

FORM A 1 WINTER WHEAT YIELD SURVEY INITIAL INTERVIEW 2022



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

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 is voluntary.

Date:		

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 30 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.

FORM A - 1: WINTER WHEAT

1.	Earlier this season, the number of winter wheat acres you intended to harvest on all the land you operate was			
2.	What are the total acres of winter wheat for harvest on the land you operate?		102	
	(If total equals zero, end interview)	ACRES		

Now, I need to identify one (or more) of your winter wheat field(s) and get their acreage.

Notes:

· Complete Table A for the winter wheat fields based off the cardinal directions indicated in column 1 below.

TABLE A

SAMPLE Number and	TOTAL ACRES	Acres in USE or CROPS Of be HARVESTED (For example: not see waterways, road	LOCATION DESCRIPTION/ INTERSECTION OF FIELD (E.g., landmarks, features,		
Direction	IN FIELD	USE ACRES		street intersections)	
1	2	2 3 4		5	
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FORM A - 1: WINTER WHEAT - Continued

The remaining questions on this page apply to this SAMPLE.

3.	For the Sample Field, subtract be harvested for grain or seed	ACRES					
4.	What class of wheat was seed						
	1 HARD RED Winter	₂ SOFT RED Winter	3 WHITE Winter	CODE	104		
5.	Has this field been (or will it be	e) irrigated?					
	1 Yes	з 🔲 No		CODE	105		
6.	6. With your permission I will go out to the field and mark off two small plots to be used in making plant and fruit counts. I will return to the plots each month until harvest to make counts, and clip a few heads to determine their size and weight. Would that be all right?						
	Yes - Continue.	No - Conclude interview and	l return all forms.				
7.	Have you or will you apply pes	sticides with organophosphorus	content to the sample field?				
	Yes	No Don't Know					
If Y	ES, enter latest application dat	tean	d name of pesticide				
NIC	OTE: If this is a gleanings sample	e tell the operator					

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

NOTES:								
O. Deen and ant Name.								
8. Respondent Name:		-						
IMPORTANT: Review for completeness. Sign name. Record expected harvest date, pesticide intentions, (item	7) and operator's		E	numerator N	Number	190		
telephone number on your kit envelope.	7), and operator s					191		
			Supervisor Number			193		
				Eva	aluation	180		
9. Enumerator Name:				STATUS	CODE			
Survey Results: To receive the complete results of this survey owww.nass.usda.gov/results	on the release date, go to	0:						
To have a brief summary emaile	d to you, please enter v	our ema	ail add	dress:				
1095	, , , , , , , , , , , , , , , , , , , ,							
Operation Email: (if different from above)		С)pera	tion Phon	e:			
9937			936				c	check if cell phone
		()				
Respondent Name:	Respondent Phone (if o	different f	rom ab	-				1
9912	9911			check if cell phone	9910	MM	DE) YY
	()				Date:			

This completes the survey. Thank you for your help.