

# QUARTERLY COLONY LOSS - October 2020

OMB No. 0535-0153  
Approval Expires: 11/30/2021  
Project Code: 115  
SurveyID: 3690



**United States  
Department of  
Agriculture**



**NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE**

## USDA/NASS

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

The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response is voluntary.

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## Section 1 – Apiaries

1. Between July 1, 2020 and September 30, 2020, did this operation own or control any apiaries?

2705

1 Yes – Go to Section 2

3 No – Go to Section 7

## Section 2 – Colonies Owned

1. On July 1, 2020, how many total colonies did this operation own, regardless of location?.....

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2707

2. On September 30, 2020, how many total colonies did this operation own, regardless of location?.....

<b>FOR OFFICE USE ONLY</b>
9921

**Section 3 – Colonies By State: July Through September**

1. Please report for all colonies owned by this operation between July 1, 2020 and September 30, 2020.

OFFICE USE	1	2	3	4	5	6	7
	Between July 1 and September 30, in which states were your colonies located? (Exclude states that were only passed through to reach a destination state.)  (State)	Were these colonies located in this state on July 1?  (Check "No" if colonies were moved into the state between July 2 and September 30)  Yes    No	How many colonies did you have in this state on July 1, or when they were first moved into this state after July 1?  (Colonies)	Of the (column 3) colonies, how many were completely lost/dead out between July 1 and September 30?  (Colonies)	Of the (column 3) colonies, how many were requeened only? (Exclude completely lost/dead out colonies reported in column 4.)  (Colonies)	Of the (column 3) colonies, how many received nucs or packages? (Exclude completely lost/dead out colonies reported in column 4.)  (Colonies)	How many new colonies did you add? (Include splits, newly created, and replacement colonies. Exclude colonies reported in columns 5 and 6.)  (Colonies)
2710 <b>A</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>B</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>C</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>D</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>E</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>F</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>G</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715

2. Between July 1 and September 30, did this operation sell or give away any of the colonies in column 3? (Exclude packages and nucs created specifically for sale.)

2718      1  Yes – Go to Item 2a      3  No – Go to Section 4

**Colonies**

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

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### Section 4 – Lost Colonies Affected By All Four Specified Symptoms

1. Of the total colonies owned between July 1, 2020 and September 30, 2020, did any lost colonies experience all of the following symptoms?

- Little to no build-up of dead bees in the hive or at the hive entrance
- Rapid loss of adult honey bee population despite the presence of queen, capped brood, and food reserves
- Absence or delayed robbing of the food reserves
- Loss not attributable to Varroa or Nosema loads

- 2770
- 1  Yes – Continue
- 3  No – Go to Section 5
- 4  No Loss – Go to Section 5
- 2  Don't Know – Go to Section 5

**Colonies**

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

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### Section 5 – Colony Health: July Through September

1. Of the total colonies owned between July 1, 2020 and September 30, 2020, how many colonies by state were affected by the following, but not necessarily lost? Note: The total of columns 2 through 7 may exceed the total number of colonies in a state.

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

1/ Includes Tracheal Mites, Nosema, Hive beetle, Wax moths, etc.

2/ Includes American and European foulbrood, Chalkbrood, Stonebrood, Paralysis (acute and chronic), Kashmir, Deformed Wing, Sacbrood, IAPV, Lake Sinai II, etc.

3/ Includes weather, starvation, insufficient forage, queen failure, hive damage/destroyed, etc.

**Section 6 – Comments Related to The Information You Reported****Section 7 – Change In Operation**

1. Has the operation named on the label been sold or turned over to someone else?

1  Yes – Identify the new operator(s)

3  No – Go to Section 8

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

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

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

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

check if  
cell phone

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

**Section 8 – Conclusion**

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

1  Yes – List other operations: \_\_\_\_\_ 3  No

2. **SURVEY RESULTS:** To receive the complete results of this survey in August 2021, go to  
[http://www.nass.usda.gov/Surveys/Guide\\_to\\_NASS\\_Surveys/](http://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/)

To have a brief summary emailed to you, please enter your email address:

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**Section 9 – Contact Information**

Operation Email: (if different from above)

Operation Phone:

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(     ) - \_\_\_\_\_

**This completes the survey. Thank you for your help.**

Respondent Name:

Respondent Phone: (if different from above)

9912	9911	check if cell phone	9910	MM	DD	YY
_____	(     ) - _____	9958 <input type="checkbox"/>	Date: ___ - ___ - ___			

Response	Respondent	Mode	Enum.	Eval.	Change	Office Use for POID				
1-Comp 2-R 3-Inac 4-Office Hold 5-R -- Est 6-Inac --Est 7-Off Hold --Est	9901 1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902 1-PASI 2-PATI 3-PAPI 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989			
							<b>Optional Use</b>			
							9907	9908	9906	9916

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