

# QUARTERLY COLONY LOSS – January 2017

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

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## SECTION 1 – APIARIES

1. Between October 1, 2016 and December 31, 2016, did this operation own or control any apiaries?

2705  **Yes** – Go to Section 2

**No** – Go to Section 8

## SECTION 2 – COLONIES OWNED

1. On October 1, 2016, how many total colonies did this operation own, regardless of location? . . . . .

|      |
|------|
| 2706 |
|------|

2. On December 31, 2016, how many total colonies did this operation own, regardless of location? . . . . .

|      |
|------|
| 2707 |
|------|

**SECTION 3 – COLONIES BY STATE: OCTOBER THROUGH DECEMBER**

1. Please report for all colonies owned by this operation between October 1, 2016 and December 31, 2016.

| OFFICE<br>USE    | 1  | 2   | 3   | 4   | 5  | 6   | 7   |
|------------------|--|---|---|---|--|---|---|
|                  | Between October 1 and December 31, in which states were your colonies located? (Exclude states that were only passed through to reach a destination state.)<br>(State) | Were these colonies located in this state on October 1?<br>(Check "No" if colonies were moved into the state between October 2 and December 31)<br>Yes No | How many colonies did you have in this state on October 1, or when they were first moved into this state after October 1?<br>(Colonies) | Of the (column 3) colonies, how many were completely lost/dead out between October 1 and December 31?<br>(Colonies) | Of the (column 3) colonies, how many were requeened? (Exclude completely lost/dead out colonies reported in column 4.)<br>(Colonies) | Of the (column 3) colonies, how many received nucs or packages? (Exclude completely lost/dead out colonies reported in column 4.)<br>(Colonies) | How many new colonies did you add? (Include splits, newly created, and replacement colonies. Exclude colonies reported in columns 5 and 6.)<br>(Colonies) |
| 2710<br><b>A</b> |  | 2711<br>1 <input type="checkbox"/> 3 <input type="checkbox"/>   | 2712  | 2713  | XXXX   | XXXX  | 2715  |
| 2710<br><b>B</b> |  | 2711<br>1 <input type="checkbox"/> 3 <input type="checkbox"/>   | 2712  | 2713  | XXXX   | XXXX  | 2715  |
| 2710<br><b>C</b> |  | 2711<br>1 <input type="checkbox"/> 3 <input type="checkbox"/>   | 2712  | 2713  | XXXX   | XXXX  | 2715  |
| 2710<br><b>D</b> |  | 2711<br>1 <input type="checkbox"/> 3 <input type="checkbox"/>   | 2712  | 2713  | XXXX   | XXXX  | 2715  |
| 2710<br><b>E</b> |  | 2711<br>1 <input type="checkbox"/> 3 <input type="checkbox"/>   | 2712  | 2713  | XXXX   | XXXX  | 2715  |
| 2710<br><b>F</b> |  | 2711<br>1 <input type="checkbox"/> 3 <input type="checkbox"/>   | 2712  | 2713  | XXXX   | XXXX  | 2715  |
| 2710<br><b>G</b> |  | 2711<br>1 <input type="checkbox"/> 3 <input type="checkbox"/>   | 2712  | 2713  | XXXX   | XXXX  | 2715  |

2. Between October 1 and December 31, did this operation sell any of the colonies in column 3? (Exclude packages and nucs created specifically for sale.)

1856 1  **Yes** – Go to Item 2a 3  **No** – Go to Section 4

a. How many colonies from those reported in column 3 were sold? .....

**Colonies**

|      |
|------|
| XXXX |
|------|

|                                |
|--------------------------------|
| <b>FOR OFFICE<br/>USE ONLY</b> |
| XXX                            |

**SECTION 4 – LOSS**

1. Of the total colonies owned between October 1, 2016 and December 31, 2016, 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 honey 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  **Yes** - Continue  
 3  **No** - Go to Section 6  
 4  **No Loss** - Go to Section 6  
 2  **Don't Know** - Go to Section 6

**Colonies**

|      |
|------|
| 2771 |
|------|

2. How many colonies did you lose that experienced all of the symptoms in Item 1? .....

**SECTION 5 – COLONY HEALTH: OCTOBER THROUGH DECEMBER**

1. Of the total colonies owned between October 1, 2016 and December 31, 2016, 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.

| OFFICE<br>US     | 1       | 2                          | 3  | 4                                   | 5                        | 6                                | 7                     |
|------------------|---------|----------------------------|--|-------------------------------------|--------------------------|----------------------------------|-----------------------|
|                  | (State) | Varroa Mites<br>(Colonies) | Other Pests and Parasites <sup>1</sup><br>(Colonies) | Diseases <sup>2</sup><br>(Colonies) | Pesticides<br>(Colonies) | Other <sup>3</sup><br>(Colonies) | Unknown<br>(Colonies) |
| 2774<br><b>A</b> |         | 2775                       | 2776   | 2777                                | 2780                     | 2781                             | 2782                  |
| 2774<br><b>B</b> |         | 2775                       | 2776   | 2777                                | 2780                     | 2781                             | 2782                  |
| 2774<br><b>C</b> |         | 2775                       | 2776   | 2777                                | 2780                     | 2781                             | 2782                  |
| 2774<br><b>D</b> |         | 2775                       | 2776   | 2777                                | 2780                     | 2781                             | 2782                  |
| 2774<br><b>E</b> |         | 2775                       | 2776   | 2777                                | 2780                     | 2781                             | 2782                  |
| 2774<br><b>F</b> |         | 2775                       | 2776   | 2777                                | 2780                     | 2781                             | 2782                  |
| 2774<br><b>G</b> |         | 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.

|                                |     |
|--------------------------------|-----|
| <b>FOR OFFICE<br/>USE ONLY</b> | xxx |
|--------------------------------|-----|

**SECTION 6 – COMMENTS**

**SECTION 7 – 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 8

Operation Name: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

**SECTION 8 – CONCLUSION**

1. Do you make any day-to-day decisions for any other apiaries?

**Yes** – List other operations: \_\_\_\_\_

**No**

**THANK YOU FOR YOUR COOPERATION**

2. **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**

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

9911

Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

9910

MM

DD

YY

| 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          |      |       |       |        | 9907                  | 9908 | 9906 | 9916 |
|                  |      |             |      | 8-CAPI         |      |       |       |        |                       |      |      |      |
|                  |      |             |      | 19-Other       |      |       |       |        |                       |      |      |      |

S/E Name \_\_\_\_\_