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| **2015 Local food MARKETING PRACTICES survey**  **Misclassification follow-up Form** | | | | | | | | |
|  | | | | | | | OMB No. 0535-xxxx  Approval Expires: xx/xx/xxxx  Project Code: xxx QID: xxxxxx  SMetaKey: xxxx | |
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|  |  | |  | | | | **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States**  **Department of**  **Agriculture** |
|  |  | |  | | | | **nass_logo_bw.jpg** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |
|  |  |  | |  |  |  | **USDA/NASS**  National Operations Division  1400 Independence Ave., S.W.  Washington, DC 20250-2000  Phone: 1-800-727-9540  Fax: 202-690-2090  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 to this inquiry 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-xxxx. The time required to complete this information collection is estimated to average 5 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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| Enumerator ID: |
| State: |
| POID: |
| Interview Date: |
|  |
| Operation Name: |
| Operator’s Name: |
| Address: |
| Telephone: |
|  |
| Survey Respondent: |
| Current Respondent: |

Good (Morning/Afternoon/Evening):

I’m [Enumerator Name] with the USDA’s National Agricultural Statistics Service. Thank you for your response to the 2015 Local Food Marketing Practices Survey. I am calling your operation today as part of our survey quality assurance measures. Will you help me by answering a few questions about your 2015 Local Food Marketing Practices Survey? Your response is voluntary and not required by law, but your cooperation will be greatly appreciated. Facts about your operation will be kept confidential.

*(If yes)* Great, and are you the most knowledgeable person about the operation?

*(If not most knowledgeable person)* Can I speak to the most knowledgeable person for the operation?

These questions will take about 5 minutes. First, I’d like to verify the data for a question that was collected in the survey. Then, I may ask follow-up questions based on the information you provide.

1. In 2015, did this operation (name on label):

* Grow any **crops**, including field crops, fruits, vegetables, nursery/greenhouse, or other specialty crops; or
* Cut any **hay**; or
* Have any **livestock**, **aquaculture**, **poultry**, or honey **bees**; or
* Sell any **agricultural products**?

Yes – *Continue to Q2*

No – *Skip to Q7*

2. In 2015, did this operation **produce and sell** any crops, livestock, poultry, or agricultural products **directly to a consumer?** This **includes**:

* Farmers markets;
* On-farm stores or farm stands;
* Roadside stands or stores;
* Community Supported Agriculture (CSA); and
* Online marketplaces.

Yes

No

3. In 2015, did this operation **produce and sell** any crops, livestock, poultry, or agricultural products **directly to a retail market?** This **includes**:

* Supermarkets;
* Supercenters;
* Restaurants;
* Caterers;
* Independently owned grocery stores; and
* Food cooperatives.

Yes

No

4. In 2015, did this operation **produce and sell** any crops, livestock, poultry, or agricultural products **directly to an institution?** This **includes**:

* K-12 schools;
* Colleges or universities;
* Hospitals;
* Workplace cafeterias;
* Prisons; and
* Foodbanks.

Yes

No

5. In 2015, did this operation **produce and sell** any crops, livestock, poultry, or agricultural products **directly to an intermediate market? Intermediate markets** are businesses or organizations in the middle of the supply chain marketing mostly locally- and/or regionally-branded products such as:

* Distributers;
* Food hubs;
* Brokers;
* Auction houses;
* Wholesale and terminal markets; and
* Food processors..

Yes

No

***(Programmer’s Note: If NO to ALL Questions in Q2-5, Skip to Conclusion. If YES to ANY Questions in Q2-5, Continue to Q6.)***

6. Were any of the products that this operation produced and sold directly to a consumer, a retail market, an institution, or an intermediate market in 2015 **food for humans to eat or drink**?

**Include:**

* Edible agricultural products for human consumption

**Exclude:**

* Hay
* Cut flowers
* Christmas tress
* Nursery products

Yes – *Skip to Conclusion*

No – *Skip to Conclusion*

7. Can you tell me why this operation (name on label) did **NOT**:

* Grow any **crops**, including field crops, fruits, vegetables, nursery/greenhouse, or other specialty crops; or
* Cut any **hay**; or
* Have any **livestock**, **aquaculture**, **poultry**, or honey **bees**; or
* Sell any **agricultural products** in 2015?

*Enumerator, please check all that apply and then proceed to conclusion:*

The operation was never a farm

The operator of the operation is deceased

The operator of the operation is retired

The operation is out of business or sold

The operator is a landlord and rents the entire operation out to someone else

The operator of the operation moved out of state (Please specify the new state the operator is located in :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

The operation is on leased land and the operator gave up the lease

Other reason? (Please specify :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[*Conclusion*] Thank you. This concludes the quality assurance follow-up for the 2015 Local Food Marketing Practices Survey. Your time and participation is greatly appreciated!