

# BEE AND HONEY INQUIRY – December 2015

OMB No. 0535-0153  
 Approval Expires: 6/30/2016  
 Project Code: 196 QID: 110096-AL  
 SMetaKey: 3836

**(FOR OPERATIONS WITH 4 OR FEWER COLONIES)**



**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](mailto:nass@nass.usda.gov)

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

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 0535-0153. The time required to complete this information collection is estimated to average 10 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.

State	POID	Tract	Subtr.
____	_____	____	____

1. During 2015, did this operation own or control any apiaries?

2701    1  **Yes** – Go to Item 3, page 2                      3  **No** – Continue

2. Did this operation have any honey sales in 2015 from any production year?

2703    1  **Yes** – Go to Item 6, page 2                      3  **No** – Go to Item 12, page 4

FOR OFFICE USE ONLY
2701
2703
9921

Please respond for all apiaries owned during 2015:

	<b>None</b>	
3. What was the largest number of colonies for all purposes that this operation had in 2015? (Include colonies for honey production, pollination, hobby, etc.) . . . . .	<input type="checkbox"/>	1851
4. From how many of these colonies did you harvest or "pull off" honey? . . . . .	<input type="checkbox"/>	1852
		<b>Pounds</b>
5. How many total pounds of honey were harvested from these colonies? . . . . .	<input type="checkbox"/>	1853
6. Did you <b>sell</b> any honey during <b>2015</b> ?		
1854 <input type="checkbox"/> <b>Yes</b> – Go to Item 6a <input type="checkbox"/> <b>No</b> – Go to Item 7		
a. What was your total income from honey sales? . . . . .		1855 \$
7. During 2015, did this operation receive any income from contracting colonies as pollinators?		
1856 <input type="checkbox"/> <b>Yes</b> – Go to Item 7a <input type="checkbox"/> <b>No</b> – Go to Item 8		
a. What was your total dollar amount received from contracting colonies for pollination? . . . . .		1857 \$
8. During 2015, did this operation receive any other income for honey bees? (Including sales of queen/queen cells, beeswax, propolis, etc.)		
1858 <input type="checkbox"/> <b>Yes</b> – Go to Item 8a <input type="checkbox"/> <b>No</b> – Go to Item 9		
a. What was your total other income from honey bees? . . . . .		1859 \$
9. In 2015, what were total expenditures for the following items on this operation:	<b>None</b>	
a. Varroa control/treatment? . . . . .	<input type="checkbox"/>	1860 \$
b. Prevent/treat other colony health issues? (Including Nosema, tracheal mites, foulbrood, paralysis, Kashmir, cloudy wing, etc.) . . . . .	<input type="checkbox"/>	1861 \$
c. Feed? (Including syrup, sugar water, honey, pollen patties, and other feeds.) . . . . .	<input type="checkbox"/>	1862 \$
d. Purchased queens? (Exclude self-created queens.) . . . . .	<input type="checkbox"/>	1863 \$
e. Purchased packages? . . . . .	<input type="checkbox"/>	1864 \$
f. Purchased nucs? . . . . .	<input type="checkbox"/>	1865 \$
g. New foundation for combs? (Exclude comb purchased with nucs.) . . . . .	<input type="checkbox"/>	1866 \$
h. New hives? (Langstroth, Top bar, other) . . . . .	<input type="checkbox"/>	1867 \$
10. During 2015, did this operation pay any fees to winter colonies in a warehouse or on land?		
1868 <input type="checkbox"/> <b>Yes</b> – Go to Item 10a <input type="checkbox"/> <b>No</b> – Go to Item 11		
a. What were your total fees/rent to winter your colony? . . . . .		1869 \$
		<b>Employees</b>
11. During 2015, including yourself, what was the peak number of people working on your apiaries? (Exclude employees that did not work with colonies, i.e. office staff, etc.) . . . . .		1870

**NOTES/COMMENTS**

Complete Items 12, 13, and 14 only if the operation named on the label did NOT report for Items 3, 4, or 6; otherwise, go to Item 13.

12. Will this operation own or control any apiaries in 2016?

2702       **Yes**                                       **No**

13. Has the operation named on the label been sold, rented, or turned over to someone else?

**Yes** – Continue                                       **No**      →

14. What is the name and address of the new operation that has taken over the land or colonies?

Operation Name: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Will the land be used for any agricultural purpose by you (the operator), or anyone else in the next year, or will you control or own bee colonies in the future? (Include growing crops, grains, row crops, oilseeds, fruits, vegetables, or specialty crops, raising any livestock or poultry).

**Yes**                       **Don't Know**                       **No**

(Regardless of answer to above, write a note to explain the situation.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. **SURVEY RESULTS:** To receive the complete results of this survey on the release date, go to [http://www.nass.usda.gov/Surveys/Guide\\_to\\_NASS\\_Surveys/](http://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/)

Would you rather have a brief summary mailed to you at a later date?    9990     **Yes**                       **No**

**Comments:**

Respondent Name: \_\_\_\_\_

9911		9910	MM	DD	YY
Phone: (      )      -					

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