

ANNUAL COLONY LOSS INQUIRY – December 2016

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SECTION 1 – APIARIES

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

2720 **Yes** – Continue **No** – Go to Section 10

SECTION 2 – JANUARY THROUGH MARCH 2016

	None	Colonies
2. On January 1, 2016, how many total colonies did this operation own, regardless of location?	<input type="checkbox"/>	2721
3. Between January 1, 2016, and March 31, 2016, how many:		
a. Colonies were completely lost/dead out?	<input type="checkbox"/>	2722
b. Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.)	<input type="checkbox"/>	xxxx
c. Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.)	<input type="checkbox"/>	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.)	<input type="checkbox"/>	2724

SECTION 3 – APRIL THROUGH JUNE 2016

- 4. On April 1, 2016, how many total colonies did this operation own, regardless of location?
- 5. Between April 1, 2016, and June 30, 2016, how many:
 - a. Colonies were completely lost/dead out?
 - b. Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.)
 - c. Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.)
 - 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.)

None	Colonies
<input type="checkbox"/>	2725
<input type="checkbox"/>	2726
<input type="checkbox"/>	xxxx
<input type="checkbox"/>	xxxx
<input type="checkbox"/>	2728

SECTION 4 – JULY THROUGH SEPTEMBER 2016

- 6. On July 1, 2016, how many total colonies did this operation own, regardless of location?
- 7. Between July 1, 2016, and September 30, 2016, how many:
 - a. Colonies were completely lost/dead out?
 - b. Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.)
 - c. Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.)
 - 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.)

None	Colonies
<input type="checkbox"/>	2729
<input type="checkbox"/>	2730
<input type="checkbox"/>	xxxx
<input type="checkbox"/>	xxxx
<input type="checkbox"/>	2732

SECTION 5 – OCTOBER THROUGH DECEMBER 2016

- 8. On October 1, 2016, how many total colonies did this operation own, regardless of location?
- 9. Between October 1, 2016, and December 31, 2016, how many:
 - a. Colonies were completely lost/dead out?
 - b. Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.)
 - c. Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.)
 - 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.)

None	Colonies
<input type="checkbox"/>	2733
<input type="checkbox"/>	2734
<input type="checkbox"/>	xxxx
<input type="checkbox"/>	xxxx
<input type="checkbox"/>	2736

SECTION 7 – LOSS IN 2016

11. Of the total colonies **lost** between January 1, 2016, and December 31, 2016, did any 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

- 1 **Yes** – Continue
 3 **No** – Go to Section 8
 4 **No Loss** – Go to Section 8
 2 **Don't Know** – Go to Section 8

2742

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

Colonies
2743

SECTION 8 – COLONY HEALTH IN 2016

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	<input type="checkbox"/>	2744
b. Other Pests and Parasites ¹	<input type="checkbox"/>	2745
c. Diseases ²	<input type="checkbox"/>	2746
d. Pesticides	<input type="checkbox"/>	2749
e. Other ⁵ (Specify) 2750 _____	<input type="checkbox"/>	2751
f. Unknown	<input type="checkbox"/>	2752

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.

SECTION 9 – COMMENTS

SECTION 10 – CHANGE IN OPERATION

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: (_____) - _____

SECTION 11 – 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**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/Would you rather have a brief summary mailed to you at a later date? 9990 ¹ **YES** ³ **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 _____