **ACRES** | 102 | **. \_\_\_\_** |
| *Verify that the ACREAGE is correct. If NOT, RE-ADD.* | | | | | | | | | | |  |  |  |
| IF ITEM 2 HAS | | **{** | | -- A ZERO entry – Return all forms. | | | |  | | |  |  |  |
| -- An Acreage entry – CONTINUE. | | | |  | | |  |  |  |

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| 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 for this information collection is 0535-0088. The time required to complete this information collection is estimated to average 20 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. |

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| Question 2 continued |

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| a. Were soybeans planted in field number greater than zero? |
| **YES** – *Continue.* |
| **NO** – *Did you list a NEW FIELD in Table A that is intended for harvest for beans?* |
| **YES** – *This new field is now the sample field. If you listed 2 or more new fields, choose the one*  *closest to the originally selected field. Continue.* |
| **NO** – *Conclude interview, record Form A ending time, and return all forms*. |

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| *All questions below apply to SAMPLE FIELD ONLY.* |  |  |  |
| 3. Copy acres of soybeans for beans in Sample Field Number  from Table A, column 6 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | **ACRES** | 103 | **. \_\_\_\_** |
| 4. What was the row width (planter setting) for the soybeans planted in this sample field? . . . . . | **INCHES** | 110 | **. \_\_\_\_** |

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| **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** | **CODE** | 114 |
| 6. On what date was planting completed in this soybean field? . . . . . . . . . . . . . . . . . . . . . . . . . . | **MM DD** | 107 |
| 7. (Show Respondent Show Card)  What variety are the soybeans in the selected field? | **ENTER CODE** | 130 |
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| **ARKANSAS ONLY:** | 2 = Group II  3 = Group III  4 = Group IV  5 = Group V | 6 = Group VI  7 = Group VII  8 = Don’t Know | . . . . . . . . . |  |  |
| 8. What Maturity Group are the soybeans  in the selected field? . . . . . . . . . . . . . | **CODE** | 108 |

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| 9. With your permission I will go out to the field and mark off two small plots to be used in making plant and fruit counts. I will return to the plots each month until harvest to make counts and measurements, and harvest and weigh a few beans. 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 loss.”** | | | |
| **NO** – Conclude interview and return all forms. | | | |
| a. The United Soybean Board (USB) and the USDA-Agricultural Research Service (ARS) have requested permission to use the soybean samples for compositional traits and disease analysis.   **Do we have your permission** to provide your soybean sample to USB and USDA-ARS? | | **CODE** |  |
| **YES** = 1  **NO** = 3 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | 131 |
| 10. Have you or will you apply pesticides with organophosphorous content to the sample field? | | | |
| **YES**   **DON’T KNOW**  **NO** |  | |  |

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| *If YES, enter latest application date and name of pesticide .* | | | |
| 11. **Respondent Name** | | | |
|  | Ending Time (Military) | | 172 |
| **IMPORTANT:** Review for completeness. Record ending time and sign name. Record operator’s telephone number, expected harvest date, and pesticide intentions (*item 10*), on your kit envelope. | Enumerator Number | | 190 |
|  | Supervisor Number | | 191 |
|  | | Evaluation | 193 |
|  | | R. Unit | 9921 |
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| 12. **Enumerator Name**: | **STATUS CODE** | | 180 |