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|  AGRICULTURAL RESOURCE MANAGEMENT SURVEY |
|  | OMB No. 0535-0218 Approval Expires: 7/31/2018Project Code: 906 SMetaKey: 1312Phase II |
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|  |  |  |  |  |  | National Agricultural Statistics ServiceU.S Department of AgricultureNOC Division9700 Page Avenue, Suite 400St. Louis, MO 63132-1547Phone: 1-888-424-7828Fax: 1-855-415-3687E-mail: nass@nass.usda.gov |

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| RICE PRODUCTION PRACTICES AND COSTS REPORT FOR 2020  |

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| VERSION9 | STATE\_\_\_ \_\_\_ | ID\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ | TRACT01 | SUBTRACT\_\_\_ \_\_\_ | C-TYPE115 |  |

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| CONTACT RECORD |
| DATE | TIME | NOTES |
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| INTRODUCTION: [*Introduce yourself, and ask for the operator. Rephrase in your own words*.]We are collecting information on practices and costs used to produce rice and need your help to make the information as accurate as possible. 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 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 control number for this information collection is 0535-0218. The time required to complete this information collection is estimated to average 75 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.We encourage you to refer to your farm records during the interview. |
|  |  H H M M |  | SCREENING BOX |  |
|  BEGINNING TIME [*MILITARY*] | 0004 |  |  | 0006 |  |
| \_\_\_ \_\_\_ \_\_\_ \_\_\_ |  |  |

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| [ ]  [*Name, address and partners verified and updated if necessary*] |
| POID \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | POID \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| PARTNER NAME | PARTNER NAME |
| ADDRESS | ADDRESS |
| CITY | STATE | ZIP | PHONE NUMBER | CITY | STATE | ZIP | PHONE NUMBER |
| POID \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | POID \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| PARTNER NAME | PARTNER NAME |
| ADDRESS | ADDRESS |
| CITY | STATE | ZIP | PHONE NUMBER | CITY | STATE | ZIP | PHONE NUMBER |

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| **A** | **RICE FIELD SELECTION**  | **A** |

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|  | **TOTAL PLANTED ACRES** |
| 1. **How many acres of rice did this operation plant for the** **2020 crop year?** [*If no acres planted, review Screening Survey Information Form, make notes, then go to item 4 on back page*]**.**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0050**.\_\_\_\_** |

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| a. Of the total (item 1) acres, how many were planted with the intention of harvesting-- |
|  | **TOTAL ACRES** |  | **NUMBER OF FIELDS** |
| (i) Long grain?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0051 | **+** | 0056 |
| (ii) Medium grain?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0052 | **+** | 0057 |
| (iii) Short grain?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0053 | **+** | 0058 |

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|  **I will follow a simple procedure to make a random selection from the** **rice fields**  **planted for the** **2020 crop.** |
|  | **TOTAL NUMBER OF FIELDS PLANTED** |
| 2. **What is the TOTAL number of** **rice fields that were planted on this operation?** [*If only one field enter “1” and go to item 5*.]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0020 |
|  |  |
| 3. **Please list these fields according to identifying name/number or describe each field,** **then I will tell you which field has been selected**. |
|  |
| [*If there are more than 18 fields make sure item* ***2*** *is* ***TOTAL*** *fields planted,*a*nd list only the 18 fields closest to the operator’s permanent residence.* *If respondent is unable to identify or describe the fields, use the Field Selection Grid Supplement.]* |

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| **FIELD NAME, NUMBER OR DESCRIPTION** |  | **FIELD NAME, NUMBER OR DESCRIPTION** |
| 1 |  | 10 |
| 2 |  | 11 |
| 3 |  | 12 |
| 4 |  | 13 |
| 5 |  | 14 |
| 6 |  | 15 |
| 7 |  | 16 |
| 8 |  | 17 |
| 9 |  | 18 |

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| **APPLY “RANDOM NUMBER” LABEL HERE** |  |
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|  |
| [Enumerator Action: Circle the pair of numbers on the above label associated withthe last numbered field in item 3. Select the field according to the number you circled onthe label, and record the selected number. If only one field, enter “1”.] . . . . . . . . . . . . . . . . . . . . . . . . .  | Selected FieldNumber |
| 0021 |
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| 5.The field selected is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*field name/number/description*). During this interview, the rice questions will be about this selected rice field. [*Be sure the operator can identify the selected field.*] |
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| 6. For the randomly selected field above, please provide the Farm Service Agency (FSA):[If the physical field in this survey spans multiple FSA administrative fields, please include the farm,tract, and field number for the largest administrative field. These numbers are field identifiers that USDAuses to administer farm programs like crop insurance, commodity programs, and conservationprograms. Having this information helps USDA make better use of other data you have provided toUSDA and will improve the types of statistical analysis that can be done with the responses from thissurvey.] | Number |
| a. Farm Number (up to 8 digits) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1070 |
| b. Tract Number (up to 7 digits) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1071 |
| c. Field Number (up to 4 digits, exclude subfield letters) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1072 |

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|  | OFFICE USEOY Field Substituted |
|  | 0022 |

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| **B** | **FIELD CHARACTERISTICS---**SELECTED FIELD | **B** |

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|  | **ACRES** |
| 1. How many acres of rice did this operation plant in the selected field for the 2020 crop?. . . . . . . . . . . . . . .  | 1301 | .\_\_\_ |
|  | CODE |
| a. Are the acres in the selected field CERTIFIED ORGANIC?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | YES = 1 | 1300 |
|  [If item 1a = 1, go to item 2.] |  | Dollars & Cents |
| b. What was the cost, per acre, for third party organic certification?. . . . . . . . . . . . . . . . . . . . . . .  |  | 1891 | .\_\_ \_\_ |

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| c. Was the selected field transitioning into organic rice production in 2020?. . . . . . . . . . . . . . . . . . . .  | YES = 1 | 1399 |
|  | CODE |
| 2. Were the acres in the selected field -- | 1. owned by this operation?
2. rented for cash with the payment being a fixed cash amount?
3. rented for cash with the payment being a flexible cash amount?
4. rented for a share of the crop?
5. rented for some combination of cash and share of the crop?
6. used rent free?
 |  | 1302 |
|  |  |  |  |
| 3. [If field is CASH RENTED (item 2 = 2, 3 or 5), ask item 3, else go to item 4.] | DOLLARS & CENTS PER ACRE |
|  What was the cash rent paid per acre for this 2020 rice field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1303 |  . \_\_ \_\_ |
|  | PERCENT |
| 4. [If field is SHARE RENTED (item 2 = 4 or 5), ask--] What was the landlord’s share of the crop from the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1304 |

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| 5. [If field is RENTED (item 2 = 2, 3, 4,or 5), ask--]  |  |  |  |
|  What was the total cost for all inputs provided by any landlord for the 2020 crop on the selected field? (Include the costs for all inputs, such as seed, fertilizer, chemicals, technical services, custom operations, drying and irrigation. Exclude real estate tax expenses and lime costs paid by the landowner.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | DOLLARS & CENTSPER ACRE | OR | TOTAL DOLLARS |
| 1305 |  . \_\_ \_\_ |  | 1306 |
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| 6. What was the total cost for all inputs provided by any contractor for the 2020 crop on the selected field? (Include the costs for all inputs, such as seed, fertilizer, chemicals, technical services, custom operations, drying and irrigation.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | DOLLARS & CENTSPER ACRE | OR | TOTAL DOLLARS |
| 1309 |  . \_\_ \_\_ |  | 1310 |

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|  | YEAR |
| 7. What year did you (the operator listed on the label) start operating the selected field?. . . . . . . . . . . . . . . .  | 1312\_\_\_ \_\_\_ \_\_\_ \_\_\_ |
|  | MM DD YY |
| 8. On what date was the selected field planted?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1308\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |

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|  | UNITS PER ACRE |  | 1=POUNDS2=CWT3-TONS4-BUSHELS5-BARRELS |
| a. What was your yield goal at planting for the selected field? (Include any ratoon crop.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0216 | .\_\_\_ |  | 0217 |

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| 9. What type of rice was planted in the selected field?. . . .  | 1 Long?2 Medium?3 Short? | . . . . . . . . . . . . . . . . . . . . . . .  | CODE |
| 1324 |

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| [If item 9 = 1, ask--] | Code |
| a. Did you plant an aromatic variety? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 |  |  |
| [If item 9 = 3, ask--] |  | Code |
| b. Did you plant a glutinous or sweet variety? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 |  |  |
| 10. What was the source of the rice seed?. . . . . . . . . . .  | 1 Purchased?2 Homegrown or traded?3 Both? | . . . . . . . . . . . . .  | **CODE** |
| 1317 |

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| [*If item10 = 2 or 3, ask*--] | **DOLLARS & CENTS PER POUND** |
| a. What was the cost per pound for cleaning and treating this seed? | 1321 |  **. \_\_ \_\_** |
| [*If item 10 = 2 or 3, ask*--] | **PERCENT** |
| b. How much of the rice seed planted in this field was grown (*or received in trade*)  by this operation?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1318 |

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| 11. [*If any seed purchased* (item 10 = 1 or 3), *ask* --] | DOLLARS & CENTS PER UNIT |  |  UNIT CODE1 = POUNDS2 = CWT3 = TONS4 = BUSHEL22 = ACRE23 = 50 LB BAGS |
|  What was the total cost per unit of purchased seed for the selected field? Include operator, landlord, and contractor costs, cost of seed treatment, and technology fee. | 1319 |  . \_\_ \_\_ | 1320 |
|  |  |
|  | UNITS |  |  UNIT CODE1 = Pounds/Acre2 = CWT/Acre4 = Bushels/Acre25 = Seeds/Acre38 = Seeds/Foot |
| 12. What was the seeding rate per acre the first time this  field was planted?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1313 |  . \_\_  | 1314 |

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| a. What method of seeding did you use on the selected field?. . . . . . . . . . . . . . . . . . . . . . .  | 1 Water seeded (airplane)?2 Drilled (dry)?3 Airplane (dry)?4 Other, Broadcast (dry)? | . . . . . . . . . . . . . . . .  | CODE |
| 1316 |

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|  | **ACRES** |
| 13. How many acres in the selected field had to be replanted to rice? (Acres replanted = Number of acres x Number of times replanted.). . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1315 | .\_\_\_ |

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|  |  |  | Code |
| 14. For the 2020 rice crop, was the  rice seed--. . . . . . . . . . . . . . . . . . . . . . | 1 Treated with a pesticide prior to purchase?2 Treated with a pesticide after purchase?3 Not treated with a pesticide? | . . . . . . . . . . .  | 3062 |
| [If item 14 = 1 or 2, ask--] | Seed Treatment Name |
| a. What was the name of the seed treatment? Write seed treatment name in the box provided. . . . . . . . . . . . . . . . .  |  |
|  |  | Code |
| b. What was the seed treatment Code? Enter the appropriate seed treatment Code from the Respondent Booklet. Enter 999 if a seed treatment was applied but is not listed.  Enter “-1” if the seed treatment is not known. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2325 |
| 1. For the 2020 rice crop, did you plant a commercial seed product on the selected field?
 | Yes = 1No = 3 | 2340 |
| [If item 15 = 1, ask --] | Commercial Seed Product Name |
| 1. What was the name of the seed product? Write the name in the box provided. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 |  |
|  | Code |
| 1. What was the seed the product code? Enter the appropriate product code from the Respondent Booklet (page 5). Enter 999 if a seed product was purchased but the product is not listed. Enter “-1” if the product is not known. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
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|  |  | CODE |
| 16. Was a hybrid rice seed planted in the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | YES = 1 | 1326 |
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| 17. Did the rice planted on the selected field have any of the following herbicide resistant traits in 2020? Did you use any of the following herbicide resistant traits the last time rice was planted on the selected field?  | 20201 Yes3 No  | Last Year Rice was Planted1 Yes 3 No |
| 1. Herbicide tolerance to imazethapyr and other imidazolinone (IMI) herbicides (e.g. ClearField®) such as Clearfield® Rice or FullPage® Rice . . . . . . . . . .. . . . . . . . .
 |  |  |
| b. Herbicide tolerance to quizalofop (e.g. Provisia®) such as Provisia® Rice. . . . . .  |  |  |
| c. Herbicide tolerance to oxyfluorfen (e.g. GoalTender®) such as ROXY Rice . . . .  |  |  |
| d. Herbicide tolerance to glyphosate (e.g. RoundUp®) . . . . . . . . . . . . . . . . . . . . .  |  |  |
| e. Herbicide tolerance to glufosinate (e.g. Liberty Link®) . . . . . . . . . . . . . . . .  |  |  |
| f. Other herbicide tolerant trait . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  |  |

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| 17. Did you use an “air delivery” or “vacuum (pneumatic) planter”? . . . . . . . . . . . . . . . . . . .  | YES = 1 | 2323 |
|  [If item 17 is YES, ask--] | CODE |
| a. Did you use a talc and/or graphite seed flow lubricant?. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | YES = 1 | 2324 |
| b. Did you use an alternative seed flow lubricant (e.g. Bayer Fluency Agent) instead of talc and/or graphite?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | YES = 1 | 2394 |

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|  | CODE |
| 19. Has harvest of the selected field been completed?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | YES = 1 | 1328 |

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| 20. Now I need information about the acres harvested (or to be harvested) and the yields from the selected field. |
|  How many acres in this rice field were (or will be)--- | 1What yield peracre did you (ordo you expect to)get for rice---UNITS PER ACRE | 2UNIT CODE1 Pounds2 CWT3 Tons4 BushelsCODE |
|  | ACRES |
| a. harvested for grain, first crop?. . . . . . . . . . . . . . . . . . .  | 1346.\_\_\_\_ | 1347 | .\_\_\_\_ | 1348 |
| b. harvested for grain, ratoon crop?. . . . . . . . . . . . . . . . .  | 1332.\_\_\_\_ | 1333 | .\_\_\_\_ | 1334 |
| c. harvested for commercial seed contract?. . . . . . . . . .  | 1431.\_\_\_\_ | 1432 | .\_\_\_\_ | 1433 |
| d. abandoned?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1351.\_\_\_\_ |  |  |
| e. used for some other purpose?. . . . . . . . . . . . . . . . . . .  | 1439.\_\_\_\_ |  |  |

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| CROP CODE LIST for item 21 – PREVIOUSLY PLANTED CROPS |
| 190 | Barley | 311 | Grasses including clover | 22 | Rye | 318 | No crop planted |
| 6 | Corn for grain | 1 | Hay, alfalfa | 240 | Sorghum, all | 291 | Other field crop |
| 5 | Corn for silage | 11 | Hay, all other | 26 | Soybeans | 292 | Other crop |
| 283 | Cotton (all) | 15 | Oats | 263 | Wheat, spring | 312 | Cover crop mix |
| 302 | CRP | 21 | Rice | 165 | Wheat, winter | XX | Crawfish |

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| 21. Next, I need to know what crops were previously PLANTED on the majority of the selected field, including cover crops. |

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| 1 | 2 | 3 | 4 | 5 | 6 |
| What crops were PLANTED on the selected field in--- | the selected field | Was thisa cover crop? | If a cover crop was planted, how did you terminate this cover crop? | Was the selectedfieldirrigated? | Was thisfieldno-tilled or strip-tilled?1/ |
| [For perennial crops (1, 11, 34, 292, 302, and 311), report the crop code in all seasons when the crop is growing.] |  |  |  |  | 1 Tilled-In |  |  |
|  |  |  |  | 2 Herbicide |  |  |
|  |  |  |  | 3 Rolled |  |  |
|  |  |  |  | 4 Grazed |  |  |
|  |  |  |  |  | 5 Harvested for forage |  |  |
|  |  |  |  |  | 6 Harvested for Grain |  |  |
| SEASON AND YEAR | CROP NAME | CROPCODE |  | YES = 1 | CODE | YES = 1 | YES = 1 |
| a. SPRING/SUMMER of 2020? . . . . . . . | Rice | 21 | Needs a p code | Grey out | Grey out | Needs a p code | Needs a p code |
| a. FALL of 2019? . . . . . . . . . . . . . . . . .  |  | 1343  |  | 1470 | 1471 | 2344 | 1345 |
| b. SPRING/SUMMER of 2019?. . . . . . .  |  | 1369 |  | 1472 | 1473 | 2370 | 1371 |
| c. FALL of 2018? . . . . . . . . . . . . . . . . .  |  | 1372 |  | 1474 | 1475 | 2373 | 1374 |
| d. SPRING/SUMMER of 2018? . . . . . . .  |  | 1375 |  | 1476 | 1477 | 2376 | 1377 |
| e. FALL of 2017? . . . . . . . . . . . . . . . . .  |  | 1378 |  | 1478 | 1479 | 2379 | 1380 |
| f. SPRING/SUMMER of 2017? . . . . . . .  |  | 1381 |  | 1480 | 1481 | 2382 | 1383 |
| g. FALL of 2016? . . . . . . . . . . . . . . . . .  |  | 1366 |  | 1482 | 1483 | 2367 | 1368 |
| h. SPRING/SUMMER of 2016? . . . . . . .  |  | 1340 |  | 1484 | 1485 | 2341 | 1342 |
|  1/ |  | No-till means leaving soil and previous crop residue undisturbed from harvest to planting. Strip-till means tilling a narrow strip over the row, leaving soil and previous crop residue between the rows undisturbed. |

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|  | DOLLARS & CENTSPER ACRE |
|  i. [If a cover crop was planted in Spring/Summer/Fall 2019, ask—] What was the seed cost per acre for the cover crop?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1468 | .\_\_\_ \_\_\_ |

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| 1. What was the per-acre cost-share or financial assistance payments received for the cover crop? …
 | 1495 | .\_\_ \_\_ |
| [Enter zero if no program payment was received] |  |  |

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| 22. Now I need information on soil, crop, and land management practices or activities used on the selected field and any financial or technical assistance you may have received in conjunction with those practices. |
| a. From this list, please check any practices or activities that you used on the selected field this year or at any time in the past. |
|  | **On-field Soil and Crop Management** |   |  |  |
| [ ]  1 | No-Till/Strip-Till | [ ]  12 | Grass Waterway | [ ]  30 | Implement an integrated pest management plan - written plan |
|  | [ ]  2 | Conservation Tillage except no-till/strip-till | [ ]  20 | Implement a nutrient management plan (written plan) | [ ]  31 | Drift reducing spray nozzles |
|  | [ ]  3 | Cover crop - single species | [ ]  26 | Split nitrogen application with at least 50% applied after planting | [ ]  32 | Targeted sprayer - electrical control |
|  | [ ]  4 | Cover crop mix | [ ]  21 | Precision nutrient application | **Adjacent to Field** |
|  | [ ]  5 | Contour Farming | [ ]  23 | No fertilizer application more than 30 days before planting | [ ]  33 | Filter strip |
|  | [ ]  6 | Conservation crop rotation | [ ]  24 | Controlled release fertilizer | [ ]  34 | Field border |
|  | [ ]   | Laser Levelling | [ ]  22 | Subsurface phosphorous application | [ ]  35 | Riparian Buffer - grass or forest |

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| b. For each practice or activity checked in 22a, please complete one line of this table. |
| 1 | 2 | 3Have you ever received at any time-- | 4Does this practice or activity help satisfy-- | 5Was this practice or plan used on this selected field in 2020? |
| Technical or planning assistance? | Financial assistance? |
| Practice or Activityon the selected field | Practice Code(see item 48a) | 123 | USDA NRCS field staff, cooperative extension, or technical service providersOther sources of assistanceNo Assistance Needed | 12345 | Environmental Qualify Incentives Program (EQIP)Conservation Stewardship Program (CSP)Conservation Reserve Program (CRP)Other Federal, State, and Local ProgramsNo Assistance Needed | 123 | A Federal regulatory requirementHighly erodible land conservation complianceDoes not relate to any regulation or compliance requirement | Yes = 1No = 3 |
|  | 1610 | 1611 | 1612 | 1613 | 1614 |
|  | 1615 | 1616 | 1617 | 1618 | 1619 |
|  | 1620 | 1621 | 1622 | 1623 | 1624 |
|  | 1625 | 1626 | 1627 | 1628 | 1629 |
|  | 1630 | 1631 | 1632 | 1633 | 1634 |
|  | 1635 | 1636 | 1637 | 1638 | 1639 |
|  | 1640 | 1641 | 1642 | 1643 | 1644 |
|  | 1645 | 1646 | 1647 | 1648 | 1649 |

|  |  |  |
| --- | --- | --- |
| 23. Has any part of the selected field been classified as “Highly Erodible Land”? Cropland identified as highly erodible is subject to highly erodible land conservation (HELC) requirement. Producers who receive farm program payments are required to have and apply a written soil conservation plan. A “written plan” is a plan prepared in accordance with Federal, State, or district standards…………………………………………………………………  | Yes = 1No = 3 | Code |
| 1404 |
| 24. Do you have a written conservation plan that specifies practices to control soil erosion?..........  | Yes = 1No = 3 | xxxx |
| 25. Does the selected field contain a wetland? Wetlands are subject to Wetland Conservation (WC) or “swampbuster” requirements. Producers who receive farm program payments must refrain from draining wetlands to make them ready for crop production…………………… | Yes = 1No = 3 | 1405 |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 27. What is the primary soil type of the selected field?. . . . . . . . . . . . . . . . . | 1234 | LoamClaySandyMixed | . . . . . . . . . . . . . . . . . . . . . . .  | Code |
|  | 2401 |
|  |

|  |
| --- |
| 28. Next we will ask about soil and water concerns that you have on the selected field. |

|  |  |  |
| --- | --- | --- |
|  | CodeYes = 1No = 3 | Have you received technical assistance from any of the following sources to evaluate this resource concern? (Report up to 2 sources that you received assistance from.) |
| In the selected field, are you concerned about any of the following?  | 1. USDA – NRCS
2. Cooperative Extension Service
3. Other USDA staff, including Forest Service
4. Other (e.g. Soil and Water Conservation District, state agency)
 |
|  | Source 1 | Source 2 |
| a. Water-driven erosion. . . . . . . . . . . . . . . . . .  | 2407 | 2417 | 2427 |
| b. Wind-driven erosion. . . . . . . . . . . . . . . . . .  | 2408 | 2418 | 2428 |
| c. Soil compaction. . . . . . . . . . . . . . . . . . . . . .  | 2409 | 2419 | 2429 |
| d. Poor drainage. . . . . . . . . . . . . . . . . . . . . . .  | 2410 | 2420 | 2430 |
| e. Low organic matter. . . . . . . . . . . . . . . . . . .  | 2411 | 2421 | 2431 |
| f. Water quality. . . . . . . . . . . . . . . . . . . . . . . .  | 2412 | 2422 | 2432 |
| g. Other concerns. . . . . . . . . . . . . . . . . . . . . .  | 2413 | 2423 | 2433 |
| h. \*No significant concerns. . . . . . . . . . . . . . . .  | 2414 | 2424 | 2434 |
| [Enumerator Note: Enter Yes = 1 for item h, no significant concerns, only if the respondent replies No = 3 to all other concerns (items a-g)].  |

|  |
| --- |
|  |
| 30. Has the selected field been in any conservation program contracts for which you or your landlord received (or expected to receive) cost-sharing payments, stewardship payments, or incentive payments?  | Unit Code1 = Current2 = Past3 = Never |
| a. Environmental Quality Incentive Program (EQIP) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2611 |
| b. Conservation Security or Conservation Stewardship Programs (CSP) . . . . . . . . . . . . . . . . . .  | 2612 |
| c. Conservation Reserve Program (CRP) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2613 |
| d. Other Federal, State, Local or non-government source. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2614 |

|  |  |  |
| --- | --- | --- |
|  |  | Code |
| 31. Did you harvest both rice and crawfish from the selected field during 2020? . . . . .  | Yes = 1No = 3 | XXX |
|  [If Yes, ask--] |  | Code |
| a. Do you believe the crawfish harvest reduced the rice yield in the selected field during 2020? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Yes = 1No = 3 | XXXX |
|  [If Yes, ask--] |  | Percent |
| 1. By what percentage do you believe the rice yield in the selected field was reduced as a result of the harvest of crawfish? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | XXXX |

|  |  |  |
| --- | --- | --- |
|  |  | Code |
| 32. Did you maintain a flood on the selected field during the winter season as a beneficial habitat for wildlife or waterfowl?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | XXX |
|  [If Yes, ask--] |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. How much water was left on the field as a winter flood? . . . . . . . . . . .
 | Inches per Acre | Or | Total Acre-Feet |
| 1261 |  .\_\_\_ \_\_\_ |  | 1262 |

|  |  |  |
| --- | --- | --- |
| 1. Did you receive payment for maintaining a flood on the selected field?. . . . . . . . . . . . .
 | Yes = 1No = 3 | 1260 |

|  |  |  |  |
| --- | --- | --- | --- |
|  [*If YES, ask--*] |  |  |  |
| 1. What was the payment you received for maintaining a winter flood on the selected field? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Dollars & CentsPer Acre | Or | Total Dollars |
| 1261 |  .\_\_\_ \_\_\_ |  | 1262 |

|  |  |
| --- | --- |
| 33. In 2020, was the rice in the selected field covered by a single or named peril crop insurance (e.g hail, replant, wind, freeze, etc.)? | **CODE** |
|  □ YES – [*Enter code 1 and continue*] □ NO – [*Go to (multi peril crop insurance]*]. . . . . . . . . . . . | 1393 |
|  | **CODE** |
| 1. In 2020, was the rice in the selected field covered by more than one single or named peril crop insurance policies (e.g. hail, replant, wind freeze)?..........................................................................
 | YES = 1NO = 3 |

|  |  |
| --- | --- |
|  | **DOLLARS & CENTS****PER ACRE** |
| 1. What was the dollar amount of coverage per acre for the single peril policy covering the selected field? ?. . . . . . . . . . . . . . . . . . . . . . . .
 | 1395 | **.\_\_\_ \_\_\_** |
|  | **DOLLARS & CENTS****PER ACRE** |
| 1. What was the premium cost per acre for the single peril policy coveringthe selected field in 2020? (***Exclude*** *any sign-up fee.*). . . . . . . . . . . . . . . . . . . . . . .
 |
|  | **PERCENT** |
| 1. What was the percent deductible for the single peril policy covering the selected field? (Record no deductible as 0%) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 |  |  |
|  |  | CODE |
| 1. Did you (*or will you*) collect an indemnity payment for the selected field from the single peril policy during 2020?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 |  | YES = 1 |

|  |  |
| --- | --- |
| 34. In 2020, was the rice in the selected field covered by a multi-peril crop insurance policy? | **CODE** |

|  |  |  |
| --- | --- | --- |
|  [ ]  **YES** – [*Enter code 1 and continue.*] | [ ]  **NO** – [*Go to Section C.*]. . . . . . . . . . . . . . . . . . . .  | 1385 |
|  |
| a. Which coverage did you obtain?. . . . . . . . . .  | 1 Federal CAT (basic catastrophic insurance)2 Yield protection (individual)3 Yield plus SCO (Supplemental Coverage Option)4 Revenue protection (individual)5 Revenue plus SCO (Supplemental Coverage Option) 6 Other multi-peril Crop insurance |  | **CODE** |
| . . . .  | 1386 |

|  |  |
| --- | --- |
|  [*If item a = 2 or 3, ask--*] | **PERCENT** |
| 1. What percent of yield coverage did you selectfor the selected field?. . . . . . . . . . . . .
 | 1387 |
| 1. What percent of price coverage did you select for the selected field?. . . . . . . . . . . . .
 | 1388 |
|  [*If item a = 4 or 5, ask--*] | **PERCENT** |
| 1. What percent of revenue coverage did you select for the selected field?. . . . . . . . . .
 | 1389 |
| 1. Did you purchase a policy for Hurricane Insurance Protection – Wind Index in 2020? Yes =1

 N0=3c. What type of unit coverage did you purchase for the selected field? (Basic = 1, Optional = 2, Enterprise = 3). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | xxxx |
| xxxx |
|  d. In what year did you (*the operator listed on the label*) first purchase multi-peril crop insurance on the selected field? ?. . . . . . . . . . . . . | YEAR |
| 1. What is the 2020 Approved APH (*actual production history*) yield for the selected field?. . . . . . . . . . . .
 | CWT PER ACRE |
| 1. What was the premium paid for multi-peril crop insuranceon the selected field in 2020? (***Exclude*** *any sign-up fee.*). . . . . . . . . . . . . . . . . . . . . . . .
 | DOLLARS AND CENTS PER ACRE |
| 1. Did you (*or will you*)collect an indemnity payment for the selected field

 From multi-peril crop insurance during 2020?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . **YES = 1** | CODE |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **C** | **NUTRIENT or FERTILIZER APPLICATIONS---**SELECTED FIELD | **C** |

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **EDIT TABLE** |
| 1. **Were commercial nutrients or fertilizers applied to the selected field for the 2020 rice crop?**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0202 | 0200 |
|  [*If COMMERCIAL nutrient or fertilizer applied, continue; else go to item 6.*] | **NUMBER** |
| 2. **How many commercial nutrient or fertilizer applications were made to the selected field for the 2020 crop?**  (***Include*** *applications made by airplanes and custom applicators*.). . . . . . . . . . . . .  | 0203 |

|  |
| --- |
| 3. **Now I need to record information for each application.** |
| **CHECKLIST** |  |
| **√** | **INCLUDE** | **√** | **EXCLUDE** |  |
| [ ]  Custom applied nutrients and fertilizers | [ ]  Micronutrients |  |
| [ ]  Nutrients or fertilizers applied  in the fall of 2019 and  those applied earlier if the selected field was fallow in 2019. | [ ]  Unprocessed manure[ ]  Nutrients or fertilizers applied to previous crops in the selected field  |  |  |  |
| [ ]  Commercially prepared manure or compost | [ ]  Lime and Gypsum/landplaster |  | **Office Use****Lines in Table** | **TABLE****001** | 0299 |  |

|  |
| --- |
|  |
|  |  |  | **APPLICATION CODES for COLUMN 6** |  |
|  |  |  |  | 1 Broadcast, ground without incorporation2 Broadcast, ground with incorporation3 Broadcast, by aircraft4 In seed furrow | 5 In irrigation water6 Chisel/Injected or knifed in7 Banded in or over row8 Foliar or directed spray |  |
|  |
| **L****I****N****E** | **2****MATERIALS USED**[*Enter percentage analysis or actual**pounds of plant nutrients applied per acre*.][*Show Common Nutrients or Fertilizers**in Respondent Booklet*.] | **3****What quantity****was applied****per acre?**[*Leave this**column blank**if actual nutrients**were reported.*] | **4**[Entermaterialcode.] 1 Pounds12 Gallons19 Pounds  of actual nutrients | **5****When was****this applied?**1 In the fall before seeding2 In the spring before seeding3 At seeding4 After seeding | **6****How was** **this** **applied?**[*Refer to* *code list above.*] | **7****How many****acres were****treated****in this****application?****ACRES** |
|
|
|
|
| **N**Nitrogen | **P2O5**Phosphate | **K2O**Potash | **S**Sulfur |
| **01** | 31 | 32 | 33 | 34 | 36 | 37 | 38 | 39 | 40 | **.\_\_\_** |
| **02** | 31 | 32 | 33 | 34 | 36 | 37 | 38 | 39 | 40 | **.\_\_\_** |
| **03** | 31 | 32 | 33 | 34 | 36 | 37 | 38 | 39 | 40 | **.\_\_\_** |
| **04** | 31 | 32 | 33 | 34 | 36 | 37 | 38 | 39 | 40 | **.\_\_\_** |
| **05** | 31 | 32 | 33 | 34 | 36 | 37 | 38 | 39 | 40 | **.\_\_\_** |
| **06** | 31 | 32 | 33 | 34 | 36 | 37 | 38 | 39 | 40 | **.\_\_\_** |
| **07** | 31 | 32 | 33 | 34 | 36 | 37 | 38 | 39 | 40 | **.\_\_\_** |
| **08** | 31 | 32 | 33 | 34 | 36 | 37 | 38 | 39 | 40 | **.\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **TABLE****000** | **LINE****00** |

|  |  |  |
| --- | --- | --- |
|  |  | Code |
| 4. Were any nutrients or fertilizers applied by custom applicators? | Yes = 1No = 3 | 0214 |
| [If item 4 = 1 continue, otherwise go to item 5.] | Code |
| a. Are you able to report the cost of nutrient or fertilizer materials and custom application separately? | Yes = 1No = 3 | 0216 |
| [If item 4a = 1 continue, otherwise go to item 5.] | OFFICE USE |
| 0215 |
| b. Excluding the cost of the nutrient or fertilizer materials, how much was spent for custom application of nutrients or fertilizers on the selected field? INCLUDE operator, landlord, and contractor costs. INCLUDE costs  for sulfur and micronutrients. EXCLUDE custom application of lime, gypsum, purchased manure and purchased compost. . . . . . . . . . . . . . . . . .  | DOLLARS & CENTSPER ACRE | OR | TOTAL DOLLARS |
| 0219 | .\_\_\_ \_\_\_ |  | 0220 |  |
| [If material and application costs can’t be separated, exclude them here and record the total in item 5.] |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. What was the total cost of all nutrient or fertilizer products applied to the selected field? INCLUDE operator, landlord, and contractor costs, as well as the costs for sulfur and micronutrients. INCLUDE materials applied to the selected field if it was fallow in 2019. EXCLUDE lime, gypsum, purchased manure and purchased compost. . . . . . . . . . . . . . .  | DOLLARS & CENTSPER ACRE | OR | TOTAL DOLLARS |
| 0221 | .\_\_\_ \_\_\_ |  | 0222 |
| [If custom applied and the cost of material can be separated from application costs, include the cost of materials ONLY; otherwise, include both the material and application costs.] |

|  |  |
| --- | --- |
|  | Code |
| 1. Was gypsum applied to the selected field for the 2020 rice crop? . . . . . . . . . . . . . . . . .. . .
 | Yes = 1No = 3 | 0218 |
| 1. Was a soil test for soil organic matter performed on this rice field at some point in the last 10 years? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | 3225 |
| [if item 7 = 1, ask --] |  | Percent |
| 1. What was the percentage of soil organic matter on the selected field for the most recent test?
 | 3226 |
| 1. How many times have you tested the selected field for soil organic matter in the past 10 years?
 | Number |
| 3227 |
| [If item 7b is more than 1, ask -- ] |  | Code |
| 1. Based on these tests, is your soil organic matter content……………………………………………….
 | 1 | Increasing? | ……………………….. | 3228 |
| 2 | Decreasing? |
| 3 | Staying roughly the same? | Code |
| 1. Was a soil or plant tissue test performed on the selected rice field in 2019 or 2020 for the 2020 crop?.............................................................................................................................
 | Yes = 1No = 3 | 0224 |
| [If item 8 = 1, continue, otherwise go to item 13.] |  | Code |
| 1. Was a soil test for phosphorus performed on the selected rice field in 2019 or 2020 for the 2020 crop?.......................................................................................................................
 | Yes = 1No = 3 | 0225 |
| [If item 9 = 1 ask -- ] |  | Pounds per Acre |
| 1. How many pounds of phosphorus per acre were recommended by the phosphorus test?..........
 | 0226 |
|  |  | Code |
| 1. Was a soil test for nitrogen performed on this rice field in 2019 or 2020 for the 2020 crop?......
 | Yes = 1No = 3 | 0227 |
|  |  | Pounds per Acre |
| 1. How many pounds of nitrogen per acre were recommended by the nitrogen test?...............
 |  | 0228 |
|  |  | Code |
| 1. Was a plant tissue test or leaf analysis for nutrient deficiency performed on the selected field in 2019 or 2020 for the 2020 crop?..............................................................................................
 | Yes = 1No = 3 | 0229 |
|  | Dollars & Cents per Acre | OR | Total Dollars |
| 1. How much was spent for these soil and plant tissue tests on the selected field? INCLUDE operator, landlord, and contractor costs…………………………
 | 0230 | .\_\_ \_\_ |  | 0231 |
| [If tests were done at no cost, continue, otherwise go to item 12b.] |  |  |
| 1. What is the reason why tests were done at no cost?
 | 1 | Soil/plant tissue test provided free of charge by dealer, crop consultant, or extension service |  | Code |
| 2 | Soil/plant tissue test costs were included in the total fertilizer costs reported in item 5 | Yes = 1No = 3 | 0232 |
| 3 | Some other reason  |  | Code |
| 1. Did you receive a payment from the Conservation Stewardship Program for performing a stalk or leaf tissue test for nitrogen application?....................................................................
 | Yes = 1No = 3 | 3231 |
| [Enumerator Action: Refer to Fertilizer Table, column 2. If nitrogen (N) was applied, complete item 13. If no nitrogen applied, go to item 14.] |  |  |
| 1. Was the amount of nitrogen you decided to apply to the selected field based on --
 |  | Code |
| 1. Results of a soil or plant tissue test?.....................................................................................
 | Yes = 1No = 3 | 0233 |
| 1. Crop consultant recommendation?........................................................................................
 | Yes = 1No = 3 | 0234 |
| 1. Fertilizer dealer recommendation?........................................................................................
 | Yes = 1No = 3 | 0235 |
| 1. Extension service recommendation?.....................................................................................
 | Yes = 1No = 3 | 0236 |
| 1. Cost of nitrogen and/or expected commodity price?............................................................
 | Yes = 1No = 3 | 0237 |
| 1. Contractor recommendation?................................................................................................
 | Yes = 1No = 3 | 0238 |
| 1. Routine practice – operator’s own determination based on past experience, yield goal, etc.
 | Yes = 1No = 3 | 0239 |
| [If nitrogen inhibitors were used, continue, otherwise go to item 14.] | None | Pounds Per Acre | OR | Gallons per Acre |
| 1. How much nitrogen inhibitor did you mix with the nitrogen applied to the selected field?..........................................................................
 | □ | 2561 | .\_\_ \_\_ |  | 2562 | .\_\_ \_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
|  |  | Code |
| 4. Were any nutrients or fertilizers applied by custom applicators? | Yes = 1No = 3 | 0214 |
| [If item 4 = 1 continue, otherwise go to item 5.] | Code |
| a. Are you able to report the cost of nutrient or fertilizer materials and custom application separately? | Yes = 1No = 3 | 0216 |
| [If item 4a = 1 continue, otherwise go to item 5.] | OFFICE USE |
| 0215 |
| b. Excluding the cost of the nutrient or fertilizer materials, how much was spent for custom application of nutrients or fertilizers on the selected field? INCLUDE operator, landlord, and contractor costs. INCLUDE costs  for sulfur and micronutrients. EXCLUDE custom application of lime, gypsum, purchased manure and purchased compost. . . . . . . . . . . . . . . . . .  | DOLLARS & CENTSPER ACRE | OR | TOTAL DOLLARS |
| 0219 | .\_\_\_ \_\_\_ |  | 0220 |  |
| [If material and application costs can’t be separated, exclude them here and record the total in item 5.] |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. What was the total cost of all nutrient or fertilizer products applied to the selected field? INCLUDE operator, landlord, and contractor costs, as well as the costs for sulfur and micronutrients. INCLUDE materials applied to the selected field if it was fallow in 2019. EXCLUDE lime, gypsum, purchased manure and purchased compost. . . . . . . . . . . . . . .  | DOLLARS & CENTSPER ACRE | OR | TOTAL DOLLARS |
| 0221 | .\_\_\_ \_\_\_ |  | 0222 |
| [If custom applied and the cost of material can be separated from application costs, include the cost of materials ONLY; otherwise, include both the material and application costs.] |

|  |  |
| --- | --- |
|  | Code |
| 1. Was gypsum applied to the selected field for the 2020 rice crop? . . . . . . . . . . . . . . . . .. . .
 | Yes = 1No = 3 | 0218 |
| 1. Was a soil test for soil organic matter performed on this rice field at some point in the last 10 years? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | 3225 |
| [if item 7 = 1, ask --] |  | Percent |
| 1. What was the percentage of soil organic matter on the selected field for the most recent test?
 | 3226 |
| 1. How many times have you tested the selected field for soil organic matter in the past 10 years?
 | Number |
| 3227 |
| [If item 7b is more than 1, ask -- ] |  | Code |
| 1. Based on these tests, is your soil organic matter content……………………………………………….
 | 1 | Increasing? | ……………………….. | 3228 |
| 2 | Decreasing? |
| 3 | Staying roughly the same? | Code |
| 1. Was a soil or plant tissue test performed on the selected rice field in 2019 or 2020 for the 2020 crop?.............................................................................................................................
 | Yes = 1No = 3 | 0224 |
| [If item 8 = 1, continue, otherwise go to item 13.] |  | Code |
| 1. Was a soil test for phosphorus performed on the selected rice field in 2019 or 2020 for the 2020 crop?.......................................................................................................................
 | Yes = 1No = 3 | 0225 |
| [If item 9 = 1 ask -- ] |  | Pounds per Acre |
| 1. How many pounds of phosphorus per acre were recommended by the phosphorus test?..........
 | 0226 |
|  |  | Code |
| 1. Was a soil test for nitrogen performed on this rice field in 2019 or 2020 for the 2020 crop?......
 | Yes = 1No = 3 | 0227 |
|  |  | Pounds per Acre |
| 1. How many pounds of nitrogen per acre were recommended by the nitrogen test?...............
 |  | 0228 |
|  |  | Code |
| 1. Was a plant tissue test or leaf analysis for nutrient deficiency performed on the selected field in 2019 or 2020 for the 2020 crop?..............................................................................................
 | Yes = 1No = 3 | 0229 |
|  | Dollars & Cents per Acre | OR | Total Dollars |
| 1. How much was spent for these soil and plant tissue tests on the selected field? INCLUDE operator, landlord, and contractor costs…………………………
 | 0230 | .\_\_ \_\_ |  | 0231 |
| [If tests were done at no cost, continue, otherwise go to item 12b.] |  |  |
| 1. What is the reason why tests were done at no cost?
 | 1 | Soil/plant tissue test provided free of charge by dealer, crop consultant, or extension service |  | Code |
| 2 | Soil/plant tissue test costs were included in the total fertilizer costs reported in item 5 | Yes = 1No = 3 | 0232 |
| 3 | Some other reason  |  | Code |
| 1. Did you receive a payment from the Conservation Stewardship Program for performing a stalk or leaf tissue test for nitrogen application?....................................................................
 | Yes = 1No = 3 | 3231 |
| [Enumerator Action: Refer to Fertilizer Table, column 2. If nitrogen (N) was applied, complete item 13. If no nitrogen applied, go to item 14.] |  |  |
| 1. Was the amount of nitrogen you decided to apply to the selected field based on --
 |  | Code |
| 1. Results of a soil or plant tissue test?.....................................................................................
 | Yes = 1No = 3 | 0233 |
| 1. Crop consultant recommendation?........................................................................................
 | Yes = 1No = 3 | 0234 |
| 1. Fertilizer dealer recommendation?........................................................................................
 | Yes = 1No = 3 | 0235 |
| 1. Extension service recommendation?.....................................................................................
 | Yes = 1No = 3 | 0236 |
| 1. Cost of nitrogen and/or expected commodity price?............................................................
 | Yes = 1No = 3 | 0237 |
| 1. Contractor recommendation?................................................................................................
 | Yes = 1No = 3 | 0238 |
| 1. Routine practice – operator’s own determination based on past experience, yield goal, etc.
 | Yes = 1No = 3 | 0239 |
| [If nitrogen inhibitors were used, continue, otherwise go to item 14.] | None | Pounds Per Acre | OR | Gallons per Acre |
| 1. How much nitrogen inhibitor did you mix with the nitrogen applied to the selected field?..........................................................................
 | □ | 2561 | .\_\_ \_\_ |  | 2562 | .\_\_ \_\_ |

 | Code |
| 13. Was time-released fertilizer applied to the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | XXXX |

|  |  |  |
| --- | --- | --- |
|  |  | Code |
| 1. Is lime ever applied to the selected field?......................................................................................
 | Yes = 1No = 3 | 0242 |
| [If item 14 = 1 continue, otherwise go to item 15.] |  | Years |
| 1. On average, how many years are there between applications of lime to the selected field?...............
 | 0243 |
|  | Tons per Acre |
| 1. How many tons of lime were applied per acre the last time it was applied to the selected field?.......
 | 0244 | .\_\_\_\_ |
|  |  | Code |
| 1. Was lime applied to the selected field in 2019 or 2020 for the 2020 crop?.............................
 | Yes = 1No = 3 | 0240 |
| 15. Was non-commercial (unprocessed) manure from own farm, from a neighbor’s farm, etc., or other organic material, including compost, applied to the selected field for the 2020 rice crop? EXCLUDE commercially prepared manure…………………………………………………………….  | Yes = 1No = 3 | Code |
| 0246 |
| [If item 15 = 1 continue, otherwise go to Section D.] | Acres |
| a. To how many acres in the selected field was manure or compost applied?.. . . . . . . . . . . . . . . . . . .  | 0247 | .\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| b. What was the amount of manure applied to the selected field?. . . . . . . . . .  | 1 Tons2 Gallons3 Bushels4 Cubic Yards |  | Code |  | Units Per Acre | OR | Total Units |
| . .  | 0248 | AND | 0249 | .\_\_\_ \_\_\_ |  | 0250 | .\_\_\_ |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| c. Of the total manure or compost applied to the selected field for the 2020 crop, what was the percent of manure applied--- | Percent |
| (i) in the fall before planting?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | + | 0254 |
| (ii) in the spring before planting?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | + | 0255 |
| (iii) after planting?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | + | 0256 |
|  | 100% |
| d. Was the manure or compost---. . . . . .  | 1 Lagoon liquid?2 Slurry liquid?3 Semi-dry or dry? |  | Code |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0257 |
|  |
| e. Was the manure or compost---. . . . . .  | 1 Broadcast or sprayed *without* incorporation?2 Broadcast or sprayed *with* incorporation?3 Injected/knifed in?4 Sprayed using irrigation systems? |  | Code |
| . . . . . . . . . . . . . . . . . .  | 0258 |
|  |
|  | 1 Beef cattle?2 Dairy cattle?3 Hogs?4 Sheep?5 Poultry?6 Equine?7 Biosolids (*municipal sludge*)?8 Food waste?9 Other? [*Specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] |  | Code |
| f. Was the major source of the manure or compost from---. ……………………. | . . . . . . . . . . . . . . . . . . . .  | 0259 |
|  |  |  |
|  |
| g. Was the manure or compost---. . . . . .  | 1 Produced on this operation?1. Purchased?
2. Obtained at no cost off this operation?
3. Obtained with compensation? - operator

 received payment for accepting the manure. | . . . . . . . . . . . . . . .  |  |
| Code |
| 0260 |
|  [If item 15g = 2, continue, otherwise go to item 15h.] |
| (i) What was the total cost of the purchased manure or compost applied to the selected field? INCLUDE operator, landlord, and contractor costs. INCLUDE any payment made for transportation costs…… | Dollars & CentsPer Acre | OR | Total Dollars |
| 0284 | .\_\_\_ \_\_\_ | 0285 |
|  | Code |
| (ii) Did you hire someone to custom apply the manure or compost? . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0286 |
| [If item 15gii = 1, ask--] |
| (a) What was the total cost paid to have manure or compost custom applied to the selected field? INCLUDE operator, landlord, and contractor costs………………………………………………………………. | Dollars & CentsPer Acre | OR | Total Dollars |
| 0287 | .\_\_\_ \_\_\_ | 0288 |
| [Do not report custom application cost if it was included with the purchased manure or compost cost.] |
|  | Miles |
| 1. What is the distance in miles between the manure or compost storage/production location and the selected field? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | 0291 |
|  | Code |
| 1. Of the manure or compost applied to the selected field, was any tested for nutrient content prior to application? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | 0261 |
| 1. Was the application rate of commercial nitrogen fertilizer on the selected field reduced due to manure or compost application?
 | Yes = 1No = 3 | 0262 |
| [If 15j = 1, ask --] | Percent |
| 1. By when percent did you reduce the commercial nitrogen fertilizer application rate on the selected field? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | 0263 |
|  | Code |
| 1. Did you adjust the rice harvest date for the selected field due to the application of manure or compost? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | 0280 |

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| 1. Were the manure or compost application rates to the selected field influenced by Federal, State, or local restrictions?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 |  | Code |
| Yes = 1No = 3 | 0264 |
| [*If item 16 is YES, ask---*] |  |
| a. What basis was used to determine these manure application rate restrictions-- | Code |
| (i) Nitrogen requirement of the crop?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0265 |
| (ii) Phosphorus requirement of the crop?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0266 |

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| 17. Compared to the last time you planted rice, did you make any of the following changes to your cropping practices with the intent of reducing commercial fertilizer use? |

|  |  |
| --- | --- |
|  | Code |
| a. Change the type of commercial fertilizer products applied on the selected field [e.g. less anhydrous ammonia and more urea]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 1226 |
| b. Manage fertilizer use more closely, with such practices as soil testing, split applications, variable rate applications, or soil incorporation on the selected field?. . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 1228 |
| c. Change your crop rotation [e.g. plant rice on the selected field rather than usual crop rotation]?. . .  | Yes = 1No = 3 | 1227 |
| d. Reduce the application of commercial nitrogen fertilizer?. . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 1224  |
| (i) [*If YES, ask--*] | Percent |
|  By what percent did you reduce the amount of commercial nitrogen fertilizer applied for 2020?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1225 |

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| D | BIOCONTROL or PESTICIDE APPLICATIONS---SELECTED FIELD | D |

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| Now I have some questions about all the biocontrols or pesticides used on the selected field for the 2020 rice crop, including both custom applications and applications made by this operation. |

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|  |  | CODE | EDIT TABLE |
| 1. Were any herbicides, insecticides, fungicides or other biocontrols or pesticides used on this rice field for the 2020 crop?  | YES = 1 | 0302 | 0300 |
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| --- |
| [Probe for applications in the fall of 2019 and those made earlier if the selected field was fallow.] |
|  If no biocontrols or pesticides applied, go to Section E. |
| INCLUDE defoliants, fungicides, herbicides, insecticides, and other pesticides. | EXCLUDE adjuvants, nutrients or fertilizers reported earlier and seed treatments. |  |  |  |
| INCLUDE biological and botanical pesticides. |  |  | OFFICE USELINES IN TABLE | TABLE001 | 0399 |  |
|  |  |
| CHEMICALPRODUCTNAME |  | 2 | 3 | 4 | 5 | 6 OR 7 | 8 |
| LINE | What productswere appliedto the selected field?[Show productCodes fromRespondentBooklet.] | Was thisproductbought inliquid or dry form?[Enter L or D] | If this was part of a tank mix, enter line number of first product in mix | Whenwas this applied? 1 Before planting 3 At planting 4 After planting 5 Defoliation  prior to harvest | How muchwas appliedper acreperapplication? | What wasthe totalamountapplied perapplicationin the selected field? | [Enter unit Code.] 1 Pounds 12 Gallons 13 Quarts 14 Pints 15 Liquid Ounces 28 Dry Ounces 30 Grams |
|  | 01 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 02 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 03 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 04 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 05 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 06 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 07 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 08 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 09 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 10 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 11 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 12 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 13 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
|  | 14 | 61 |  | 63 | 64 | 65 | .\_\_\_ \_\_\_ | 73 | .\_\_\_ \_\_\_ | 74 |
| 2. For biocontrols or pesticides not listed in Respondent Booklet, specify--- |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LINE |  | Pesticide Type(Herbicide, InsecticideFungicide, etc.) |  | EPA No. or Trade nameand Formulation |  | Form Purchased(Liquid or Dry) |  | Where Purchased(Ask ONLY if EPA No.cannot be reported.) |
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|  | APPLICATIONS CODES for column 9 |  |  |
|  |  1 Broadcast, ground without incorporation 2 Broadcast, ground with incorporation 3 Broadcast, by aircraft 4 In seed furrow 5 In irrigation water |  6 Chisel/injected or knifed in 7 Banded in or over row 8 Foliar or directed spray 9 Spot treatments |  |  |
|  |  |
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| --- | --- | --- | --- | --- | --- |
|  | 9 | 10 | 11 | 12 | 13 |
|  |  |  |  |  | What was the cost per unit of the product? |
|  |  |  |  |  |
| LINE | Howwas thisproductapplied?[Enter Codefrom above.] | How manyacres in the selectedfield weretreated withthis product? | How manytimes was itapplied? | Were theseapplicationsmade by--- 1 Operator, partner or family member? 2 Custom applicator? 3 Employee/Other? |  | UNIT CODE |
| DOLLARS & CENTS PER UNIT |  1 Pounds 12 Gallons 13 Quarts 14 Pints | 15 Liquid Ounces28 Dry Ounces30 Grams |
| ACRES | NUMBER |  |  |
| 01 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 02 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 03 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 04 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 05 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 06 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 07 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 08 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 09 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 10 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 11 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 12 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 13 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |
| 14 | 76 | 77 | .\_\_\_ | 79 | 80 | 81 | .\_\_\_ \_\_\_ | 82 |

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| --- | --- | --- |
|  |  | Code |
| 3. Were any chemicals, biocontrols, or pesticides applied by custom applicators? | Yes = 1No = 3 | 0323 |
| [If item 3 =1 ask, otherwise go to item 4.] |
|  |  | OFFICE USE |
| a. Are you able to report the cost of chemical, biocontrol, and pesticide products and custom application separately? | 0324 |
| [If item 3a = 1, ask--] |
| b. Excluding the cost of the chemical, biocontrol, and pesticide products, how much was spent for custom application of such materials on the selected field? INCLUDE operator, landlord, and contractor costs. . . . . . . .  | Dollars & CentsPer Acre | Or | Total Dollars |
| 0331 | .\_\_\_ \_\_\_ |  | 0332 |
| 4. What was the TOTAL COST of all chemical, biocontrol, or pesticide products applied to the selected field? INCLUDE operator, landlord, and contractor costs, defoliants, herbicides, insecticides, fungicides, surfactants, wetting agents, growth regulators, and materials applied before planting and during 2019 fallow period. EXCLUDE seed treatments. . . . . . . . . . . . . . . . . . .  | Dollars & CentsPer Acre | Or | Total Dollars |
| 0334 | .\_\_\_ \_\_\_ |  | 0335 |
| a. How much was spent for herbicide products applied to the selected field? INCLUDE operator, landlord, and contractor costs.. . . . . . . . . . . . . . . . . . .  | Dollars & CentsPer Acre | Or | Total Dollars |
| 3034 | .\_\_\_ \_\_\_ |  | 3035 |
| b. How much was spent for insecticide products applied to the selected field? INCLUDE operator, landlord, and contractor costs.. . . . . . . . . . . . . . . . . . . .  | Dollars & CentsPer Acre | Or | Total Dollars |
| 3036 | .\_\_\_ \_\_\_ |  | 3037 |
|  |
| NOTE 1: If respondent cannot report TOTAL COST, itemize cost for each product in optional columns in Biocontrol or Pesticide Table. |
| NOTE 2: If custom applied and the costs for materials can be separated from application costs, include the cost for materials only. Otherwise, report both the material and application costs in item 4. |

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| E | PEST MANAGEMENT PRACTICES---SELECTED FIELD | E |

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| --- | --- | --- | --- |
| Now I have some questions about your pest management decisions and practicesused on the selected field for the 2020 rice crop. By pests, we mean weeds, insects, and diseases. |  |  |  |
|  |  |
| [Enumerator Action: Were pesticide applications reported in Section D?] |
|  [ ]  YES – [Continue] |  [ ]  NO – [Go to item 6] | Code |
| 1. Were weather data used to assist in determining either the need or when to make pesticide applications? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3  | 0800 |

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| --- | --- | --- |
| 2. Were any biological pesticides such as Bt (*Bacillus thuringiensis*), insect growth regulators, neem or other natural/biological based products sprayed or applied to manage pests in the selected field? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0801 |

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| --- | --- | --- |
| 3. Were pesticides with different mechanisms of action rotated or tank mixed for the primary purpose of keeping pests from becoming resistant to pesticides? . . . . . . . . . . . .  | Yes = 1No = 3 | 0802 |

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| [Enumerator Action: Were herbicide (pesticide product Codes 40000-49999) applications reported in Section D, item 1, column 2?] |
|  [ ]  YES – [*Continue*] |  [ ]  NO – [Go to item 6] |
|  |  | Code |
| 4. Were herbicides applied to this rice field before weeds emerged?. . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0803 |

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| --- | --- | --- |
| 5. Were herbicides applied to this rice field after weeds emerged? . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0805 |
| 1. Were records kept for the selected field to track the activity or numbers of weeds, insects, or diseases? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | 0823 |
| 1. Did you use published information on infestation thresholds to determine when to take measures to manage pests in the selected field? . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | 0824 |

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| --- | --- | --- | --- |
| 1. In 2020, how was the selected field

 primarily scouted for insects, weeds, diseases, and/or beneficial organisms? . . . . . . . . . . . . . . . . . . . . . . . . .  | 1 By deliberately going to the field specifically for scouting activities [Enter Code 1 and go to item 9.]2 By conducting general observations while performing routine tasks [Enter Code 2 and go to item 10.]3 The selected field was not scouted. [Enter Code 3 and go to item 14.] |  | Code |
| . . . .  | 0808 |
|  | Code |

|  |  |  |
| --- | --- | --- |
| 1. Was an established scouting process such as systematic sampling, recording counts, etc. used or were insect traps used in the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | 0809 |
| 1. Was scouting for pests done in the selected field due to---
 |  | Code |
| a. a pest advisory warning?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0810 |
| b. a pest development model?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0811 |

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|  |
| 1 | 2 | 3 |
| 9. Was this rice field scouted for-- | YES = 1 | [*If YES, ask--*-]What was the infestation level for [*column 1*]?—1 Worse than normal2 Normal3 Less than normalCODE | [*If column 1 = YES, ask---*]Who did the majority of the scoutingfor [*column 1*]?1. Operator, partner or family member
2. An employee
3. Farm supply or chemical dealer
4. Independent crop consultant or

commercial scoutCODE |
| a. Weeds?. . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0812 | 0813 | 0814 |
| b. Insects or mites?. . . . . . . . . . . . . . . . . . . .  | 0815 | 0816 | 0817 |
| c. Diseases?. . . . . . . . . . . . . . . . . . . . . . . . .  | 0818 | 0819 | 0820 |
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| --- | --- | --- | --- |
| [*If* *scouted by crop consultant or commercial scout, ask item 10;* *else go to item 11.*] |  |  |  |
| 10. How much was charged for the scouting services for the selected field? [Include operator, landlord and contractor cost.]. . . . . . . . . . . . . . . . . . . . . . .  | DOLLARS & CENTSPER ACRE | OR | TOTAL DOLLARS |
| 0821 | .\_\_\_ \_\_\_ |  | 0822 |
|  | OFFICE USE |
| a. [If scouting performed at no cost, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | . . . . . .  | 0333 |
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| 12. Were scouting data compared to published information on infestationthresholds to determine when to take measures to manage pests in the selected field?. . . . . . .  | YES = 1 | 0824 |
|  |  |  |
| 13. Did you use field mapping of previous weed problems to assist you in makingweed management decisions?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | YES = 1 | 0825 |

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| --- | --- |
| 15. Did you do any of the following other type(s) of pest management practices for the specific purpose of managing or reducing the spread of pests in the selected field? [*Enter Code “1” for all that apply*.] | CODE |
| a. Use the services of a diagnostic laboratory for pest identification orsoil plant tissue pest analysis for the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0841 |
| b. Plow down crop residue (*using conventional tillage*)?. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0842 |
| c. Remove/burn down crop residue?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0843 |
| d. Rotate crops in the selected field during the past three years?. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0844 |
| e. Maintain ground covers, mulches, or other physical barriers?. . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0845 |
| f. Choose crop variety because of specific resistance to a certain pest?. . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0846 |
| g. Use no-till or minimum till?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0847 |
| h. Plan planting locations to avoid cross infestation of pests?. . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0848 |
| i. Adjust planting or harvesting dates?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0849 |
| j. Chop, spray, mow, plow, or burn field edges, lanes, ditches, roadways, or fence lines?. . .  | Yes = 1No = 3 | 0850 |
| k. Clean equipment and field implements after completing field work to reducethe spread of pests?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0851 |
| l. Adjust row spacing, plant density or row directions?. . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0852 |
| m. Have the seed treated for insect or disease control after you purchased the seed for the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0854 |
| n. Maintain a beneficial insect or vertebrate habitat?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0855 |
| o. Use a flamer to kill weeds?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0857 |
| p. Maintain buffer strips or border rows to isolate rice from non-organic crops or land,  or did you take a buffer harvest?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Yes = 1No = 3 | 0856 |
| q. Plant earlier or later to avoid weeds? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0865 |

|  |  |
| --- | --- |
|  | Code |

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| 16. Were any beneficial organisms, such as insects, nematodes, fungi applied or released in the selected field to manage pests? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0853 |
| 17. Were floral lures, attractants, repellants, pheromone traps or other biological pest controls used on the selected field? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 0858 |

|  |  |  |  |
| --- | --- | --- | --- |
| [If item 16 or item 17 is YES, ask--] |  |  |  |
| a. What were the total materials and application costs for all biological pest controls for the selected field? INCLUDE operator, landlord, and contractor costs. INCLUDE cost for beneficial organisms (insects, nematodes, and fungi). EXCLUDE biological pesticides previously reported*.. . . . . . . . . . . . . . . . . .*  | Dollars & CentsPer Acre | Or | Total Dollars |
| 0859 |  .\_\_\_ \_\_\_ |  | 0860 |

|  |  |
| --- | --- |
|  | Code |
| 18. Was a trap crop (*excluding fallow*) grown to help manage insects in the selected field? . . . . . .  | Yes = 1No = 3 | 0863 |
|  |  | Code |
| 19. Was the selected field left in fallow in 2019 to help manage insects on the selected field? . . . .  | Yes = 1No = 3 | 0864 |

|  |  |  |
| --- | --- | --- |
| 20. Were water management practices such as irrigation scheduling, controlled drainage, or treatment of retention water used on the selected field to manage pests or toxin-producing fungi and bacteria? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | Code |
| 0861 |

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| --- | --- | --- |
|  |  | Code |
| 28. Did pests (weeds, insects, pathogens, animals) cause any yield loss on the selected field in spite of your pest control efforts? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | YES = 1 | 0827 |
| [*If YES, ask--*] |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. How much yield loss do you think was caused by all pests on the selected field in spite of the management practices you used to reduce those losses? |  |  |  | Code |  | Units PerAcre |  | Total Units |
|  |
|  | 12 | BUSHELSTONS | . . . .  | 828 | AND | 829 | OR | 830 |

|  |  |  |
| --- | --- | --- |
|  |  | **UNIT CODES** |
|  | **UNITS PER ACRE** | 1234 | POUNDSCWTTONSBUSHELS |
| 23. If untreated (either with herbicides, tillage, or cultivation), how much yield loss (e.g. bushels per acre) do you think weeds would most likely cause on the selected field?.. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | .\_\_\_ |  |

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|  | **Completion Code for** **Pest Management Data** |
|  | 1 Incomplete/Refusal | 0500 |

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| --- | --- | --- |
| F | FIELD OPERATIONS--SELECTED FIELD | F |

|  |  |
| --- | --- |
| 1. Including custom operations, I need to list field work performed by machines on the selected field for the 2020 rice crop. Please… |  |
| CHECK LIST |
|  ► begin with the first field operation after harvest of previous crop, including operations for a cover crop established since the previous crop harvested [*if fallow during* 2019*, list operations starting* *with fall 2018*]; | Include all field work using machines for--- [ ]  Land Forming/Levee Building [ ]  Tillage [ ]  Preparing for Irrigation [ ]  Planting [ ]  Fertilizer & Pesticide applications [ ]  Harvesting & Hauling  to storage or first point of saleExclude [ ]  Lime & Gypsum/landplaster applications [ ]  Compost & Non-Commercial Manure applications  |
|  ► list the operations in order through harvest and hauling of this crop to storage or first point of sale; and |
|  ► maintain the order of tandem hook-ups. |
|  | CODES FOR COLUMN 51 You (*the Operator*)2 Partner3 Unpaid Worker4 Paid Part-time or Seasonal Worker5 Paid Full-time Worker6 Custom Applicator |  |
|  |  |
|  | OFFICE USELINES IN TABLE |
| 0499 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | [IF CUSTOM (*column 5 = Code 6* ), *skip columns 6-11*] |
|  | 2 | 3 | 4 | 5 | 6 | 7 | 8 OR 9 | 10 | 11 |
| LINE | SEQUENCE | What operation or equipment was used? | [*Record machine**Code**from**Respondent**Booklet.*] | Who wasthe machineoperator-[*Enter**Code**from**above*.] | Whatwas thesize orswathof the[*machine*]used? | [*Record size unit Code*.]1 Feet2 Row3 Moldboard  (*bottoms*)  Hauling4 Pounds5 Bushels6 Tons | Howmanyacreswerecovered?[*Exclude**land forming**and**hauling**operations*] | How many TOTAL HOURS were spent on land forming, or hauling?[*Example: backhoes, disk border maker, ditcher, rear mounted blade, trucks, wagons, forklifts, etc.*] | Which Power Sourcewas used? 1/Tractors:1= (<40 HP)2= (40-99 HP)3= (100-149 HP)4= (150-199 HP)5= (>=200 HP)Other:66=Animal Drawn77=Pick-up99=Self Propelled1/ | What was the fuel type of the tractor?[*Record fuel type only if Power Code equals 1-5*]1=diesel2=gasoline3=LP gas4=other |
| No. | No. |  | CODE | CODE |  | CODE | ACRES | HOURS | CODE | CODE |
| 01 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 02 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 03 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 04 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 05 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 06 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 07 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 08 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 09 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 10 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 11 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 12 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 13 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 14 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 15 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 16 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 17 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 18 | 87 |  | 88 | 89 | 90 | 91 | 92 | .\_\_\_ | 93 | 94 | 95 |
| 1/ *If trucks other than pick-ups are used as the power source, use truck Codes in Respondent Booklet.* | OFFICE USE |
|  | 0400 |

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| --- |
| 2. Now I need some additional information about your labor. |

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| --- |
|  Please report the paid and unpaid labor that worked on the selected field to produce the 2020 rice crop.  (*Exclude labor that was reported for field work performed by machines.*) |

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|  |  |
| --- | --- |
|  | How many hours did (*type of worker*)spend on the selected field--- |
|  TYPE OF WORKERS | 1 | 2 | 3 |
| scouting forweeds, insects and diseases?HOURS | irrigating?HOURS | performingother work by hand?HOURS |
|  You (*the operator*) | 1101 |  | 1102 |  | 1103 |  |
|  Partner(s) | 1104 |  | 1105 |  | 1106 |  |
|  Unpaid workers | 1107 |  | 1108 |  | 1109 |  |
|  Paid part-time or seasonal workers (*Exclude custom and contract labor*) | 1110 |  | 1111 |  | 1112 |  |
|  Paid full-time workers (*Exclude custom and contract labor*) | 1113 |  | 1114 |  | 1115 |  |
|  |  |  |

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| --- | --- | --- | --- | --- | --- |
| 3. What was the average hourly wage rate paid to part-time or seasonal hired workers on the selected field? Part-time workers are defined as those who worked for ages or salaries for less than 30 hours a week on average. EXCLUDE custom and contract workers, payroll taxes and benefits*.* . . . . . . . . . . .  | Dollars & CentsPer Hour | OR | Total Dollars per Week | AND | Number of Hours Worked Each Week  |
| 1119 | .\_\_\_ \_\_\_ |  | 2119 |  | 3119 |
| 3. What was the average hourly wage rate paid to full-time hired workers on the selected field? EXCLUDE custom and contract workers, payroll taxes and benefits*.* . . . . . . . . . . .  | Dollars & CentsPer Hour | OR | Total Dollars per Week | AND | Number of Hours Worked Each Week  |
| 1119 | .\_\_\_ \_\_\_ |  | 2119 |  | 3119 |

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| --- | --- |
|  | Code |
| 5. Was any contract labor used on the selected field? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Yes = 1No = 3 | 1116 |
| [If YES, ask --- | Dollars & CentsPer Acre |
| a. What was the average cost per acre for this contract labor? (*Include operator, landlord, and contractor costs*.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1117 | .\_\_\_ \_\_\_ |

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| --- | --- |
|  | Percent |
| 6. What percent of the total number of unpaid hours worked on the selected field was performed by workers under 16 years of age? (*Estimates of labor costs for unpaid workers are based on* *off-farm wage rates, which are different for workers under 16 relative to those 16 and older.*) . . . . . . .  | 1120 |

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| 7. Now I need some information on how much was spent (or will be spent) for custom services used on this field for the 2020 rice crop. |
|  |
| 🗸 | 1CUSTOM SERVICEWhich of the following services were performedfor the 2020 rice crop on the selected field? 🡨 [*Check box for each service performed; refer to item 1 if necessary*.] | 2Includingoperator, landlord,and contractor costs,how much was spentfor [*column 1*] onthe selected field for the 2020rice crop?DOLLARS & CENTSPER ACRE |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   | a. Custom laser leveling of land \_\_ \_\_**.\_\_** **\_\_** **X** \_\_\_\_\_\_\_\_\_\_\_ =\_\_\_\_\_\_\_\_\_\_\_**÷ \_\_\_\_\_\_\_\_\_\_\_\_ = \_\_ \_\_.\_\_ \_\_** (Cost per hour X Total hours = Total dollars ÷ Total acres in the field = Dollars & cents per acre) . . . .  | 1121 | **.\_\_\_ \_\_\_** |
| [ ]   |  b. Other custom land preparation and/or shaping . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1122 | **.\_\_\_ \_\_\_** |
| [ ]   |  c. Custom planting and/or reseeding . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1123 | **.\_\_\_ \_\_\_** |
| [ ]   |  d. Custom harvesting . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1124 | **.\_\_\_ \_\_\_** |
| [ ]   |  e. Custom hauling to storage or point of first sale \_\_ \_\_**.\_\_** **\_\_** **X** \_\_\_\_\_\_\_\_\_\_\_\_\_ **÷ \_\_\_\_\_\_\_\_\_\_\_\_**  **= \_\_ \_\_.\_\_ \_\_**(Dollars & cents per unit x Total units hauled from field ÷ Acres harvested in field = Dollars & cents per acre) . .  | 1126 | **.\_\_\_ \_\_\_** |
| [ ]   | 1. Custom harvesting and hauling from field to storage or point of first sale

 \_\_ \_\_**.\_\_** **\_\_** **X** \_\_\_\_\_\_\_\_\_\_\_\_\_ **÷ \_\_\_\_\_\_\_\_\_\_\_\_**  **= \_\_ \_\_.\_\_ \_\_**(Dollars & cents per unit x Total units hauled from field ÷ Acres harvested in field = Dollars & cents per acre) . .  | 1127 | **.\_\_\_ \_\_\_** |
|  |

|  |  |
| --- | --- |
|  | Code |
| 8. Is laser leveling ever performed on the selected field? | Yes = 1No = 3 | xxxx |
|  [If Yes, ask --] | Years |
| a. On average, how many years are there between laser leveling operations performed on the selected field? | 1142 |

|  |  |  |
| --- | --- | --- |
|  |  | Code |
| 1. Was the rice harvested and hauled from the selected field dried (or will be dried) before it was sold or stored?
 | Yes = 1 No = 3 | xxxx |
| 1. Did you hire any technical or consultant services to make recommendations such as for nutrient, pest control, irrigation, or precision farming for the selected field?
 | Yes = 1 No = 3 | 1196 |
| [If item 9 = 1 continue, otherwise go to item 12] 1. Which of the following technical or consultant services did you obtain to make recommendations for the selected field?
 |  | Code |
| a. Nutrient recommendations/management service?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1 No = 3 | 1129 |
| b. Soil or tissue sample collection?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1 No = 3 | 1130 |
| c. Pest control recommendations/management service?. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1 No = 3 | 1131 |
| d. Pest scouting?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1 No = 3 | 1132 |
| e. Irrigation management service (*i.e. irrigation scheduling*)?. . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1 No = 3 | 1133 |
| f. Yield map or remote sensing map development/interpretation?. . . . . . . . . . . . . . . . . . . .  | Yes = 1 No = 3 | 1134 |
| g. Other custom or technical service? [*Specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | . . . .  | Yes = 1 No = 3 | 1135 |

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| 11. If YES to any of these services in item 10a-g, what was the cost for all of these services? INCLUDE operator, landlord, and contractor costs. EXCLUDE cost of soil/tissue tests or scouting cost reported earlier. Do not report costs for any of these services if they were previously reported as part of the costs of materials and/or application.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  |
| Dollars & Cents Per Acre Or | Total Dollars |
| 36 | .\_\_ \_\_\_\_  |  | 1137 |  |

|  |  |
| --- | --- |
| 12. Please report how any data from the selected field in 2018 will be stored and accessed. [Enter code “1” for all that apply.] |  |
| a. Did you access data collected from the selected field on a --  |  | **CODE** |
| (i) Paper hard copy?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | **YES = 1** | 2485 |
| (ii) Personal computer?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | **YES = 1** | 2486 |
| (iii) Mobile device?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 2487 |
| b. Did you access data collected from the selected field through an agricultural technology provider website? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | **YES = 1** | 2488 |
| [*If item 12b = 1, ask--*] |  |  |
| c. Did you opt out of allowing your agricultural technology provider website to share data collected from the selected field with any third party?. . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 2489 |
| d. Did you share any of the data collected from the selected field with a third party through an agricultural technology provider website?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | **YES = 1** | 2490 |
|  | Code |
| 13. Were there (*or will there be*) any data collection tools (yield monitors, GPS mapping, etc.) used during field operations on this rice field? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Yes = 1No = 3 | 2460 |
| [If YES, continue; else go to Item 14] |
| Please report the data collection technologies you used on the selected field to produce this crop. Also indicate if the data is collected with Global Positioning System (GPS) coordinates and if the data will be used to create a map. (In the fifth column, report how much it would cost you to replace the data collection tool. In the sixth column, report the annual costs of using the data collection tool. Include custom service fees, data subscriptions, and online tool subscriptions. If the replacement cost or annual fee does not apply to a particular data collection tool, leave that row blank.) |
| 1 | 2 | 3 | 4 | 5 | 6 |
| Data Collection Tool | Tool Used | Collected GPS coordinates | Data was/will be used to create a map | Replacement Cost | Annual Fee |
|  | Yes = 1No = 3 | Yes = 1No = 3 | Yes = 1No = 3 | Total dollars | Total dollars |
| a. Yield monitor. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2461 | 2462 | 2463 | 2570 | 2571 |
| b. Soil tests on core sample (performed on-farm or sent out to a laboratory). . . . . . . . . . . . . . . . . . .  | 2464 | 2465 | 2466 | 2572 | 2573 |
| c. Soil sensor tests. . . . . . . . . . . . . . . . . . . . . . . . .  | 2467 | 2468 | 2469 | 2574 | 2575 |
| d. Hard-wired crop condition sensors. . . . . . . . . . .  | 2470 | 2471 | 2472 | 2576 | 2577 |
| e. Wireless crop condition sensors. . . . . . . . . . . . .  | 2473 | 2474 | 2475 | 2578 | 2579 |
| f. Drones, aircraft or satellites. . . . . . . . . . . . . . . .  | 2476 | 2477 | 2478 | 2580 | 2581 |
| g. Custom service applications (data from completed work on your field). . . . . . . . . . . . . . .  | 2479 | 2480 | 2481 | 2582 | 2583 |
| h. Public data downloaded from online sources. . .  | 2482 | 2483 | 2484 |  |  |
| [If item 13a column 2 = 1, continue, otherwise go to item 16.]14. Did you use the yield monitor information to---  | Code |
| a. add/improve tile drainage?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 1141 |
| b. negotiate new crop leases?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 1144 |
| c. Help determine input use for management zones? . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | xxxx |
| [If any of item 13 column 2 = 1, continue, otherwise go to item 16.]15. Using data collected from the previous tools table in item 13, did you obtain crop management recommendations, such as data interpretation, in 2020 for the selected field from any of the following--  | Code |
| a. Input dealers without other fee-for-services?.. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 2491 |
| b. Input dealers with other fee-for-services?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 2492 |
| c. Custom service providers?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 2493 |
| d. USDA/University extension services?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 2494 |
|  |
| [If crop management recommendations were obtained, ask--] | Dollars & Cents Per Acre | Or | Total Dollars |
| e. What was the cost for all of these services? INCLUDE operator, landlord, and contractor costs. Do not report costs for any of these services if they were previously reported as part of the costs of materials and/or application. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 3150.\_\_\_\_ \_\_\_\_ |  | 3151 |
|  |  | Code |
| 1. Did you use an unmanned aerial vehicle (UAV, known as a drone) to produce rice on the selected field in 2020? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | xxxx |
| [If item 16 = Yes, then ask -- ]1. For which of the following purposes did you use the UAV on the selected field? Answer all that apply. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 |  | Code |
| 1. Weed analysis? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | xxxx |
| 1. Spraying herbicide or fungicide? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | xxxx |
| 1. Insect analysis? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | xxxx |
| 1. Insect control? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | xxxx |
| 1. Yield analysis? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | xxxx |
| 1. Moisture analysis? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | xxxx |
| 1. Equipment check? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | xxxx |
|  |  | Code |
| 1. Did you purchase the UAV? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | xxxx |
| If 16b = Yes, then ask –  |  | Total Dollars |
|  i. What is the replacement cost of the UAV? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  |  |
|  |  | Code |
| 1. Do you pay an annual fee for use of UAV? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | xxxx |
| If 16c = Yes, then ask --  |  | Total Dollars |
|  i. What is the annual fee for use of the UAV? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | xxxx |

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| --- | --- | --- |
| 15. **Was any of the following GPS-enabled** (Global Positioning System) **equipment used to produce crops on the selected field?** [*Enter code “1” for all that apply*.] |  | **CODE** |
|  |  |  |
| a. Mounted in-cab heads-up displays?. . . . . . . . | **YES = 1** | 2149 |
|  |  |  |
| 1. Smartphones or computer tablets?. . . . . . . . . . . . . . . ..
 | **YES = 1** | 1152 |
| c. Automatic section control, such as auto sprayer boom controls or automatic section shut offs?  |  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If any GPS-enabled equipment was used, what was the cost to purchase and install all GPS-enabled equipment, not including guidance auto steering equipment? INCLUDE cost for GPS receiver and annual GPS subscription fee, and operator, landlord, and contractor costs. Do not report costs for any of this equipment if they were previously reported as part of the costs of materials and/or application.) . . . . . . . . . . . . . . .
 | Dollars & Cents Per Acre | OR | Total Dollars |
| .\_\_\_\_ \_\_\_\_ |  |  |

|  |  |
| --- | --- |
|  | Code |
| 19. Was guidance auto-steering (excluding Light Bar) used on the selected field?. . . . . . . . . . . . .  | Yes = 1No = 3 | xxxx |
| [If 18=1, ask--] |  | Code |
| a Was the guidance auto-steering equipment: . . . . . . . . . . . . .  | 1. New, owned
2. Used, owned

3 Leased | . . . .  | xxxx |
|  |  | Year |
| b. What year was guidance auto-steering first purchased?. . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | \_\_ \_\_ \_\_ \_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Dollars & CentsPer Acre | Or | Total Dollars |
| c. What is the replacement cost for guidance auto-steering equipment?. . . .  | 2160 | .\_\_\_ \_\_\_ |  | 2161 |
|  | Dollars & CentsPer Acre | Or | Total Dollars |
| d. What is the annual fee for guidance auto-steering?. . . . . . . . . . . . . . . . . .  |  | .\_\_\_ \_\_\_ |  |  |

|  |  |
| --- | --- |
|  | Code |
| 20. Was a variable rate applicator used on the selected field? . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Yes = 1No = 3 | 2164 |

|  |
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| [If YES, continue; else go to Section G] |
| Please report the variable rate applicator types you used on the selected field to produce this crop. If a particular row’s variable rate applicator was not used, leave that row blank. |

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| 1 | 2 | 3 | 4 | 5 | 6 |
| Was a variable rate applicator used on the selected field for-- | Tool Used | Was this applicator—1 Sensor-based2 GPS-based3 Both4 Neither | Was this applicator—1 New, owned2 Used, owned3 Leased | What year was the applicator first used? | Premium paid for the applicator |
|  | Yes = 1No = 3 | Code | Code | Year | Total Dollars |
| a. Seeding | 1158 | 2170 | 2171 | 2172 | 2173 |
| b. Fertilizer/lime applications | 1152 | 2174 | 2175 | 2176 | 2177 |
| c. Pesticide applications | 1159 | 2178 | 2179 | 2180 | 2181 |
| d. Irrigation Applications | xxxx | xxxx | xxxx | xxxx | xxxx |

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| G | IRRIGATION | G |

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| --- | --- |
| 1. How many acres in the selected field were irrigated for the 2020 rice crop? [*If none, go to Conclusion*]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | ACRES |
| 1160 | .\_\_\_ |
|  |
| 2. Now, I have some questions about irrigation systems and water used on the selected field for the 2020 rice crop. |

|  |  |  |
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| ↓ | Unit | System 1 |
| a. What type(s) of irrigation system(s) was (*or were*) used to irrigate the selected field? [*Show System Type Codes in the Respondent Booklet. Enter System Type Code for system covering the most field acres*.]. . . . . . . . .  | SystemTypeCode | 1161 |
| b. What was the total quantity of water applied to the selected field duringthe entire growing season? (*Include ALL water used from both on-farm and off-farm sources*.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | InchesPer AcreOrTotalAcre-Feet | 1162 |
|  |  | 1163 |
|  [*If operator cannot provide item 2b, ask* *(i) & (ii),* *else go to 2c*] |  |  |
| (i) What is the total number of hours this system was used to apply water to the selected field during the rice growing season?. . . . . . .  | TotalHours | 1164 |
| (ii) How many gallons per minute were applied?. . . . . . . . . . . . . . . .  | GallonsPer Minute | 1165 |
| c. What percent of the water used to irrigate the selected field through this system came from surface water sources?. . . . . . . . . . . . . . . . . . . . .  | Percent | 1166 |
| d. What was the number of times the selected field was irrigated during the rice growing season using this system? (*Include any pre-plant irrigation*.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Number OfIrrigations | 1167 |
| e. Was the pump type---[*If more than one pump in the system, enter type for pump closest to water source.*] | 1. TURBINE?
2. SUBMERSIBLE?
3. CENTRIFUGAL?
4. BOOSTER?
5. SIPHON?

99 NO PUMP?[*If Code 99, go to item* *j*.]  | Code | 1168 |
| f. What was the average pumping rate?. . . . . . . . . . . . . . . . . . . . . . . . .  | GallonsPer Minute | 1169 |
| g. [*If item 2a = Code 1-9* (PRESSURE SYSTEM)*, ask---*] What was the system operating pressure?. . . . . . . . . . . . . . . . . . . . .  | PoundsPerSquare Inch | 1170 |
| h. What was the primary motor type used to pump the water? | 1. DIESEL
2. GASOLINE
3. LP GAS
4. NATURAL GAS
5. ELECTRICITY
6. SOLAR POWER
 | Code | 1171 |
| i. What was the average motor size?. . . . . . . . . . . . . . . . . . . . . . . . . . .  | Horsepower | 1172 |
| j. [*If NO PUMP was used* (item 2e = 99)*, ask*---] What was the average flow rate?. . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | GallonsPer Minute | 1173 |
| k. How many other acres on this operation were irrigated using the selected field’s irrigation system during the 2020 growing season? (*Exclude the selected field*.).  | Acres | 1174 | .\_\_\_\_ |

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|  | DOLLARS & CENTSPER ACRE | OR | TOTAL DOLLARS |
| 3. What was the cost of the fuel or electricity used to irrigate the selected field? (*Include operator, landlord, and contractor costs*.). . . . . . . . . . . . . . . . . . . . . . .  | 1189 | .\_\_\_ \_\_\_ |  | 1190 |

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| 4. Was any water purchased to irrigate the selected field? (*Include landlord's share and purchases* *from all sources*.) [ ]  YES – [*Enter Code 1 and continue*.] [ ]  NO – [*Go to item* *5.*]. . . . . . . . . . . . . . . . . . . . . .  | CODE |
| 1191 |

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| --- | --- | --- |
| a. What was the total cost for the water purchased for the selected field during the 2020 growing season? (*Include* *operator, landlord, and contractor costs and ditch maintenance costs for the selected field*.). . . . . .  | DOLLARS & CENTS PER ACRE OR | TOTAL DOLLARS |
| 1193 | .\_\_\_ \_\_\_ |  | 1194 |

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| [*If SIPHON TUBES were used* (item 2a = 10 or 11)*, ask*---] | TOTAL DOLLARS |
| 5. What would be the total cost to replace all the siphon tubes used on the selected field? . . . . . . . . . . . .  | 1201 |

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| [*If POLY PIPE system was used* (item 2a = 14) *ask*---] | TOTAL DOLLARS |
| 6. What was the total amount spent for poly pipe used on the selected field during the 2020 growing season? (*Include operator, landlord, and contractor costs*.). . . . . . . . . . . . . . . . . . . .  | 1202 |

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| [*If GATED PIPE system was used* (item 2a = 15 or 16), *ask*---] | INCHES |
| 7. What was the average diameter of gated pipe used to irrigate the selected field? . . . . . . . . . . . . . . . . .  | 1203 |
|  | FEET |
| a. What was the total length of gated pipe used?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1204 |
| [*If Pipe systems were used* (item 2a = 10, 11, 14, 15, or 16), *ask*---] | Days |

|  |  |
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| 9. Were wells used to supply irrigation water for the selected field? [ ]  YES – [*Enter Code 1 and continue*] [ ]  NO – [*Go to item 9*]. . . . . . . . . . . . . . . . . . . . . . .  | CODE |
| 1205 |
|  | NUMBER |
| a. How many wells were used to irrigate the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1206 |
|  | INCHES |
| b. What was the average diameter of the outer well casing?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1207 |
| c. What was the average pumping depth of these wells during the irrigation season? [*Pumping depth is the depth to water at the start of the irrigation season, plus an average decline in the water level caused by pumping during the irrigation season*.]. . . . . . . . . . . . . . . . . . . . . . . .  | FEET |
| 1208 |

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| d. Were other fields irrigated using water pumped from wells that supplied water to the selected field? [ ]  YES – [*Enter Code 1 and continue*] [ ]  NO – [*Go to item 9*]. . . . . . . . . . . . . . . . . . . .  | CODE |
| 1210 |
| e. Excludingthe selected field, how many other acres on this operation were irrigated using the same wells during the 2020 growing season?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | ACRES |
| 1211 | .\_\_\_ |

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| 10. Was any additional mainline or lateral pipe used to carry water from the source to the system in the selected field? (*Include underground pipe. Exclude any system pipe within the selected field.*) [ ]  YES – [*Continue*] [ ]  NO – [*Go to Conclusion*] |
|  | INCHES |
| a. What was the average diameter (*in inches*) of the most common type of this additional pipe used?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1212 |
|  | FEET |
| b. How many feet of this additional pipe were used to bring water to the selected field?. . . . . . . . . . .  | 1213 |

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| 1. Is the run-off from this field--. . . . . . . . . . . .
 | 1 Retained at the end of the field? 2 Reused to irrigate on the farm? 1. Collected in evaporation ponds on the farm?
2. Drained from the farm
3. There is no run-off
 |  | Code |
| . . . .  | 1214 |
|  |  |

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| --- | --- |
|  | Code |
| 1. Did you reduce the water applied to the selected field in 2020 due to reduced availability of water supplies? . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | Yes = 1No = 3 | 1215 |

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| 1. If the selected field was flood irrigated using a gravity system, which water management approach was used?. . . . . . . . . . . . . . .
 | 1. Permanent flooding?
2. Pinpoint flooding?
3. Delayed Flooding
4. Intermittent, controlled, or alternate wetting and drying (AWD) irrigation?
5. Furrow, or raised bed irrigation?
 |  | Code |
|  | . . . .  | 1214 |
|  |  |
|  |
| 1. Which of the following approaches are used to manage drainage of this field? Answer all that apply.
 |
|  |  | Code |
| 1. Natural drying of the field (when weather allows)
 | Yes = 1No = 3 | xxxx |
| 1. Opening of levee gates or intentional breech of levee?
 | Yes = 1No = 3 | xxxx |
| 1. Controlled drainage outlet?
 | Yes = 1No = 3 | xxxx |
| 1. Treatment of drainage water with saturated buffers, filter strips, or constructed wetlands?
 | Yes = 1No = 3 | xxxx |
| 1. Treatment of drainage water with a bioreactor?
 | Yes = 1No = 3 | xxxx |

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|  | CONCLUSION  |  |

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| LOCATION OF SELECTED FIELD |
| 1. I need to locate the selected field of rice on this map. | COUNTY NAME |  OFFICE USECOUNTY FIPS CODE |
| 2. What county is the selected rice field in?. . . . . . . . . .  |  |  | 0010 |
|  |  |  |  |
|  Field description. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  |
| FOR STATES WITH GPS UNITS ONLY |  | LATITUDE |  | LONGITUDE |
|  Field location. . . . . . . . . . . . . . . . . . . . . . . . .  | N | 0054 | \_\_\_ \_\_\_. \_\_\_ \_\_\_. \_\_\_ \_\_\_ | W | 0055 | \_\_\_ \_\_\_ \_\_\_. \_\_\_ \_\_\_. \_\_\_ \_\_\_ |
|  |  |  |  *d d m m s s* |  |  |  *d d d m m s s* |
| 3. [ENUMERATOR ACTION: *Mark map to indicate where the selected rice field is located*.  *Be sure the “X” marked on map is in the county identified above*.] |
| 4. We will need additional information to complete this study. We will contact you in February or March 2017 to collect it. I’ll call you then to set up a time that is good for you. |

|  |  |  |
| --- | --- | --- |
| 5. To receive the complete results of this survey on the release date, go to www.nass.usda.gov/results/. Would you rather have a brief summary mailed to you at a later date?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | CODE |
| YES = 1 | 9990 |
|  |  | HH MM |
| 6. ENDING TIME [*MILITARY*]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0005\_\_ \_\_ \_\_ \_\_ |
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| RECORDS USE |
| 7. [*Did respondent use farm/ranch records to report---*] | CODE |
| a. [*fertilizer data*?]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | YES = 1 | 0011 |
| b. [*pesticide data?*]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | YES = 1 | 0012 |
| c. [*majority of this expense data*?]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | YES = 1 | 0013 |
|  | NUMBER |
| SUPPLEMENTS USED | FERTILIZERAPPLICATIONS | 0041 |
| 8. [*Record the total number of each type of supplement* *used to complete this interview.*]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | PESTICIDEAPPLICATIONS | 0042 |
|  | FIELDOPERATIONS | 0043 |
|  |
| Reported by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 9910 \_\_\_ \_\_\_ \_\_\_ \_\_\_ 16 M M D D | 9911Telephone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| OFFICE USE |
| R. Unit | Ptr 1 Str | Ptr 2 Str | Ptr 3 Str | Ptr 4 Str | OPS | SSO 1 | ADJ | Optional Use |
| 9921 | 9922 | 9923 | 9927 | 9928 | 923 | 9907 | 922 | 9906 | 9916 |
| Response | Respondent | Mode | Enum. | POID |
| 1-Comp2-R3-Inac4-Office Hold | 9901 | 1-Op/Mgr2-Sp3-Acct/Bkpr4-Partner9-Other  | 9902 |  2-Tel 3-Face-to-Face | 9903 | 9998 | 9989\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| Eval. | Change |
| 9900 | 9985 |