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| **AGRICULTURAL RESOURCE MANAGEMENT SURVEY** |
|  | OMB No. 0535-0218 Approval Expires: 07/31/2018Project Code: 906 SMetaKey: 2604Phase II |
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| **SURVEY_LOGO_1:USDA_logo_bw.gif** | **new_nass_logo_bw** | **NATIONAL****AGRICULTURAL****STATISTICS****SERVICE** |
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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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| **COTTON PRODUCTION PRACTICES AND COSTS REPORT FOR** **2019** |

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| **VERSION****11** | **ID****\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_** | **TRACT****01** | **SUBTRACT****\_\_\_ \_\_\_** | **C-TYPE****106** |  |

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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 cotton 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 65 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.  |
|  |  **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** | **COTTON FIELD SELECTION**  | **A** |

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|  | **TOTAL PLANTED ACRES** |
| 1. **How many acres of cotton did this operation plant for the 2019 crop year?** . . . . . . . . . . . . . .  | 0050 | **.\_\_\_\_** |
| [*If no acres were planted, review Screening Survey Information Form, make notes, then go to item 4 on back page*.] |
| [*If skip row cotton was planted, exclude the acreage in the skips.*] |

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|  **I will follow a simple procedure to make a random selection from the** **cotton fields planted for the** **2019 crop.** |  |
| **2. What is the TOTAL number of** **cotton fields that were planted on this operation?**[*If only one field, enter “1” and go to item 4.*] . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **TOTAL NUMBER OF FIELDS PLANTED** |
| 0020 |

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| 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 Operation Label’** |  |  |
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|  |  | **SELECTED FIELD NUMBER** |
| 4. [**ENUMERATOR ACTION:** *Circle the pair of numbers on the above label associated with the last numbered field in item 3. Select the field according to the number you circled on the label, and record the selected number. If only one field, enter 1.*] | 0021 |

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| 5. **The field selected is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(*field name/number/description*). **During this interview, the cotton questions will be about this selected** **cotton field.**[*Be sure the operator can identify the selected field.*] |
|  |
| 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 USDA uses to administer farm programs like crop insurance, commodity programs, and conservation programs. Having this information helps USDA make better use of other data you have provided to USDA and will improve the types of statistical analysis that can be done with the responses from this survey.]

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| 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 |
|  |
|  | **OFFICE USE****OY Field Substituted** |
|  | 0022 |

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

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|  | **ACRES** |
| 1. **How many acres of cotton did this operation plant in the selected field for the** **2019 crop?** [*If skip-row cotton was planted, exclude acreage in the skips.*]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1301 | **.\_\_\_** |
| a. Are the acres in the selected field **CERTIFIED ORGANIC**?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES=1****NO = 3** | **CODE** |
| 1300 |
|  [*If YES, skip 1b and ask item 2*] |

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| b. Was the selected field transitioning into organic cotton production in 2019?. . . . . . . . . . . . . . . . . .  | **YES=1** | 1399 |

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|  | **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 |
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|  [*If field is CASH RENTED (item 2 = 2, 3 or 5), ask item 3,* *else go to item 4.*] | **DOLLARS & CENTS PER ACRE** |
| 3. **What was the cash rent paid per acre for the selected** **2019 COTTON field?** . . . . . . . . . . . . . . . . . . . . . . .  | 1303**.\_\_ \_\_** |
|  [If field is SHARE RENTED (item 2 = 4 or 5), ask--] | **PERCENT** |
| 4. **What was the landlord’s share of the crop from the selected field?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1304 |
|  [*If field is RENTED* (*item 2 = 2, 3, 4, 5, or 6*), ask--] |  |  |  |
| 5. **What was the total cost for all inputs provided by any landlord for the** **2019 crop on the selected field?** *(****Include*** *the costs for all inputs, such as seed, fertilizer, chemicals, technical services, custom operations, and irrigation.* ***Exclude*** *real estate tax expenses and lime costs paid by the landowner*.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **DOLLARS & CENTS****PER ACRE** | **OR** | **TOTAL DOLLARS** |
| 1305 | **.\_\_ \_\_** |  | 1306 |
|  |  |  | **YEAR** |
| 7. In **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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|  | **POUNDS PER ACRE** |
| 9. What was your yield goal for cotton lint at planting for the selected field? (***Exclude*** pounds of seed cotton.) | 3316 |
|  | **CODE** |
| 10. **What type of cotton was planted on the selected field?. . . .**  | 1. Upland
2. Pima-extra long stable or ELS
 | . . . . . . . . . . .  | 3317 |

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| 11. **What was the source and cost of---**(***Include*** operator, landlord, and contractor costs*.* ***Include*** cost of seed treatment and technology fee.***Exclude*** any Bt seed payment received for participating in the Pink Bollworm program.) | **DOLLARS & CENTS****PER UNIT** | **UNIT CODE**1=POUNDS22=ACRE23=APPROX 50 LB. BAG40 =250,000 SEED BAG | **PERCENT of****SEED****PLANTED** |
| a. Genetically modified organism/genetically engineered (GMO/GE) purchased seed?. . . . . . . . . . . . . . . . . . . . . .  | 1214 | **.\_\_\_ \_\_\_** | 1215 | 1216 |
| b. Non genetically modified organism/genetically engineered (Non-GMO/GE) purchased seed?. . .. . . .  | 1217 | **.\_\_\_ \_\_\_** | 1218 | 1219 |
| c. Homegrown seed?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1318 |
|  | **100%** |
| [*If homegrown, ask---*] | **CENTS PER POUND** |
|  (i) What was the cost for cleaning and treating this seed?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 3321 | **.\_\_\_** |

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|  | **UNITS** | **UNIT CODES****for Seeding Rate** 1 = POUNDS/ACRE23 = 50 LB BAGS/ACRE25 = SEEDS/ACRE38 = SEEDS/FOOT40 = 250,000 SEED BAGS/ACRE |
| 12. **What was the seeding rate per acre the first time the selected field was planted?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1313 | **.\_\_\_** | 3314 |

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| a. What method of seeding did you use on the selected field?. .  |  1 Drilled? 2 Planted in Conventional Rows? 3 Broadcast on the selected field? | . . . . . . . . . .  | **CODE** |
|  |  |  | 1316 |
| *[If drilled or planted (item 12 = 1 or 2), ask---]* |  | **INCHES** |
| b. What was the average cotton row width?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1322 |
|  | **CODE** |
| 13 **Did the selected field have skip-row cotton?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 1323 |
| **[If no skip-row, go to item 14]** |  |
|  |  | **ROWS** **OF COTTON** | **BY** | **ROWS** **OF SKIP** |
| a. What was the common skip pattern?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1324 |  | 1325 |
|  | **INCHES** |
| b. What was the average width of the skip?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1326 |

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|  | **ACRES** |
| 14. **How many acres in the selected field had to be replanted to cotton?** *(Acres replanted = Number of acres X the number of times replanted.)*. . . . . . . . . . . . . . . . . . . . . . . . .  | 1315**.\_\_\_\_** |
|  | **CODE** |
| 15. Was a hybrid cotton seed planted in the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 1327 |

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|  |  |  | **CODE** |
| 16 **For the 2019 cotton crop, was the**  **cotton seed**--. . . . . . . . . . . . . . . . . . . . . . | 1 Treated with a pesticide prior to purchase?2 Treated with a pesticide after purchase?3 Not treated with a pesticide? | . . . . . . . . . . .  | 3062 |

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| [If item 16 = 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 (Pages 3 - 4). (*Enter 999 if a seed treatment was applied but is not listed.*  *Enter “-1” if the seed treatment is not known*.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2325 |

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|  | **2019****YES = 1****NO = 3** | **2018****Yes = 1****N/A no cotton in field = 4** |
| 17 **Did you plant GMO/GE seeds for the 2019 or 2018 crop years?** . . . . . . . . . . . .  | 2300 | 2301 |
| **[If item 17 = 1 for either year, continue. Otherwise, go to item 19.]** |  |  |

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| 18. **Did the cotton planted on the selected field have any of the following genetically modified organism/genetically engineered (GMO/GE) traits in** **2019 or** **2018?** **[*Leave the second column blank if*** field ***was not planted with cotton in*** ***2018*.]--** | **2019****YES = 1****NO = 3** | **2018****YES = 1****N/A no cotton in field = 4** |
| a. Insect Resistance (Bt). . . . . . . . . . . . . . . . . . . . . . .  | 2302 | 2303 |
| b. With multiple (pyramided) modes of action. . . . . . . . . . . . . . . . . . .  | 2304 | 2305 |
| c. Herbicide Tolerance (HT) to Glyphosate(e.g. Roundup Ready®). . . . . . . . . . . . .  | 2306 | 2307 |
| d. Herbicide Tolerance (HT) to 2, 4-D (e.g. Enlist®). . . . . . . . . . . . . . . . . . . . . . . . .  | 2308 | 2309 |
| e. Herbicide Tolerance (HT) to Dicamba (e.g. Extend®). . . . . . . . . . . . . . . . . . . . .  | 2310 | 2311 |
| f. Herbicide Tolerance (HT) to Glufosinate (e.g. Liberty Link®). . . .. . . . . . . . . . . . .  | 2312 | 2313 |
|  |  |  |
| 19. **Did the COTTON planted on the selected field have any of the following non-genetically modified/genetically engineered (non-GMO/non-GE) traits in 2018 or 2019?** **[*Leave the second column blank if*** field ***was not planted with cotton in 2018*.]--** | **2019****YES = 1****NO = 3** | **2018****YES = 1****/A no cotton in field = 4** |
| a. *Bacterial blight resistance*. . . . . . . . . . . . . . . . . . . . . . . .  |  |  |
| b. *Root-Knot nematode (RKN) resistance*. . . . . . . . . . . . . . . . . . .  |  |  |
| c. *Verticillium wilt tolerance*. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  |  |
| d. *Fusarium wilt tolerance (e.g. Race 4 FOV)*. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  |  |
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| 20. **For the 2019 cotton crop, did you plant a commercial seed product** **on the selected field?**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 2340 |
| [*If item 20 is “Yes”, ask*--] | **COMMERCIAL SEED PRODUCT NAME** |
| a. What was the name of the seed product?  Write the seed product name in the box provided (e.g. DP1820B3XF, PHY250 W3FE, ST4550GLTP). . . . . . . . . . . . . . . .  |  |
|  |  |  | **CODE** |
|  b. What was the seed 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*.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 2343 |

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|  | **CODE** |
| 21. **Did you use a genetically engineered, insect resistant seed variety for the 2019 crop?** | **YES = 1****NO = 3** | 2326 |
| **[***If item 21 is yes, ask*--**]** |  |  |
| a. Did you choose the resistant seed variety used on the selected field primarily to-- | 1 Increase yields through improved pest (weed or insect) control?2 Decrease pesticide input costs?3 Save management time or labor or improve ease of management?4 Reduce refuge requirements5 For some other reason(s)? [*Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*] | **………** | **CODE** |
| 2327 |

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|  | **CODE** |
| 22. **Was a refuge for insect p6ests planted on the selected field?** [If item 22 is yes, ask---, else go to item 24]………………………………….. | **YES = 1****NO = 3** |  |
|  | **PERCENT** |
| 23. **What percent of the field was used as refuge in order to comply withBt cotton** **insect resistant management guidelines?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2328 |

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| a. Within the selected field. . . . . . . . . . . . . . . . . . . . .  |  |  |
| 24. How many acres adjacent to, or as a separate block within ½ mile, of the conventional seeds is a refuge? . . . . . . . . . . . . . . . . . . . . . . .  |  | ACRES |
| xxxx |
|  |  | **CODE** |

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| 25. **Has harvest of the selected field been completed?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 1328 |

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| 26. **Now I need information about the acres harvested** (or to be harvested) **and the yields from the selected field.** |
| How many acres in the selected cotton field were (or will be)-- |  | 1**What yield per acre did you** (or do you expect to) **get for cotton lint---** | 2**UNIT CODE** 1 Pounds 2 CWT 3 Tons |
|  | **ACRES** | **UNITS PER ACRE** | **CODE** |
| a. harvested for lint?. . . . . . . . . . . . . . . . . . . . . . . . . .  | 1346 | .\_\_ | 1347 | .\_\_ | 1348 |
| b. abandoned?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1351 | .\_\_ |  |  |

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| **CROP CODE LIST for item 27 – 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 | 16 | Peanuts |

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| 27. **Please report 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---** | **What type of crop was grown on the selected field?**1. GMO/GE

Herbicide Tolerant (HT)1. GMO/GE

Insect Resistant (Bt)1. Stacked

(HT and Bt)4 Not GMO/GE | **Was this****a cover crop?** | **How did you terminate this** **cover crop?** | **Was this****field****irrigated?** | **Was this****field****no-tilled or strip-tilled?****1/** |
|  |  |  |  | 1 Tilled-in |  |  |
|  |  |  |  | 2 Herbicide |  |  |
|  |  |  |  | 3 Rolled |  |  |
|  |  |  |  | 4 Grazed out |  |  |
|  |  |  |  | 5 Harvested for forage 6 |  |  |
|  |  |  |  |  |  |
|  |  |  |  | 6 Harvested for grain |  |  |
| **SEASON AND YEAR** | **CROP NAME** | **CROP****CODE** |  | **YES = 1****NO = 3** | **YES = 1****NO = 3** | **YES = 1****NO = 3** |
| **CODE** |
| a. **SPRING/SUMMER of 2019?** . . . . . . . | **Cotton** | **283** | 1486 |  |  | 2345 | 1344 |
| b **FALL of 2018?** . . . . . . . . . . . . . . . . .  |  | 1343  | 1487 | 1470 | 1471 | 2344 | 1345 |
| c **SPRING/SUMMER of 2018?**. . . . . . . |  | 1369 | 1488 | 1472 | 1473 | 2370 | 1371 |
| d **FALL of 2017?** . . . . . . . . . . . . . . . . .  |  | 1372 | 1489 | 1474 | 1475 | 2373 | 1374 |
| e **SPRING/SUMMER of 2017?** . . . . . . .  |  | 1375 | 1490 | 1476 | 1477 | 2376 | 1377 |
| f **FALL of 2016?** . . . . . . . . . . . . . . . . .  |  | 1378 | 1491 | 1478 | 1479 | 2379 | 1380 |
| g **SPRING/SUMMER of 2016?** . . . . . . .  |  | 1381 | 1492 | 1480 | 1481 | 2382 | 1383 |
| h **FALL of 2015?** . . . . . . . . . . . . . . . . .  |  | 1366 | 1493 | 1482 | 1483 | 2367 | 1368 |
| i **SPRING/SUMMER of 2015?** . . . . . . .  |  | 1340 | 1494 | 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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| **[*If a cover crop was planted in Spring/Summer/Fall 2019, ask—*]** | **DOLLARS & CENTS****PER ACRE** |
| j What was the seed cost per acre for the cover crop?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1468 | .\_\_ \_\_ |
| k. What was the per-acre cost-share or financial assistance payments received for the cover crop (enter zero if no program payment was received)? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1495 | **.**\_\_ \_\_ |
| 28. Do you have a conservation plan that specifies practices to control soil erosion?..................... | **YES = 1****NO = 3** | XXXX |

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| 29. **Is the selected field classified as “Highly Erodible Land”?** (Cropland identified as highly erodible is subject to highly erodible land conservation (HELC) requirements. Producers who receive farm program payments are required to have (and apply) a written soil conservation plan, prepared in accordance with Federal standards.) . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | **CODE** |
| 1404 |

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| 30. **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 = 1****NO = 3** | 1405 |
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| 31. **What is the slope of the selected field?** . . | 12345 | Nearly level (0 - 2%)Even, moderate grade (3 – 9%)Variable, moderate gradeEven, steep grade (over 10%)Variable, steep grade | . . . . . . . . . . . . . . . . . . . . . . .  | **CODE** |
| 2400 |
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| 32. **What is the primary soil type of the selected field?** . . . . . . . . . . . . . . . . . . . | 12345 | LoamClaySandyMixedSilty | . . . . . . . . . . . . . . . . . . . . . . .  | **CODE** |
| 2401 |
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| 33. **Next we will ask about soil and water concerns that you have on the selected field.** |

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|  | CODEYES = 1NO = 3 | Have you received technical assistance from any of the following sources to evaluate this resource concern? (Report up to 3 sources that you received assistance from.) |
| RESOURCE CONCERNS | 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).

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| 34. **Did the land use practices for this field include subsurface drainage?** | **YES = 1****NO = 2** | 2402 |

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| 35. **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 CODE**1 = Current2 = Past3 = Never |
| a. Environmental Quality Incentives Program. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2611 |
| b. Conservation Stewardship Program. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2612 |
| c. Conservation Reserve Program. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2613 |
| d. Other Federal, State, Local, or non-Government source. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2614 |

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| 36. **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 integratedpest 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 |
| [ ]  10 | Terraces | [ ]  22 | Subsurface phosphorous application | [ ]  35 | Riparian Buffer (grass or forest) |
|  |

 |
| b. For each practice or activity checked in 27a, please complete one line of this table. |
| 1 | 2 | 3On this field, for this practice, have you ever received at any time-- | 4**Does this practice or activity help satisfy--** | 5**Was this practice or plan used on this selected field in 2019?** |
| **Technical or planning assistance**? | **Financial assistance?** |
| **Practice or Activity****on the selected field** | **Practice Code**(see item 27a) | 123 | USDA NRCS field staff, cooperative extension, or Technical Service ProvidersOther Sources of Outside Assistance, such as Soil and Water Conservation Service or a conservation organizationNo 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 = 1****NO = 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 |

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|  |  | **CODE** |

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| 37. **In 2019, was the cotton in the selected field covered by a single or named peril crop insurance policy** (e.g. hail, replant, wind, freeze)**?** . . . . . . . . . . . . . . . . . . . . . . . . . . . | **YES = 1****NO = 3** | 2520 |
| [*If YES, ask*--] |  |  |
| a. In 2019, was the cotton in the selected field covered by more than one single or named peril crop insurance policies (e.g. hail, replant, wind, freeze)?. . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 2517 |
|  |  | **DOLLARS & CENTS PER ACRE** |
|  b. What was the dollar amount of coverage per acre for the single peril policy covering the  selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2521 | **. \_\_ \_\_** |
|  |  | **PERCENT** |
| c. What was the percent deductible for the single peril policy covering the selected field? (Record no deductible as 0.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2522 |
|  |  | **DOLLARS & CENTS PER ACRE** |
| d. What premium cost per acre did you pay for the single peril policy covering the selected field?. . .  | 2523 | **. \_\_ \_\_** |
|  |  | **CODE** |
| e. Did you (or will you) collect an indemnity payment for the selected field from the single peril policy during 2019?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 1394 |
| 38. **In 2019, was the cotton 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 |

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| a. Which coverage did you obtain?. . . . .  | 1234 | Federal CAT (basic catastrophic insurance)Yield based Revenue based Other multi-peril crop insurance | . . . . . . .  | **CODE** |
| 3386 |
|  |

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| [*If item 38a = 2, ask---*] (i) What percent of yield coverage did you select for the selected field?. . . . . . . . . . . . . . . . . . . |
|  (ii) What percent of price coverage did you select for the selected field? |
| [*If item 38a = 3, ask---*] (iii)What percent of revenue coverage did you select for the selected field?. . . . . . . . . . . . . . . . . . . . . |

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| b. What type of unit coverage did you purchase for the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1 Basic2 Optional3 Enterprise | . . . . . . . . . . . . . . . . | **CODE** |
| 2524 |

|  |  |
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|  | **YEAR** |
| c In what year did you (*the operator listed on the label*) first purchase multi-peril crop insurance on the selected field? | 2525\_\_\_ \_\_\_ \_\_\_ \_\_\_ |
|  |  | **BUSHELS PER ACRE** |
| d. What is the 2019 Approved APH (*actual production history*) yield for the selected field?. . . . . . . . . . .  | 2526 |
|  | **DOLLARS & CENTS** **PER ACRE**  |  |
| e. What was the premium paid for multi-peril crop insurancefor the selected field in 2019? (***Exclude*** *any sign-up fee.*). . . . . . . . . . . . . . . . . . . . . . . .. . . . . . .  | 2527 | **.\_\_\_ \_\_\_** |  |  |
| f. Did you (*or will you*)collect an indemnity payment for the selected field from federal crop insurance during 2019?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | **CODE** |
| **YES = 1****NO = 3** | 2528 |

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

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **EDIT TABLE** |
| 1. **Were commercial nutrients or fertilizers applied to the selected field for the 2019 cotton crop?** (*Include those from operators, landlords, and contractors*.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **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 2019 crop?**  (***Include*** *applications made by airplanes and custom applicators*.). . . . . . . . . . . .  | 0203 |

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| 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 2018 and  those applied earlier if the selected field was fallow in 2018. | [ ]  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 |  |

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|  |  |  | **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 pounds of 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 | **.\_\_\_** |

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| 4. **Were any nutrients or fertilizers applied by custom applicators?** |  | **CODE** |
| [ ]  **YES** - [*Continue*] [ ]  **NO** - [*Go to item 5*] | **YES=1****NO = 3** | **XXXX** |

|  |  |
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| a. Are you able to report the cost of nutrient or fertilizer materials and custom application separately? [ ]  **YES** - [*Continue*] [ ]  **NO** - [*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*.) *[If material and application costs can’t be separated,* ***exclude*** *them here and record the total in item 5.*]. . . . . . . .  | **DOLLARS & CENTS****PER ACRE** | **OR** | **TOTAL DOLLARS** |
| 0219 | **.\_\_\_ \_\_\_** |  | 0220 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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*. [*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.*]***Include*** *materials applied to the selected field if it was fallow in 2018*. ***Exclude*** *lime, gypsum, purchased manure and purchased compost*.). . . . . . . . . . . . . . . . . .  | **DOLLARS & CENTS****PER ACRE** | **OR** | **TOTAL DOLLARS** |
| 0221 | **.\_\_\_ \_\_\_** |  | 0222 |

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|  | **CODE** |
| 6. **Was gypsum applied to the selected field for the 2019 cotton crop?** . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0218 |

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|  | **CODE** |
| 7. **Was a soil test for Soil Organic Matter performed on this COTTON field at some point in the last 10 years?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 3225 |
|  [*If item 7 = 1, ask---*] |  | **PERCENT** |
| a. What was the percentage of Soil Organic Matter on the selected field for the most recent test?. . . . . .  | 3226 |
|  | **NUMBER** |
| b. How many times have you tested the selected field for Soil Organic Matter in the last ten years?. . .. . .  | 3227 |
|  [*If item 10b is more than 1 ask---*] | **CODE** |
| c. Based on these tests, is your Soil Organic Matter content:. .  | 1. Increasing
2. Decreasing
3. Staying roughly the same
 | . . . .  | 3228 |
|  |  |
| 8. **Was a soil or plant tissue test performed on the selected cotton field in 2018 or 2019 for the 2019 crop?** |  |
|  [ ]  **YES** [*Continue*.] | **[ ]**  **NO** [*Go to item 13*.] |  |
|  | **CODE** |
| 9. **Was a soil test for phosphorus performed on the selected cotton field in 2018 or 2019 for the 2019 crop?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0225 |
|  [*If item 8 = 1, ask*---] | **POUNDS****PER ACRE** |
| a. How many pounds of phosphorus (*per acre*) were recommended (*by the phosphorus test*)?. . . . .  | 0226 |
|  | **CODE** |
| 10 **Was a soil test for nitrogen performed on the selected cotton field in 2018 or** **2019 for the 2019 crop?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0227 |
|  [*If item 10 = 1, ask---*] | **POUNDS****PER ACRE** |
| a. How many pounds of nitrogen (*per acre*) were recommended (*by the nitrogen test*)?. . . . . . . . . . .  | 0228 |
|  | **CODE** |

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| 11. **Was a plant tissue test or leaf analysis for nutrient deficiency performed on the selected field in 2018 or 2019 for the 2019 crop?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0229 |

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|  |  |
|  | **DOLLARS & CENTS PER ACRE** | **OR** | **TOTAL DOLLARS** |
| 12. **How much was spent for these soil and plant tissue tests** **on the selected field?** *[****Include*** *landlord and contractor costs.]. . . . . . . . . . . . . . . . . . . . . . . . . . . .*  | 0230 | **.\_\_\_\_ \_\_\_\_** | 0231 |
| [If tests were done at no cost continue, otherwise go to item 12b] |
| a. What is the reason tests were done at no cost?--- | 1. Soil/plant tissue test provided free of charge by dealer, crop consultant, or extension service.
2. Soil/plant tissue test costs were included in the total fertilizer costs reported in item 5.
3. Some other reason.
 |  | **CODE** |
|  | …… | 0232 |
|  |  |
| b. Did you receive a payment from the Conservation Stewardship Program for performing a stalk or leaf tissue test for Nitrogen application?. . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 3231 |

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| [**ENUMERATOR ACTION*:*** *Refer to the Fertilizer Table, column 2. If nitrogen (N) was applied,* *complete item 13. If NO nitrogen applied, go to item 14.*] |
|  |

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| 13.**Was the amount of nitrogen you decided to apply to the selected field based on---** | **CODE** |
| a. Results of a soil or plant tissue test?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0233 |
| b. Crop consultant recommendation?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0234 |
| c. Fertilizer dealer recommendation?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0235 |
| d. Extension Service recommendation?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0236 |
| e. Cost of nitrogen and/or expected commodity price?. . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0237 |
| f. Contractor recommendation?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0238 |
| g. Routine practice (*operator’s own determination based on past* *experience, yield goal, etc.*)?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0239 |

|  |  |
| --- | --- |
|  | **CODE** |
| 14. **Is lime ever applied to the selected field?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0242 |
| **[*If no lime applied, go to item 15; else continue*.]** | **YEARS** |
| a. On average, how many years are there between applications of **lime** to the selected field?. . . . . . . . . . . .  | 0243 |
|  | **TONS PER ACRE** |
| b. How many tons of **lime** were applied per acre the last time it was applied to the selected field?. . . . . . . . .  | 0244.\_\_\_ |
|  | **CODE** |
| c. Was **lime** applied to the selected field in 2018 or 2019 for the 2019 crop?. . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0240 |

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| 15. **Was non-commercial manure** (*from own farm, from a neighbor’s farm, etc.*) **or other organic material** (*including compos*t) **applied to the selected field for the 2019 cotton crop?** (***Exclude*** *commercially prepared manure*.) [ ]  **YES** - [*Enter code 1 and continue*] [ ]  **NO** - [*Go to Section D*]. . . . . . . . . . . . . . . . . . . . . . .  | **CODE** |
| 0246 |
|  | **ACRES** |
| a. How many acres in the selected field was manure or compost applied to?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0247 | **.\_\_\_** |

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|  |  |  |  |  |  |  |  |  |  |
|  | 1 Tons2 Gallons3 Bushels4 Cubic Yards |  | **CODE** |  | **UNITS PER ACRE** | **OR** | **TOTAL UNITS** |
| b. What was the amount of manure or compost applied to the selected field?. . . . . . . . . .  | . .  | 0248 | **AND** | 0249 | **.\_\_\_ \_\_\_** |  | 0250 | **.\_\_\_** |
|  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  |  |
| c Of the total manure or compost applied to the selected field for the 2019 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%** |
|  | 1 Lagoon liquid?2 Slurry liquid?3 Semi-dry or dry? |  | **CODE** |
| d Was the manure or compost---. . . . . .  | . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0257 |
|  |
|  | 1 Broadcast or sprayed *without* incorporation?2 Broadcast or sprayed *with* incorporation?3 Injected/knifed in?4 Sprayed using irrigation systems? |  | **CODE** |
| e Was the manure or compost---. . . . . .  | . . . . . . . . . . . . . . . . . .  | 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?2 Purchased?3 Obtained at no cost off this operation?4 Obtained with compensation? (*Operator* *received payment for accepting the manure*.) | . . . . . . . . . . . . . . .  |  |
| **CODE** |
| 0260 |
|  **[*If item 15g = 2, ask*---]** |

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|  | **DOLLARS & CENTS****PER ACRE** | **OR** | **TOTAL DOLLARS** |
| (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.*) | 0284 | **.\_\_\_ \_\_\_** |  | 0285 |

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|  | **CODE** |
| (ii) Did you hire someone to custom apply the manure or compost? . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0286 |

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| **[*If YES, ask---*]** |

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|  | **DOLLARS & CENTS****PER ACRE** | **OR** | **TOTAL DOLLARS** |
| a. What was the total cost paid to have manure or compost custom applied to the selected field? [*Do not report custom application cost if it was included with the purchased manure cost.*]. . . . . . . . . . . . . . . . .  | 0287 | **.\_\_\_ \_\_\_** |  | 0288 |

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|  |  | **MILES** |
| h. What is the distance in miles between the manure or compost storage/production location and the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0291 | **.\_\_\_** |
|  |  | **CODE** |
| i. Of the manure or compost applied to the selected field, was any tested for nutrient content prior to application?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0261 |

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| 16. **Were the manure APPLICATION RATES to the selected field influenced by Federal,** **State, or local restrictions?**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | **CODE** |
| **YES = 1** | 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 = 1** | 0265 |
| (ii) Phosphorus requirement of the crop?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0266 |

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| **NOTES** |
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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 2019** **cotton 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 the selected cotton field for the** **2019 crop?** . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0302 | 0300 |

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| [*Probe for applications in the fall of 2018 (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** nutrients or fertilizers reported earlier and seed treatments. |  |  |  |
| **Include** biological and botanical pesticides. |  |  | **OFFICE USE****LINES IN TABLE** | **TABLE****001** | 0399 |  |
|  |  |
| **CHEMICAL****PRODUCT****NAME** |  | **2** | **3** | **4** | **5** | **6 OR 7** | **8** |
| **L****I****N****E** | **What products****were applied****to the selected field?**[*Show product**codes from**Respondent**Booklet.*] | **Was this****product****bought in****liquid or dry form?**[*Enter L or D*] | **Was this****part of a****tank mix?**[*If tank mix,**enter line**number of**first product**in mix*.] | **When****was this applied?** 1 BEFORE planting 3 ATplanting 4 AFTER Planting 5 *DEFOLIATION* prior to harvest | **How much****was applied****per acre****per****application?** | **What was****the total****amount****applied per****application****in 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, Insecticide**Fungicide, etc.*) |  | **EPA No. or Trade name****and 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** |  | [**ENUMERATOR NOTE**:Use these columns only ifTOTAL COST(*item 4 on next page*)cannot be provided.] |  |
|  |  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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|  | **↓** |  |

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|  | **9** | **10** | **11** | **12** |  | **OPTIONAL ITEM 4** |
|  |  |  |  |  |  | **What was the cost per unit of the product?** |
|  |  |  |  |  |  |
| **L****I****N****E** | **How****was this****product****applied?**[*Enter code**from above*.] | **How many****acres in this****field were****treated with****this product?** | **How many****times was it****applied?** | **Were these****applications****made 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 |

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|  |  | **CODE** |
| 3. **Were any chemicals, biocontrols, or pesticides applied by custom applicators?** | **YES = 1****NO = 3**  | **XXXX** |

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|  [ ]  **YES** – [*Continue*] |  [ ]  **NO** – [*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 |
|  [ ]  **YES** – [*Continue*] |  [ ]  **NO** – [*Go to item 4*] |
| 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 & CENTS****PER 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 2018 fallow period.* ***Exclude*** *seed treatments.*). . . . . . . . . . . . . . . . . . . . . . . . .  | **DOLLARS & CENTS****PER 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 & CENTS****PER 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 & CENTS****PER 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*. |
|  |
| 5. **Was the cotton that was grown in the selected field in 2019 covered by**  **the boll weevil eradication program (BWEP)?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0325 |
| [**If YES, ask--**] |  | **CODE** |
| a. What phase has the eradication program reached  in the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1 Active eradication phase?2 Post-eradication phase? | . . . . . .  | 0336 |

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| b. For 2019, what was your assessment on the selected field to participate in the BWEP: (***Include*** *operator, landlord and contractor charges for 2019.). . .*  | **DOLLARS & CENTS****PER ACRE** | **OR** | **DOLLARS & CENTS PER BALE** |
| 0337 | **.\_\_\_ \_\_\_** |  | 0338 | **.\_\_\_ \_\_\_** |

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| c. How did the level of secondary cotton pests in 2019 compare with the level prior to participating in the BWEP? (e.g. best armyworm; budworms; plant bugs; or aphids). . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1 Increased?2 Decreased?3 No Change? |  | **CODE** |
| . . . . . .  | 0339 |  |

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| **ASK FOR CALIFORNIA AND TEXAS ONLY** |

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|  |  | **CODE** |
| 6. **Was the cotton in the selected field covered by an area-wide pink bollworm eradication**  **or suppression program (PBWP)?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0341 |
| **[If YES, ask--]** | **DOLLARS & CENTS****PER ACRE** | **OR** | **DOLLARS & CENTS PER BALE** |
| a. For the current crop year, what was the costs on the selected field to participate in the PBWP?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0342 | **.\_\_\_ \_\_\_** |  | 0343 | **.\_\_\_ \_\_\_** |

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| (***Include*** *operator, landlord, and contractor costs per acre and/or per bale charges for this year’s cotton. If you receive a credit on your PBWP assessment for planting Bt cotton to control pink bollworm, report only the amount of the assessment you, your landlord, or your contractor paid*.) |

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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 practices****used on the selected field for the 2019 cotton 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. **Was weather data used to assist in determining either the need or when to make pesticide applications?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 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 = 1** |  |
| 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 = 1** |  |
| 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*] |
| 4. **Were herbicides applied to the selected cotton field BEFORE weeds emerged?**. . . . . . . . | **YES = 1****NO = 3** |  |
|  |  | 0803 |

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| 5. **Were herbicides applied to the selected cotton field AFTER weeds emerged?** . . . . . . . . .  | **YES = 1****NO = 3** |  |
| 0805 |

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| 6. **In 2019, 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 7.*]2 By conducting general observations while performing routine tasks [*Enter code 2 and go to item 9*.]3 The selected field was not scouted. [*Enter code 3 and go to item 14.*] |  | **CODE** |
| . . . .  | 0808 |
|  |  |

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| 7. **Was an established scouting process** (*systematic sampling, recording counts, etc*.) **used** **or were insect traps used in the selected field?** [***Exclude*** *traps checked as part of either BWEP or PBWP.*]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0809 |
| a. Did you measure the damage of budworm or bollworm infestations on the selected field? | **YES = 1****NO = 3** | 2450 |
| **[If item 7a = 1, ask--]** |  | **COUNT** |
| b. If traps were used, what was the average insect count per acre?. . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2451 |
|  |  |  |
| (i) If boll damage scores were recorded (1 to 4), what  was the average boll damage score per acre?. . . . . . . . .  | 1 Damage in 1 locule2 Damage in 2 locules3 Damage in 3 locules4 Damage in all locules5 Not applicable | . . . . . . . .  | **CODE** |
| 2452 |
|  |

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| 8. **Was scouting for pests done in the selected field due to---** |  | **CODE** |
| a. a pest advisory warning?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0810 |
| b. a pest development model?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0811 |
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|  |  |  |
| 1 | 2 | 3 |
| 9. **Was this cotton field scouted for--** | **YES = 1****NO = 3** | [*If* ***YES****, ask--*-]**What was the** **infestation level for** [*column 1*]**?**—1 Worse than normal2 Normal3 Less than normal**CODE** | [*If column 1 =* ***YES****, ask---*]**Who did the majority of the scouting****for** [*column 1*]**?**1. Operator, partner or family member
2. An employee
3. Farm supply or chemical dealer
4. Independent crop consultant or

commercial scout**CODE** |
| 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 & CENTS****PER ACRE** | **OR** | **TOTAL DOLLARS** |
| 0821 | **.\_\_\_ \_\_\_** |  | 0822 |
|  | **OFFICE USE** |
| a. [*If scouting performed at no cost, explain*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | . . . . .  | 0333 |
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| 11. **Were written or electronic records kept for the selected field to track the activity or numbers of weeds, insects or diseases?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | **CODE** |
| 0823 |
|  |  |  |
| 12. **Were scouting data compared to published information on infestationthresholds to determine when to take measures to manage pests in this field?** . . . . . . . .  | **YES = 1****NO = 3** | 0824 |
|  |  |  |
| 13. **Did you use field mapping of previous weed problems to assist you in makingweed management decisions?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0825 |

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|  |  |
| 14. **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?**  | **CODE** |
| a. Use the services of a diagnostic laboratory for pest identification orsoil plant tissue pest analysis for the selected field?. . . . . . . . . . . . . . . . . . .. . . . . . . . . . . .  | **YES = 1****NO = 3** | 0841 |
| b. Plow down crop residue (*using conventional tillage*)?. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0842 |
| c. Remove/burn down crop residue?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0843 |
| d. Rotate crops in the selected field during the past three years?. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0844 |
| e. Maintain ground covers, mulches, or other physical barriers?. . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0845 |
| f. Choose crop variety because of specific resistance to a certain pest?. . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0846 |
| g. Use no-till or minimum till?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0847 |
| h. Plan planting locations to avoid cross infestation of pests?. . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0848 |
| i. Adjust planting or harvesting dates?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0849 |
| j. Chop, spray, mow, plow, or burn field edges, lanes, ditches,roadways, or fence lines?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0850 |
| k. Clean equipment and field implements after completing field work to reducethe spread of pests?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0851 |
| l. Adjust row spacing, plant density or row directions?. . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0852 |
| m. Have the seed treated for insect or disease controlafter you purchased the seed for the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0854 |
| n. Maintain a beneficial insect or vertebrate habitat?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0855 |
| o. Maintain buffer strips or border rows to isolate organic cotton from non-organic crops or land, or did you take a buffer harvest?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0856 |
| p. Use a flamer to kill weeds?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0857 |
| q. Plant earlier or later to avoid weeds? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0865 |
| 15. **Were any beneficial organisms** (insects, nematodes, fungi) **applied** **or released in the selected field to manage pests?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0853 |
| 16. **Were floral lures, attractants, repellants, pheromone traps or other biological pest** **controls used on the selected field?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0858 |

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| **[If item 15 or item 16 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 & CENTS****PER ACRE** | **OR** | **TOTAL DOLLARS** |
| 0859 |  .\_\_\_ \_\_\_ |  | 0860 |

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|  | **CODE** |
| 17. **Was a trap crop** (*excluding fallow*) **grown to help manage insects in the selected field?** . .  | **YES = 1****NO = 3** | 0863 |
|  |  | **CODE** |
| 18. **Was the selected field left in fallow in 2018 to help manage insects on the selected field?** . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0864 |

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| 19. **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 = 1****NO = 3** |  |
| 0861 |

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|  |  | **UNIT CODES** |
|  | **UNITS PER ACRE** | 1234 | POUNDSCWTTONSBUSHELS |
| 20. **What was the difference in yields in the Bt crop with the yields in the non-bt refuge crop?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2670 | .\_\_\_ | 2671 |
|  |  | **CODE** |
| 21. **Did you use a soil-insecticide or insecticidal seed treatment in the refuge in 2019? . . . .**  | **YES = 1** | 1765 |
|  |  | **CODE** |

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| 22. **Did pests** (weeds, insects, pathogens, animals) **cause any yield loss on the selected field in spite of your pest control efforts?**  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 0827 |
| **[If YES, ask---]** |  |

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|  |  |  | **CODE** |  | **UNITS PER ACRE** |  | **TOTAL UNITS** |
| 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?. . . .  | 1 Bales2 Pounds | . . .  | 0828 | **AND** | 0829 | **OR** | 0830 |
|  | **NUMBER OF YEARS** |
| 23. **If you used Bt seeds on the selected field in 2019, indicate the number of consecutive years you have planted Bt seeds**. [***Note:*** *A producer who used Bt cotton in 2019 and 2018, but conventional cotton in 2017, has used Bt cotton for “2” consecutive years.*] . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0831 |
| **[If 22 is greater than 1, ask---]** | **YEAR** |
| a. If you have ever switched from a Bt seed with a single mode of action to a Bt seed with multiple (pyramided) modes of action, indicate the year that this change was made.. . . . . . . . . . . . . . . . . .  | 0832 \_\_\_ \_\_\_ \_\_\_ \_\_\_ |

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|  | **NUMBER OF YEARS** |
| 24. **If you used Ht seeds on the selected field in 2019, indicate the number of consecutive years you have planted Ht seeds. [Note**: *A producer who used Ht cotton in 2019 and 2018, but conventional cotton in 2017, has used Ht cotton for “2” consecutive years.]* . . . . . . . . . . . . . . . . . . . .  | **XXXX** |
|  | **YEAR** |
| a. What year did you first plant any Ht seeds on the selected field?. . . . . . . .  | **XXXX** **\_\_\_ \_\_\_ \_\_\_ \_\_\_** |

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|  | **NUMBER OF YEARS** |
| 25. If you used GMO/GE **glyphosate-resistant seeds on the selected field in 2019, indicate the number of consecutive years you have planted GMO/GE glyphosate-tolerant corn, soybeans, cotton, or any other GMO/GE glyphosate tolerant crop** . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 0867 |

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| **[If item 25 = YES, continue. If item 25 = NO, go to Section F.]** | **YEAR** |
| a. What year did you first plant any GMO/GE glyphosate-tolerant seeds on the selected field?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 0868 \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
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| 28. **Have any of the following herbicides been used on the selected field in the specified years since:** |
|  |
| 1**Active Ingredients** | 2**2019****YES = 1****NO = 3** | 3**2018****YES = 1****NO = 3** | 4**2017****YES = 1****NO = 3** | 5**2016****YES = 1****NO = 3** | 6**2015****YES = 1****NO = 3** |
| a. Glyphosate (e.g. Roundup®) | 2001 | 2002 | 2003 | 2004 | 2005 |
| b. Glufosinate (e.g. Liberty®) | 2006 | 2007 | 2008 | 2009 | 2010 |
| c. Dicamba (e.g. Xtend®, Xtendimax®, Engenia®) | 2011 | 2012 | 2013 | 2014 | 2015 |
| d. 2, 4-D (e.g. Enlist ®) | 2016 | 2017 | 2018 | 2019 | 2020 |
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|  | **CODE** |
| 29. **Have Herbicide Tolerant seeds been planted on the selected field any time since 2015?**.. . . . . . . . . . . . . . .  | **YES = 1** | 2021 |
| [*If item 29= YES, continue. If item 26 = NO, go to item 32*.] |  |

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|  |  | *If column 2 = 1, ask questions in columns 3 - 6* |
| 1For herbicide tolerant seeds that are tolerant of-- | 2Have you noticed a decline in the effectiveness of herbicides in controlling weeds in the selected field? | 3What was the first year you noticed a decline in the effectiveness of herbicides in controlling weeds in the selected field? | After noticing the decline in the effectiveness of this herbicide in controlling weeds on the selected field, did you-- |
| 4 | 5 | 6 |
| Stop planting herbicide resistant crops with this trait? | Change tillage practices? | Switch to an alternative herbicide? |
|  | **YES = 1****NO = 3** | **YEAR** | **YES = 1****NO = 3** | **YES = 1****NO = 3** | **YES = 1****NO = 3** |
| a. Glyphosate (e.g. Roundup®) | 2022 | 2023 | 2034 | 2025 | 2026 |
| b. Glufosinate (e.g. Liberty®) | 2027 | 2028 | 2029 | 2030 | 2031 |
| c. Dicamba (e.g. Xtend®, Xtendimax®, Engenia®) | 2032 | 2033 | 2034 | 2035 | 2036 |
| d. 2, 4-D (e.g. Enlist ®) | 2037 | 2038 | 2039 | 2040 | 2041 |

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|  | Completion Code for Pest Management Data1 Incomplete/Refusal |  |  |
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|  |  | **UNIT CODES** |
|  | **UNITS PER ACRE** | 1234 | POUNDSCWTTONSBUSHELS |
| 32. **If untreated (either with insecticides or Bt seeds), how much yield loss (e.g. bales per acre) do you think bollworms would most likely cause on the selected field?**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | .\_\_\_ |  |
|  |  |  |
| 33. **If untreated (either with insecticides or Bt seeds), how much yield loss (e.g. bales per acre) do you think cutworms would most likely cause on the selected field?.** . . . . . . . . . .  |  | .\_\_\_ |  |

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| 34. **If untreated (either with insecticides or Bt seeds), how much yield loss (e.g. bales per acre) do you think insect pests other than bollworms or cutworms would most likely cause on the selected field?.** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | .\_\_\_ |  |

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|  |  | **UNIT CODES** |
|  | **UNITS PER ACRE** | 1234 | POUNDSCWTTONSBUSHELS |
| 35. **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?**.. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2670 | .\_\_\_ | 2671 |

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

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

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| 1. **Including custom operations, I need to list field work performed** **by machines on the selected field for the 2019 cotton 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* 2018*, list operations starting* *with fall 2017*]; | **Include** all field work using machines for--- [ ]  Land Forming/Levee Building [ ]  Tillage [ ]  Preparing for Irrigation [ ]  Planting [ ]  Fertilizer & Pesticide applications [ ]  Harvesting  [ ]  Module Building [ ]  Hauling from field to gin**Exclude** [ ]  Lime & Gypsum/landplaster applications [ ]  Non-Commercial Manure applications &  Compost |
|  ► 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 5**1 You (*the Operator*)2 Partner3 Unpaid Worker4 Paid Part-time or Seasonal Worker5 Paid Full-time Worker6 Custom Applicator |  |
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|  | **OFFICE USE****LINES IN TABLE** |
| 0499 |

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|  |  |  |  |  | **[IF CUSTOM (*column 5 = code 6* ), *skip columns 6-11*]** |
|  | **2** | **3** | **4** | **5** | **6** | **7** | **8 OR 9** | **10** | **11** |
| **L****I****N****E** | **S****E****Q****U****E****N****C****E** | **What operation or equipment was used?** | [*Record machine**code**from**Respondent**Booklet.*] | **Who was****the machine****operator-**[*Enter**code**from**above*.] | **What****was the****size or****swath****of the**[*machine*]**used?** | [*Record size unit code*.]1 Feet2 Row3 Moldboard  (*bottoms*)  **Hauling**4 Pounds5 Bushels6 Tons7 Bales | **How****many****acres****were****covered?**[*Exclude**land forming**and**hauling**operations*] | **How many TOTAL HOURS were spent on land forming, module building, or hauling?**[*Example: backhoes, disk border maker, ditcher, rear mounted blade, trucks, wagons, forklifts, etc.*] | **Which Power Source****was 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 Propelled**1/** | **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 |
| **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 2019 cotton 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** | a. | b. | c. |
| 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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|  | **DOLLARS & CENTS****PER HOUR** |
| 3. **What was the average hourly wage rate paid to part-time or seasonal hired workers?**(***Exclude*** *custom and contract workers, payroll taxes and benefits.*). . . . . . . . . . . . . . . . . . . . . . . . . .  | 1119 | **.\_\_\_ \_\_\_** |

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|  | **DOLLARS & CENTS****PER HOUR** |
| 4. **What was the average hourly wage rate paid to full-time hired workers?**(***Exclude*** *custom and contract workers, payroll taxes and benefits.*). . . . . . . . . . . . . . . . . . . . . . . . . .  | 1118 | **.\_\_\_ \_\_\_** |

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|  | **CODE** |
| 5. **Was any contract labor used on the selected field?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 1116 |
| [If YES, ask --- | **DOLLARS & CENTS****PER 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 2019 cotton crop.** |
|  |
| 🗸 | 1**CUSTOM SERVICE****Which of the following services were performed****for the 2019 cotton crop on the selected field?** 🡨 [*Check box for each service performed; refer to item 1 if necessary*.] | 2**Including****operator, landlord,****and contractor costs,****how much was spent****for** [*column 1*] **on****the selected field for the 2019****cotton crop?****DOLLARS & CENTS****PER ACRE** |

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| [ ]   | a. Custom land preparation and/or shaping  | 1121 | **.\_\_\_ \_\_\_** |
| [ ]   |  b. Custom cultivating?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1122 | **.\_\_\_ \_\_\_** |
| [ ]   |  c. Custom planting and/or reseeding?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1123 | **.\_\_\_ \_\_\_** |
| [ ]   |  d. Custom harvesting?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 1124 | **.\_\_\_ \_\_\_** |
| [ ]   |  e. Custom module building? \_\_ \_\_**.\_\_** **\_\_** **X** \_\_\_\_\_\_\_\_\_\_\_\_\_ **÷ \_\_\_\_\_\_\_\_\_\_\_\_**  **= \_\_ \_\_.\_\_ \_\_**(Dollars & cents per unit x Total units hauled from field ÷ Acres harvested in field = Dollars & cents per acre) | 1125 | **.\_\_\_ \_\_\_** |
| [ ]   |  f. Custom hauling from field to gin? \_\_ \_\_**.\_\_** **\_\_** **X** \_\_\_\_\_\_\_\_\_\_\_\_\_ **÷ \_\_\_\_\_\_\_\_\_\_\_\_**  **= \_\_ \_\_.\_\_ \_\_**(Dollars & cents per unit x Total units hauled from field ÷ Acres harvested in field = Dollars & cents per acre) .  | 1126 | **.\_\_\_ \_\_\_** |
|  | [*If custom harvesting, module building, and hauling from field to gin cannot be separated, ask--*] |  |  |
| [ ]   | 1. Custom harvesting, module building, and hauling from field to gin?

 \_\_ \_\_**.\_\_** **\_\_** **X** \_\_\_\_\_\_\_\_\_\_\_\_\_ **÷ \_\_\_\_\_\_\_\_\_\_\_\_**  **= \_\_ \_\_.\_\_ \_\_**(Dollars & cents per unit x Total units hauled from field ÷ Acres harvested in field = Dollars & cents per acre) .  | *2127* | **.\_\_\_ \_\_\_** |
|  [***Note:*** *Do not report cotton ginning costs. If harvesting, module building, and/or hauling costs cannot be separated from ginning costs, report the*  *nonresponse code (-1) for those costs that cannot be separated.*] |

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| 8. **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** – [*Continue*] [ ]  **NO** – [*Go to item 10*] |
|  Which of the following services did you obtain? |  | **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 (***Exclude*** *any activity for the BWEP or PBWP*)?. . . . . . . . . . . . . . . . . . . . .  | **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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| 9. **If YES to any of these services, 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** |
| 1136 | **.\_\_\_ \_\_\_** |  | 1137 |  |

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| 10. **Please report how your farm data will be stored and accessed.** [*Enter code “1” for all that apply.*] |
| a. Did you access the 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 the data collected from the selected field through an agricultural technology provider website?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 2488 |
| [*If item 10b = 1 continue, otherwise go to item 11*] |  |  |
| 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** |
| 11. **Were there** (*or will there be*) **any data collection tools** (yield monitors, GPS mapping, etc.) **used during field operations on the selected cotton field?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 2460 |

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| [If YES, continue; else go to Item 12] |
| **Please report the data collection technologies you used on the selected field to produce this crop.** In the fifth column, report how much it would cost you to replace the data collection tool in total dollars. In the sixth column, report the annual costs of using the data collection tool in total dollars. 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 or is not known, leave the cell in that column 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 = 1****NO = 3** | **YES = 1****NO = 3** | **Yes = 1****NO = 3** | **Total Dollars** | **Total dollars** |
| a. Yield monitor. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 2461 | 2462 | 2463 |  |  |
| b. Soil tests on core sample (performed on-farm or sent out to a laboratory). . . . . . . . . . . . . . . . . . .  | 2464 | 2465 | 2466 |  |  |
| c. Soil sensor tests. . . . . . . . . . . . . . . . . . . . . . . . .  | 2467 | 2468 | 2469 |  |  |
| d. Hard-wired crop condition sensors. . . . . . . . . . .  | 2470 | 2471 | 2472 |  |  |
| e. Wireless crop condition sensors. . . . . . . . . . . . .  | 2473 | 2474 | 2475 |  |  |
| f. Drones, aircraft or satellites. . . . . . . . . . . . . . . .  | 2476 | 2477 | 2478 |  |  |
| g. Custom service applications (data from completed work on your field). . . . . . . . . . . . . . .  | 2479 | 2480 | 2481 |  |  |
| h. Public data downloaded from online sources. . .  | 2482 | 2483 | 2484 |  |  |

[*if item 11a = 1 in column 2, continue, else go to item 13]*

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| 12. **Did you use the yield monitor information to---**  |
| a. add/improve tile drainage?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 1141 |
| b. negotiate new crop leases?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 1144 |
| c. Help determine chemical input use? . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | XXXX |

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| [*If any tools used in item 11 continue, else go to item 14.]*13. **Using data collected from the above/previous tools table, (item 11) did you obtain crop management recommendations** (data interpretation) **based on that data you collected from--**[*Enter code “1” for all that apply.*] |
| a. Input dealers without other fee-for-services?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 2491 |
| b. Input dealers with other fee-for-services?. . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 2492 |
| c. Custom service providers?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 2493 |
| d. USDA/University extension services?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 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 |

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| 14. **Was any of the following GPS-enabled** (Global Positioning System) **equipment used to produce crops on the selected cotton field in 2019?**  |  | **CODE** |
|  |  |  |
| a. Mounted in-cab heads-up displays?. . . . . . . | **YES = 1****NO = 3** | 2155 |
|  |  |  |
| b. Smartphones or computer tablets?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 2156 |
| c. Automatic section control (e.g. auto sprayer boom controls or automatic section shut-offs? | **YES = 1****NO = 3** | XXXX |
|  |  |

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|  | **DOLLARS & CENTS PER ACRE** | **OR** | **TOTAL DOLLARS** |
| 15. **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.) . . . . . . . . . . . . . . .  | **.\_\_\_\_ \_\_\_\_** |  |  |
|  |  |  |
|  | **CODE** |
| 16. **Was any guidance auto-steering equipment (excluding Light Bar) used on the selected field?**. . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 2148 |
| [*If item 16 = 1 continue, else go to Item 17*] |  | CODE |
| (i) Was the guidance auto-steering equipment: . . . . . . . . . . . . .  | 1. New, owned
2. Used, owned

3 Leased | . . . .  | 2158 |
|  |  |
|  |  | **YEAR** |
| (ii) What year was guidance auto-steering first purchased?. . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | 2159 \_ \_ \_ \_ |
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|  | **DOLLARS & CENTS****PER ACRE** | **OR** | **TOTAL DOLLARS** |
| (iii) What is the replacement cost for guidance auto-steering equipment?. . . .  | 2160 | **.\_\_\_ \_\_\_** |  | 2161 |

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|  | **CODE** |
| 17. **Was a variable rate applicator used on this field?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1****NO = 3** | 2164 |

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| [If 17=1, continue; else go to Section G] |
| **Please report the variable rate applicator types you used on the selected field to produce the cotton crop.**  |

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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 = 1****NO = 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 |

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| **G** | **IRRIGATION** | **G** |

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| 1. **How many acres in the selected field were irrigated for the 2019 cotton 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 2019 cotton crop.** |

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| **↓** | **UNIT** | **SYSTEM**  |  |
| 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*.]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **SYSTEM****TYPE****CODE** | 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*.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **INCHES****PER ACRE****OR****TOTAL****ACRE-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 cotton growing season?..  | **TOTAL****HOURS** | 1164 |  |
| (ii) How many gallons per minute were applied?. . . . . . . . . . . . . . . .  | **GALLONS****PER 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 cotton growing season using this system? (***Include*** *any pre-plant irrigation*.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NUMBER OF****IRRIGATIONS** | 1167 |  |
| e. Was the pump type--- | 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?. . . . . . . . . . . . . . . . . . . . . . . . .  | **GALLONS****PER MINUTE** | 1169 |  |
| g. [*If item 2a = code 1-9* (PRESSURE SYSTEM)*, ask---*] What was the system operating pressure?. . . . . . . . . . . . . . . . . . . . . .  | **POUNDS****PER****SQUARE 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?. . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **GALLONS****PER MINUTE** | 1173 |  |
| k. How many other acres on this operation were irrigated using the selected field’s irrigation system during the 2019 growing season? (***Exclude*** *the selected field*.). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **ACRES** | 1174 | **.\_\_\_\_** |  |  |

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|  | **DOLLARS & CENTS****PER 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…………*(***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 2019 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** **2019 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 |

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| 8. **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 2019 growing season?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **ACRES** |
| 1211 | **.\_\_\_** |

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| 9. **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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|  | **CONCLUSION**  |  |

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| **LOCATION OF SELECTED FIELD** |
| 1. **I need to locate the selected field of cotton on this map.** | **COUNTY NAME** |  **OFFICE USE****COUNTY FIPS CODE** |
| 2. **What county is the selected cotton field in?. . . . . . .**  |  |  | 0010 |
|  |  |  |  |
|  **Field description. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**  |  |
|  |  | **LATITUDE** |  | **LONGITUDE** |
|  **Field location. . . . . . . . . . . . . . . . . . . . . . . .**  | **N** | 0054 | **\_\_\_ \_\_\_. \_\_\_ \_\_\_. \_\_\_ \_\_\_** | **W** | 0055 | **\_\_\_ \_\_\_ \_\_\_. \_\_\_ \_\_\_. \_\_\_ \_\_\_** |
|  |  |  |  **d d m m s s** |  |  |  **d d d m m s s** |
|  |  | **LATITUDE** | OR | **LONGITUDE** |
|   |  | 0051 | \_\_\_ \_\_\_. \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |  | 0052 | **\_\_ \_\_ \_\_.\_\_ \_\_ \_\_ \_\_ \_\_** |
|  |  |  | **decimal** |  |  | **decimal** |
|   |  |  |  |  |  |  |
| 3. [**ENUMERATOR ACTION:** *Mark map to indicate where the selected cotton 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 2020 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** | **FERTILIZER****APPLICATIONS** | 0041 |
| 8. [*Record the total number of each type of supplement* *used to complete this interview.*]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **PESTICIDE****APPLICATIONS** | 0042 |
|  | **FIELD****OPERATIONS** | 0043 |
| Reported by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 9910 \_\_\_ \_\_\_ \_\_\_ \_\_\_ **15** **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 |