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| **ANNUAL COLONY LOSS INQUIRY –**  **December 2016** | | | | |
|  | | | OMB No. 0535-0255  Approval Expires: 4/30/2018  Project Code: 116 QID: 153782 – HQ  SMetaKey: 3782 | |
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| Please make corrections to name, address, and ZIP Code, if necessary. | **USDA/NASS**  National Operations Division  9700 Page Avenue, Suite 400  St. Louis, MO  63132-1547  Phone: 1-888-424-7828  Fax: 1-855-515-3687  E-mail: [nass@nass.usda.gov](mailto:nass@nass.usda.gov) |
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| **SECTION 1 – APIARIES** |

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| 1. Between January 1, 2016, and December 31, 2016, did this operation own or control any apiaries? | | | |
|  | 2720 | 1**Yes –** Continue | 3**No –** Go to Section 10 |

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| **SECTION 2 – JANUARY THROUGH MARCH 2016** |

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|  | **None** | **Colonies** |
| 2. On January 1, 2016, how many total colonies did this operation own, regardless of location? |  | 2721 |
| 3. Between January 1, 2016, and March 31, 2016, how many: |  |  |
| a. Colonies were completely lost/dead out? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2722 |
| b. Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| c. Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.) . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| d. New colonies did you add? (Include splits, newly created, and replacements of lost/dead out colonies. Exclude colonies that were requeened and/or received nucs/packages in Item 3b. or 3c.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2724 |
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| **SECTION 3 – APRIL THROUGH JUNE 2016** |

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|  | **None** | **Colonies** |
| 4. On April 1, 2016, how many total colonies did this operation own, regardless of location? |  | 2725 |
| 5. Between April 1, 2016, and June 30, 2016, how many: |  |  |
| a. Colonies were completely lost/dead out? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2726 |
| b. Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| c. Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.) . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| d. New colonies did you add? (Include splits, newly created, and replacements of lost/dead out colonies. Exclude colonies that were requeened and/or received nucs/packages in Item 5b. or 5c.) . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2728 |

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| **SECTION 4 – JULY THROUGH SEPTEMBER 2016** |

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|  | **None** | **Colonies** |
| 6. On July 1, 2016, how many total colonies did this operation own, regardless of location? |  | 2729 |
| 7. Between July 1, 2016, and September 30, 2016, how many: |  |  |
| a. Colonies were completely lost/dead out? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2730 |
| b. Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| c. Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.) . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| d. New colonies did you add? (Include splits, newly created, and replacements of lost/dead out colonies. Exclude colonies that were requeened and/or received nucs/packages in Item 7b. or 7c.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2732 |

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| **SECTION 5 – OCTOBER THROUGH DECEMBER 2016** |

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|  | **None** | **Colonies** |
| 8. On October 1, 2016, how many total colonies did this operation own, regardless of location? |  | 2733 |
| 9. Between October 1, 2016, and December 31, 2016, how many: |  |  |
| a. Colonies were completely lost/dead out? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2734 |
| b. Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| c. Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.) . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| d. New colonies did you add? (Include splits, newly created, and replacements of lost/dead out colonies. Exclude colonies that were requeened and/or received nucs/packages in Item 9b. or 9c) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2736 |
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| **SECTION 7 – LOSS IN 2016** |

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| 11. Of the total colonies **lost** between January 1, 2016, and December 31, 2016, did any colonies experience **all** of the following symptoms? |

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| * 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 | | |
| 2742 | 1**Yes –** Continue  3**No –** Go to Section 8  4**No Loss –** Go to Section 8  2**Don't Know –** Go to Section 8 | |
|  | | **Colonies** |
| 12. How many colonies did you lose that experienced **all** of the symptoms in Item 1? . . . . . . . . . . . . . | | 2743 |
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| **SECTION 8 – COLONY HEALTH IN 2016** |

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| 13. Of the total colonies owned between January 1, 2016, and December 31, 2016, how many colonies were affected by the following, but not necessarily lost? **Note**: The total of rows a through h, may exceed the total number of colonies. | | | |
|  | **None** | **Colonies** |
| a. Varroa Mites . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2744 |
| b. Other Pests and Parasites1 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2745 |
| c. Diseases2 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2746 |
| d. Pesticides . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2749 |
| e. Other5 (Specify) 2750 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 2751 |
| f. Unknown . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 2752 |
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| 1/ Includes Tracheal Mites, Nosema, Hive beetle, Wax moths, etc.  2/ Includes American and European foulbrood, Chalkbrood and Stonebrood, Paralysis (acute and chronic), Kashmir, Deformed Wing, Sacbrood, IAPV, Lake Sinai II, etc.  5/ Includes weather, starvation, insufficient forage, queen failure, hive damage/destroyed, etc. |
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| **SECTION 9 – COMMENTS** |

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| **SECTION 10 – CHANGE IN OPERATION** |  |
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| 1. Has the operation named on the label been sold or turned over to someone else? |
| 1**Yes** – Identify the new operator(s) 3**No** – Go to Section 9 |
| Operation Name: |
| Operator Name: |
| Address: |
| City: State: Zip: |
| Phone: ( ) - |

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| **SECTION 11 – CONCLUSION** |  |
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| 1. Do you make any day-to-day decisions for any other apiaries? |
| 1**Yes –** List other operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3**No** |
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| **THANK YOU FOR YOUR COOPERATION** |
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| 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/> |

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| Would you rather have a brief summary mailed to you at a later date? 9990 1**YES** 3**NO** |  |

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| Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | 9911  Phone: (\_\_\_\_\_) \_\_\_\_\_–\_\_\_\_\_\_\_\_\_\_ | | | | | | 9910 MM DD YY    Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | |
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| **Response** | | **Respondent** | | **Mode** | | | **Enum.** | **Eval.** | **Change** | **Office Use for POID** | | | | | | |
| 1-Comp  2-R  3-Inac  4-Office Hold  5-R – Est  6-Inac – Est  7-Off Hold – Est | 9901 | 1-Op/Mgr  2-Sp  3-Acct/Bkpr  4-Partner  9-Oth | 9902 | 1-Mail  2-Tel  3-Face-to-Face  4-CATI  5-Web  6-e-mail  7-Fax  8-CAPI  19-Other | | 9903 | 9998 | 9900 | 9985 | 9989 | | \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | | |
|  | | | | | | |
| **Optional Use** | | | | | | |
| 9907 | | | 9908 | 9906 | | 9916 |
| S/E Name | | | | | | |  |  | |  | | | | |  | |