|  |
| --- |
| **QUARTERLY COLONY LOSS -**  **April** **2015** |
|  | OMB No. 0535- Approval Expires: 2/4/2015Project Code: 115 QID:       SMetaKey: 3690 |
|  |
| **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States****Department of****Agriculture** |
|  |  |  | **http://nassnet/miso/PRIME_Center/Communication_Guidelines/Official_Logos/NASS%20Graphic/nass_logo_bw.gif** | **NATIONAL****AGRICULTURAL****STATISTICS****SERVICE** |

|  |  |
| --- | --- |
| Please make corrections to name, address, and Zip Code, if necessary. | **USDA/NASS**National Operations Division9700 Page Avenue, Suite 400St. Louis, MO  63132-1547Phone: 1-888-424-7828Fax: 1-855-515-1328E-mail: nass@nass.usda.gov |
|  |  |
| 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**. |
| 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 number is 0535-. 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. |

|  |
| --- |
|  |
| **SECTION** **1 - APIARIES** |

|  |
| --- |
|  |
| 1.  Between January 1, 2015 and March 31, 2015, did this operation own or control any apiaries? |
|   | 2705 | **1****[ ]  Yes –** Go to Section 2**3****[ ]  No –** Go to Section 9 |

|  |
| --- |
|  |
| **SECTION 2 - COLONIES OWNED** |

|  |  |
| --- | --- |
|  |  |
| 1. On January 1, 2015, how many total colonies did this operation own, regardless of location? . . . . . .  | 2706 |
| 2. On March 31, 2015, how many total colonies did this operation own, regardless of location? . . . . . . .  | 2707 |

|  |
| --- |
| **SECTION 3 - COLONIES BY STATE: JANUARY THROUGH MARCH** |

|  |
| --- |
| 1. Please report for all colonies owned by this operation between January 1, 2015 and March 31, 2015. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **O****F****F****I****C****E****U****S****E** | **1** | **2** | **3** | **4** | **5** | **6** |
| BetweenJanuary 1and March 31, in which states were your colonies located? (**Exclude** states that were only passed through to reach a destination state.) | Were these colonies located in this state on January 1:(Check “No” if colonies were moved into the state after January 1) | How many colonies did you have in this state on January 1, or when they were first moved into this state after January 1? | Of the (column 3) colonies, how many were completely lost/dead out betweenJanuary 1 and March 31? | Of the (column 3) colonies, how many were requeened and/or received nucs/packages between January 1 and March 31? (**Exclude** completely lost/dead out colonies reported in column 4.) | How many new colonies did you add in this state betweenJanuary 1 and March 31? (**Include** splits, newly created, and replacements of lost/dead out colonies. **Exclude** colonies reported in column 5.) |
|  | **(State)** |  **Yes** | **No** | **(Colonies)** | **(Colonies)** | **(Colonies)** | **(Colonies)** |
| 2710 | **A** |  | 2711 1[ ]  | 3[ ]  | 2712 | 2713 | 2714 | 2715 |
| 2710 | **B** |  | 2711 1[ ]  | 3[ ]  | 2712 | 2713 | 2714 | 2715 |
| 2710 | **C** |  | 2711 1[ ]  | 3[ ]  | 2712 | 2713 | 2714 | 2715 |
| 2710 | **D** |  | 2711 1[ ]  | 3[ ]  | 2712 | 2713 | 2714 | 2715 |
| 2710 | **E** |  | 2711 1[ ]  | 3[ ]  | 2712 | 2713 | 2714 | 2715 |
| 2710 | **F** |  | 2711 1[ ]  | 3[ ]  | 2712 | 2713 | 2714 | 2715 |
| 2710 | **G** |  | 2711 1[ ]  | 3[ ]  | 2712 | 2713 | 2714 | 2715 |

|  |
| --- |
| **SECTION 4 – COLONIES RENOVATED/ADDED**  |

|  |
| --- |
| 1. Between January 1, 2015 and March 31, 2015, how many new colonies were added or received new honey bees by the following methods? |

|  |  |  |
| --- | --- | --- |
|  | **None** | **Colonies** |
| a. Purchased package (with or without queen) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | [ ]  | 2760 |
| b. Purchased nuc . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | [ ]  | 2761 |
| c. Purchased queen/queen cell only . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | [ ]  | 2762 |
| d. Self-created queen/queen cell . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | [ ]  | 2763 |
| e. Captured swarm . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | [ ]  | 2764 |

|  |
| --- |
| **SECTION 5 – LOSS**  |

|  |
| --- |
| 1. Of the total colonies owned between January 1, 2015 and March 31, 2015, did any lost colonies experience all of the following symptoms? |

|  |
| --- |
| * Little to no build-up of dead bees in the hive or at the hive entrance
* Rapid loss of adult bee population despite the presence of queen, capped brood, and food reserves
* Absence or delayed robbing of the food reserves
* Loss not attributable to Varroa or Nosema loads
 |
|  |
| 2770  | 1[ ]  **Yes** - Continue3[ ]  **No** - Go to Section 64[ ]  **No Loss** - Go to Section 62[ ]  **Don't Know** - Go to Section 6 |
|  | **Colonies** |
| 2. How many colonies did you lose that experienced all of the symptoms in Item 1? . . . . . . . . . . . . .  | 2771  |

|  |
| --- |
|  |

|  |
| --- |
| **SECTION 6 – COLONY HEALTH: JANUARY THROUGH MARCH**  |

|  |
| --- |
| 1. Of the total colonies owned between January 1, 2015 and March 31, 2015, how many colonies by state were affected by the following, but not necessarily lost? Note: The total of columns 2 through 7 may exceed the total number of colonies in a state. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Varroa****Mites** | **Other Pests****and****Parasites 1** | **Diseases 2** | **Pesticides** | **Other 3** | **Unknown** |
| **(State)** | **(Colonies)** | **(Colonies)** | **(Colonies)** | **(Colonies)** | **(Colonies)** | **(Colonies)** |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |

1/ Includes Tracheal Mites, Nosema, Hive beetle, Wax moths, etc.

2/ Includes American and European foulbrood, Chalkbrood, Stonebrood, Paralysis (acute and chronic), Kashmir, Deformed Wing, Sacbrood, IAPV, Lake Sinai II, etc.

3/ Includes weather, starvation, insufficient forage, queen failure, hive damage/destroyed, etc.

|  |
| --- |
| **SECTION 7 – COMMENTS** |

|  |
| --- |
|       |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
|  |  |
| **SECTION 8 - CHANGE IN OPERATION**  |  |
|  |  |

|  |
| --- |
| 1. Has the operation named on the label been sold or turned over to someone else? |
|  [ ]  **Yes** – Identify the new operator(s) [ ]  **No** – Go to Section 9 |
|  Operation Name:  |
|  Operator Name:  |
|  Address:  |
|  City: State: Zip:  |
|  Phone: ( ) -  |

|  |  |
| --- | --- |
|  |  |
| **SECTION 9 - CONCLUSION**  |  |
|  |  |

|  |
| --- |
| 1. Do you make any day-to-day decisions for any other apiaries?  |
| 1[ ] **Yes** – List other operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3[ ] **No** |
|  |
| **THANK YOU FOR YOUR COOPERATION** |

|  |  |  |
| --- | --- | --- |
| Respondent Name: \_\_ | 9911 Phone: (\_\_\_\_\_) \_\_\_\_\_-- \_\_\_\_\_\_\_\_\_\_ | 9910 MM DD YY Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
|  |
| **Response** | **Respondent** | **Mode** | **Enum.** | **Eval.** | **Change** |  | **Office Use for POID** |
| 1-Comp2-R3-Inac4-Office Hold5-R – Est6-Inac – Est7-Off Hold – Est | 9901 | 1-Op/Mgr2-Sp3-Acct/Bkpr4-Partner9-Oth | 9902 | 1-Mail2-Tel3-Face-to-Face4-CATI5-Web6-e-mail7-Fax8-CAPI19-Other | 9903 | 9998 | 9900 | 9985 |  | 9989 | \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ |
|  |
| **Optional Use** |
| 9907 | 9908 | 9906 | 9916 |
| S/E Name |  |  |  |  |