

AGRICULTURAL RESOURCE MANAGEMENT SURVEY

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National Agricultural Statistics Service
U.S Department of Agriculture
NOC Division
9700 Page Avenue, Suite 400
St. Louis, MO 63132-1547
Phone: 888-424-7828
Fax: 1-855-415-3687
E-mail: nass@nass.usda.gov

OTHER SPRING WHEAT PRODUCTION PRACTICES REPORT FOR 2024

VERSION	POID	TRACT	SUBTRACT	C-TYPE
76	_____	01	___	114

CONTACT RECORD

DATE	TIME	NOTES

INTRODUCTION:

[Introduce yourself, and ask for the operator. Rephrase in your own words.]

We are collecting information on the practices used to produce other spring wheat 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 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 law, 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 35 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.

We encourage you to refer to your farm records during the interview.

H H M M

BEGINNING TIME
[MILITARY]

0004

SCREENING BOX

0006

☐ [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

A

FIELD SELECTION

A

TOTAL PLANTED
ACRES

0050

1. How many acres of other spring wheat did this operation plant for the 2024 crop year?

[If no acres planted, review Screening Survey Information Form, make notes, then go to item 4 on back page.]

I will follow a simple procedure to make a random selection from the Other spring wheat fields planted for the 2024 crop.

TOTAL NUMBER OF
FIELDS PLANTED

0020

2. What is the TOTAL number of other spring wheat fields that were planted on this operation?

[If only one field, enter "1" and go to item 4.]

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 and 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.]

FIELD NAME, NUMBER OR DESCRIPTION

1
2
3
4
5
6
7
8
9

FIELD NAME, NUMBER OR DESCRIPTION

10
11
12
13
14
15
16
17
18

APPLY 'RANDOM NUMBER' LABEL HERE

OFFICE USE
OY Field Substituted

0022

SELECTED FIELD
NUMBER

0021

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 1 field, enter 1]

5. The field selected is _____ (field name/number/description).

During this interview, the Other spring wheat questions will be about this selected Other spring wheat field.

[Be sure the operator can identify the selected field.]

ACRES

6. How many acres of Other spring wheat were planted in this field for the 2024 crop?

1301

C

NUTRIENT or FERTILIZER APPLICATIONS---SELECTED FIELD

C

1. **Were commercial nutrients or fertilizers applied to this field for the 2024 Other spring wheat crop? (Include those from operators, landlords, and contractors.)** **YES = 1**

[If **COMMERCIAL** nutrient or fertilizer applied, continue, else go to **Section D.**]

CODE

EDIT TABLE

0202

0200

NUMBER

0203

2. **How many commercial nutrient or fertilizer applications were made to this field for the 2024 crop?**

(Include applications made by airplanes and custom applicators).

3. **Now I need to record information for each application.**

CHECKLIST

- | | |
|--|---|
| <p>☐ INCLUDE</p> <p>☐ Custom applied nutrients and fertilizers</p> <p>☐ Nutrients or fertilizers applied in the fall of 2021 and those applied earlier if this field was fallow in 2023.</p> <p>☐ Commercially prepared manure or compost</p> | <p>☐ EXCLUDE</p> <p>☐ Micronutrients</p> <p>☐ Unprocessed manure</p> <p>☐ Nutrients or fertilizers applied to previous crops in this field</p> <p>☐ Lime and Gypsum/landplaster</p> |
|--|---|

Office Use
Lines in TableTABLE
001

0299

APPLICATION CODES for COLUMN 6

- | | |
|---|--------------------------------|
| 1 Broadcast, ground without incorporation | 5 In irrigation water |
| 2 Broadcast, ground with incorporation | 6 Chisel/Injected or knifed in |
| 3 Broadcast, by aircraft | 7 Banded in or over row |
| 4 In seed furrow | 8 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 [Enter material code.] 1 Pounds 12 Gallons 19 Pounds of actual nutrients	5 When was this applied? 1 In the fall before seeding 2 In the spring before seeding 3 At seeding 4 After seeding	6 How was this applied? [Refer to code list above.]	7 How many acres were treated in this application? ACRES
	N Nitrogen	P ₂ O ₅ Phosphate	K ₂ O 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

D BIOCONTROL or PESTICIDE APPLICATIONS---SELECTED FIELD
D

Now I have some questions about all the biocontrols or pesticides used on this field for the 2024 Other spring wheat crop including both custom applications and applications made by this operation.

1. Were any herbicides, insecticides, fungicides or other biocontrols or pesticides used on this Other spring wheat field for the 2024 crop?

[Probe for applications made in the fall of 2023 (and those made earlier if this field was fallow)].

YES = 1

CODE

EDIT TABLE

0302

0300

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	L I N E	2	3	4	5	6	OR	7	8	
		What products were applied to this 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 AT planting 4 AFTER Planting	How much was applied per acre per application?	What was the total amount applied per application in this 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.]

APPLICATIONS CODES for column 9	
1 Broadcast, ground without incorporation	6 Chisel/injected or knifed in
2 Broadcast, ground with incorporation	7 Banded in or over row
3 Broadcast, by aircraft	8 Foliar or directed spray
4 In Seed furrow	9 Spot treatments
5 In Irrigation water	

L I N E	9 How was this product applied? <i>[Enter code from above.]</i>	10 How many acres in this field were treated with this product? ACRES	11 How many times was it applied? NUMBER	12 Were these applications made by – 1 Operator, partner or family member? 2 Custom applicator? 3 Employee/Other?
01	76	77 .__	79	80
02	76	77 .__	79	80
03	76	77 .__	79	80
04	76	77 .__	79	80
05	76	77 .__	79	80
06	76	77 .__	79	80
07	76	77 .__	79	80
08	76	77 .__	79	80
09	76	77 .__	79	80
10	76	77 .__	79	80
11	76	77 .__	79	80
12	76	77 .__	79	80
13	76	77 .__	79	80
14	76	77 .__	79	80

E PEST MANAGEMENT PRACTICES---SELECTED FIELD E

Now I have some questions about your pest management decisions and practices used on this field for the 2024 Other spring wheat crop. By pests, we mean WEEDS, INSECTS, and DISEASES.

[Enumerator Action: Were PESTICIDE APPLICATIONS reported in Section D?]

☐ YES - [Continue.]

☐ NO - [Go to item 10.]

		CODE
1. Was weather data used to assist in determining either the need or when to make pesticide applications?	YES = 1	0800
2. Were any biological pesticides such as Bt (<i>Bacillus thuringiensis</i>), insect growth regulators neem or other natural/biological based products sprayed or applied to manage pests in this field?	YES = 1	0801
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

4. In 2024, how was this 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 11.]

2 By conducting general observations while performing routine tasks [Enter code 2 and go to item 13.]

3 This field was not scouted. [Enter code 3 and go to item 11.]

CODE

0808

5. Was an established scouting process (systematic sampling, recording counts, etc.) used or were insect traps used in this field?

YES = 1

0809

6. Was scouting for pests done in this field due to---

CODE

a. a pest advisory warning?

YES = 1

0810

b. a pest development model?

YES = 1

0811

1		2	3
7. Was this Other spring wheat field scouted for--	YES = 1	[If YES, ask—] What was the infestation level for [column 1]? – 1 Worse than normal 2 Normal 3 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

8. Were records kept for this field to track the activity or numbers of weeds, insects or diseases?

YES = 1

0823

9. Did you use published information on infestation thresholds to determine when to take measures to manage pests in field?

YES = 1

0824

10. Did you use field mapping of previous weed problems to assist you in making weed management decisions?

YES = 1

0825

11. Did you do any of the following other types of pest management for the specific purpose of managing or reducing the spread of pests in this field? [Enter code "1" for all that apply.]

CODE

a. Use the services of a diagnostic laboratory for pest identification or soil plant tissue nest analysis for this field?	YES = 1	0841
b. Plow down crop residue (<i>using conventional tillage</i>)?	YES = 1	0842
c. Remove/burn down crop residue?	YES = 1	0843
d. Rotate crops in this field during the past 3 years?	YES = 1	0844
e. Maintain ground covers, mulches, or other physical barriers?	YES = 1	0845
f. Choose crop variety because of specific resistance to a certain pest?	YES = 1	0846
g. Use no-till or minimum till?	YES = 1	0847
h. Plan planting locations to avoid cross infestation of pests?	YES = 1	0848
i. Adjust planting or harvesting dates?	YES = 1	0849
j. Chop, spray, mow, plow, or burn field edges, lanes, ditches, roadways, or fence lines?	YES = 1	0850
k. Clean equipment and field implements after completing field work to reduce the spread of nests?	YES = 1	0851
l. Adjust row spacing, plant density, or row directions?	YES = 1	0852
m. Have the seed treated for insect or disease control after you purchased the seed for this field?	YES = 1	0854
n. Maintain a beneficial insect or vertebrate habitat?	YES = 1	0855
o. Maintain buffer strips or border rows to isolate from non-organic crops or land, or did you take a buffer harvest?	YES = 1	0856
p. Use a flamer to kill weeds?	YES = 1	0857
q. Plant earlier or later to avoid weeds?	YES = 1	0865
		CODE
12. Were any beneficial organisms (insects, nematodes, fungi) applied or released in this field to manage pests?	YES = 1	0853
13. Were floral lures, attractants, repellants, pheromone traps or other biological pest controls used on this field?	YES = 1	0858
14. Was a trap crop (<i>excluding fallow</i>) grown to help manage insects in this field?	YES = 1	0863
15. Was this field left fallow in 2023 to help manage insects in this field?	YES = 1	0864
16. Were water management practices such as irrigation scheduling, controlled drainage, or treatment of retention water used on this field to manage for pests or toxic producing fungi and bacteria?	YES = 1	0861

Completion Code for Pest Management Data	
1 Incomplete/Refusal	500

CONCLUSION

1. **Would you like to receive a copy of the results of this survey in the mail?**
 (Results will also be available on the Internet at <http://www.usda.gov/nass/>)..... **YES = 1**

CODE

9990

2. **ENDING TIME [MILITARY]**.....

HH MM

0005

RECORDS USE

3. [Did respondent use farm/ranch records to report---]

CODE

0011

a. [**fertilizer** data?]. **YES = 1**

0012

b. [**pesticide** data?]. **YES = 1**

NUMBER

0041

SUPPLEMENTS USED

FERTILIZER
APPLICATIONS

4. [Record the total number of each type of supplement used to
complete this interview.].

PESTICIDE
APPLICATIONS

0042

Reported by: _____		9910 ____ ____ ____ ____ 22 M M D D		9911 Telephone(____)_____	
R. Unit	SSO 1	Optional Use		Eval.	Change
9921	9907	9906	9916	9900	9985
Response		Resndent		Mode	
1-Comp 2-R 3-Inac 4-Office Hold	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Other	9902	2-Tel 3-Face-to-Face	9903
				9998	