



OUT OF BUSINESS SCREENER (Telephone Only)



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

**Survey Name
OR**

Census/Survey ID: _____

National Field Office
U.S. Department of Agriculture,
Rm 5030, South Building
1400 Independence Ave., S.W.
Washington, DC 20250-2000
Phone: 1-800-727-9540
Fax: 202-690-2090
Email: nass@nass.usda.gov

FIPS	POID	TRACT	SUBTRACT
— —	— — — — — — — — — —	—	— —

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/confidentialit>. 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 number is 0535-0140. The time required to complete this information collection is estimated to average 10 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.

Operator Name: _____

(Enumerator Note: For the target on the above POID, fill out the following information.)

1. I would like to ask you a few questions about your involvement in agriculture.

a. Will you grow any field crops, hay or specially crops such as fruits, vegetables or floriculture?

Yes [Check all that apply]

No [Continue]

- | | |
|--|--|
| <input type="checkbox"/> Field Crops | <input type="checkbox"/> Vegetables |
| <input type="checkbox"/> Hay | <input type="checkbox"/> Mushrooms |
| <input type="checkbox"/> Fruit/Nut Trees | <input type="checkbox"/> Maple Syrup |
| <input type="checkbox"/> Berries | <input type="checkbox"/> Other agricultural land use |
| <input type="checkbox"/> Floriculture/Nursery/Greenhouse | <input type="checkbox"/> Specify: _____ |
| <input type="checkbox"/> Bison/LLamas/Alpacas | |

b. Do you own or raise any: livestock or poultry?

Yes [Check all that apply]

No [Continue]

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Beef Cattle | <input type="checkbox"/> Chickens/Broilers | <input type="checkbox"/> Ostriches |
| <input type="checkbox"/> Dairy Cattle | <input type="checkbox"/> Turkeys | <input type="checkbox"/> Bee Colonies |
| <input type="checkbox"/> Hogs | <input type="checkbox"/> Equine | <input type="checkbox"/> Other Livestock |
| <input type="checkbox"/> Sheep | <input type="checkbox"/> Mink | <input type="checkbox"/> Specify: _____ |
| <input type="checkbox"/> Goats | <input type="checkbox"/> Aquaculture | <input type="checkbox"/> Other Poultry |
| | | <input type="checkbox"/> Specify: _____ |
| | | <input type="checkbox"/> Equine/Horses/Mules |

[Enumerator: If any commodity in 1a. or 1b. is checked, Go to Item 5. If nothing is checked continue to 1c..]

c. Do you have facilities for storing whole grains, pulse crops, or oilseeds?

Yes [Go to Item 5]

No [Continue]

d. Do you have own or operate any CRP/WRP, pasture, woodland, idle land?

Yes [Go to Item 5]

No [Continue]

2. Do you plan to operate a farm or ranch in the future?

- Yes [Continue]
- No[Continue]
- Don't Know [Continue]

3. What is the reason the operator is not currently farming or ranching? Check reason below.

- The operator is deceased?

- The operator is retired?
- The operation was out of business or sold?
- The operator is a landlord? (rents entire farm out to someone else)
- The operator moved out of state? [Specify: _____]
- The operation was on leased land? (Operator gave up lease) [Go to Item 4]
- The operation was never a farm. [Go to Item 5]
- Other Reason? [Explain: _____] [Go to Item 4]

What is the name and address of the new operator that has taken over the day-to-day

Operation Name: _____
 Operator _____
 Address: _____
 City: _____ State _____
 Zip: _____
 Phone: _____

4. When did this change occur?

MM	YYYY

5. This Completes the Survey. Thank you for your help.

Respondent Name: _____ Phone () _____

Date ____/____/____

Please leave any notes that might help the List Frame Section.

Enumerator Name: _____

Enum ID:

List Frame Action Taken: _____