

# ANNUAL COLONY LOSS INQUIRY – December 2016

OMB No. 0535-0255  
Approval Expires: 4/30/2018  
Project Code: 116 QID: 153782 – HQ  
SMetaKey: 3782



United States  
Department of  
Agriculture



NATIONAL  
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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

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

None	Colonies
<input type="checkbox"/>	2721
<input type="checkbox"/>	2722
<input type="checkbox"/>	xxxx
<input type="checkbox"/>	xxxx
<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?  2725

5. Between April 1, 2016, and June 30, 2016, how many:

- Colonies were completely lost/dead out?
- Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.)  2726
- Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.)  xxxx
- 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.)  xxxx

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?  2729

7. Between July 1, 2016, and September 30, 2016, how many:

- Colonies were completely lost/dead out?
- Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.)  2730
- Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.)  xxxx
- 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.)  xxxx

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?  2733

9. Between October 1, 2016, and December 31, 2016, how many:

- Colonies were completely lost/dead out?
- Colonies were requeened (Exclude colonies that were completely lost/dead out in Item 3a.)  2734
- Received nucs or packages? (Exclude colonies that were completely lost/dead out in Item 3a.)  xxxx
- 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.)  xxxx

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

### Colonies

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

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.

a. Varroa Mites . . . . .

b. Other Pests and Parasites<sup>1</sup> . . . . .

c. Diseases<sup>2</sup> . . . . .

d. Pesticides . . . . .

e. Other<sup>5</sup> (Specify) 2750 \_\_\_\_\_

f. Unknown . . . . .

None	Colonies
<input type="checkbox"/>	2744
<input type="checkbox"/>	2745
<input type="checkbox"/>	2746
<input type="checkbox"/>	2749
<input type="checkbox"/>	2751
<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?

**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	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-Fax					- - - -									
7-Off Hold – Est		8-CAPI		19-Other					- - - -									
S/E Name									- - - -									
Optional Use																		
						9907		9908		9906		9916						