

# FORM A CORN YIELD SURVEY - 2022

OMB No.: 0535-0088  
Approval Expires: xx/xx/20xx  
Project Code: 104  
Survey ID: 1964



**United States  
Department of  
Agriculture**



**NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE**

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

Date: \_\_\_\_\_

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The information you provide will be used for statistical purposes only. Your response will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response to this survey is voluntary.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0088. The time required to complete this information collection is estimated to average 20 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.

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Earlier this season you gave a representative from our office information about the corn acreage on your farming operation. We are now collecting information to help determine corn production in (Your State) and the United States.



All questions below apply to this SAMPLE.

3. For the Sample Field, subtract Column 4 from Column 2 for the total acres of corn to be harvested for grain or seed. Report these acres here:..... ACRES 103

4. What was the planter row width setting?..... INCHES 107

5. On what date was planting completed in this corn field?..... MM DD 109

Kansas and Nebraska Only for Item 6

6. Has this field been (or will it be) irrigated? 1  Yes 3  No 2  Don't Know CODE 104

7. With your permission I will go out to the field and mark off two small plots to be used in making stalk and ear counts. I will return to the plots each month until harvest to make counts and measurements, and harvest and weigh a few ears. Would that be all right?

Yes - Continue. (Inform respondent what day/approximate time you intend mark off two small plots to be used in making stalk and ear counts)

No - Conclude interview, enter data in to CAPI, and return all forms.

8. Have you or will you apply pesticides with organophosphorus content to the sample field?

Yes  No  Don't know

If yes, enter latest application date \_\_\_\_\_ and name of pesticide \_\_\_\_\_.

9. Where should I leave the corn picked from the units? \_\_\_\_\_

(Copy to the sample kit envelope the location where the operator wishes you to leave the corn.)

10. Do you intend to harvest this field as high moisture corn? (High moisture corn is defined as corn with moisture content of 30 percent or more.)

Yes  No  Don't know

NOTE: If this is a gleaning sample, tell the operator "After harvest, I will also lay out two small plots to determine harvest loss."

11. Respondent Name: \_\_\_\_\_

PLEASE CHECK THE FOLLOWING:

- Review the form for completeness
- Sign name
- On the kit envelope, record operator's Telephone number Expected harvest date Pesticide intentions (Item 8), and Location to leave corn (Item 9)

Enumerator Number 190  
Supervisor Number 191  
Evaluation 193

12. Enumerator Name: \_\_\_\_\_

STATUS CODE 180

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 NOTES:

**Survey Results:** To receive the complete results of this survey on the release date, go to:  
[www.nass.usda.gov/results](http://www.nass.usda.gov/results)

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

1095

Operation Email: (if different from above)

Operation Phone:

9937	9936 (     ) - _____	check if cell phone <input type="checkbox"/>
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Respondent Name:

Respondent Phone (if different from above)

9912	9911 (     ) - _____	check if cell phone <input type="checkbox"/>	9910   MM   DD   YY Date:   _ _   _ _   _ _
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**This completes the survey. Thank you for your help.**