



SPECIALTY CRITERIA SURVEY

MASTER VERSION

OMB No. 0535-0140
Approval Expires: XX/XX/XXXX
Project Code: ??? QID: ??????
SMetaKey: ????



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

THIS QUESTIONNAIRE CONTAINS THE FULL LIST OF POSSIBLE QUESTIONS THAT WILL BE ASKED FOR THIS SURVEY. THE SURVEY RESPONDENTS WILL RECEIVE WILL CONTAIN ONLY THE APPLICABLE CROPS.

Please make correction to name, address, and Zip Code, if necessary.

The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection 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 0535-0140. The time required to complete this information collection is estimated to average 15 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.

IDENTIFICATION

1. Excluding land you rented or leased to others, do you have any land with potential for agricultural activity such as idle cropland or pasture?
☐ Yes ☐ NO
2. Do you raise or produce any livestock or poultry (including aquaculture, bees, equine, goats, sheep, hogs, cattle, animal products, etc.)?
☐ Yes ☐ No
3. Do you plant, grow, or cultivate any crops or greenhouse/nursery items or cut hay? (Exclude land rented or leased to others. Exclude personal or home use gardens.)
☐ Yes ☐ No
4. Do you receive any Federal, State, or local agricultural payments? (Include Federal Farm Program, CRP, WRP, FWP, and CREP payments).
☐ Yes ☐ No

If you answered yes to any of the above questions continue, otherwise go to item x.

5. Does this agricultural operation do business under any other name than what is on the address label?
☐ Yes - Enter Name ☐ NO - Continue

6. Are the day-to-day decisions for this operation made by an individual, hired manager or by partners?

- ☐ Individual operator
☐ Hired Manager
☐ Partners – Enter number of partners

LAND OPERATED

7. How many acres does this operation--

- a. **own?** +
b. **rent or lease from others, or use rent free?** (exclude land rented or leased to others) +
c. **rent or lease to others?** -

8. **Total Acres Operated** (exclude land rented or leased to others) -- [items 7a + 7b - 7c] =

- a. Of the **total acres operated** (exclude land operated by tenant(s)), how many acres are in **permanent pasture, woodland pasture and rangeland**?
b. Of the **total acres operated** (exclude land operated by tenant(s)), how many acres of harvested land were **irrigated**?

CROPLAND

9. Of the **total acres operated** (exclude land operated by tenant(s)), how many acres are considered **cropland**? (**Include** planted cropland, land in hay, summer fallow, cropland idle, cropland used for pasture and cropland in government programs?)

10. Of the total cropland acres (exclude land operated by tenant(s)), how many acres are used to produce--

- a. Any hay or forage crops on this operation?
(count each acre only once, regardless of the number of cuttings or different uses.)
b. Any fruit and nut crops on this operation?
c. Any vegetable crops on this operation?
d. Any nursery, greenhouse, floriculture crops, or aquatic plants on this operation?

☐ Yes ☐ No

e. All other cropland acres on this operation?

11. Of the **total acres operated** [item x] (exclude land operated by tenant(s)), how many acres are in the Conservation Reserve Program (CRP), Wetland Reserve Program (WRP), Farmable Wetland Program (FWP) or Conservation Reserve Enhancement Program (CREP)?

FIELD CROPS

12. For **each** item below, enter the number of acres that were planted or harvested on this operation in past 12 months (exclude land operated by tenant(s)).

315	Barlev	Acres	
320	Corn	Acres	
326	Cotton. Upland	Acres	
327	Cotton. Pima	Acres	
328	Hemp. All in Open	Acres	
330	Drv Edible Beans	Acres	
331	Chickpeas (Garbanzo Beans)	Acres	
335	Drv Edible Peas	Acres	
336	Lentils	Acres	
339	Mustard Seed	Acres	

STORAGE CAPACITY

Bushels
Cwt

14. For **each** item below, enter the number of acres planted on this operation in past 12 months (exclude land operated by tenant(s)).

413	Almonds	Acres	
414	Hazelnuts	Acres	
415	Macadamia Nuts	Acres	
416	Pecans	Acres	
417	Pistachios	Acres	

515	Asparagus	Acres	
518	Snap Beans. All	Acres	
519	Beets	Acres	
520	Broccoli	Acres	
521	Cabbage. All	Acres	
524	Cantaloupes	Acres	
525	Honeydew Melons	Acres	
527	Carrots	Acres	
528	Collard Greens	Acres Acres	
529	Kale	Acres	
530	Cauliflower	Acres	
531	Garlic	Acres	
533	Celery	Acres	
534	Eggplant	Acres	
535	Escarole/Endive	Acres	
536	Green Lima Beans. All	Acres	
539	Cucumber. All	Acres	
542	Lettuce. All	Acres	
543	Lettuce. Iceberg/Other Head Types	Acres	
544	Lettuce. Leaf and Stem	Acres	
546	Lettuce. Romaine	Acres	
547	Okra	Acres	
548	Dry Onions. All	Acres	
551	Green Peas	Acres	
553	Pumpkin	Acres	
554	Peppers. Bell	Acres	
557	Spinach. All	Acres	
558	Squash	Acres	
559	Green Southern Field Pea	Acres	
560	Sweet Corn. All	Acres	
563	Tomatoes. All	Acres	
566	Watermelons	Acres	
567	Parsley	Acres	
568	Radishes	Acres	
569	Chinese Cabbage (Bok Choy. Napa. Rapini)	Acres	
570	Mustard Greens	Acres	
571	Turnip Greens	Acres	
574	Sugar Snap Peas	Acres	
575	Rhubarb	Acres	
576	Turnips	Acres	
581	Peppers. Other than Bell	Acres	

LIVESTOCK

16. During the past 12 months, what was the **largest number** of the following livestock on hand at **any one time**? (Include animals of any age, including newborns.)

610	Cattle and Calves. all	Head	
611	Cows. Beef	Head	
615	Cows. Milk	Head	
620	Cattle on Feed	Head	
621	Cattle on Feed Capacity	Head	
640	Sheep. all (Includes sheep on feed)	Head	

- 645 Goats. All
 646 Goats. Other
 647 Goats. Angora
 648 Goats. Milk
 670 Mink
 675 Equine (Horses. Poinies. Donkeys. and Burros)

Head	
Head	
Head	
Head	
Number of Females	
Head	

HOGS and PIGS

17. Has the operation owned or raised hogs or pigs at anytime during the past 12 months?

- ☐ Yes - continue ☐ No - Go to item x.

18. For the following items, what was the largest number Owned by this operation regardless of location--

- a. Total Hogs and Pigs Owned Head
 b. Sows Owned Head

19. How many Hogs and Pigs (owned by this operation) were being raised under contract by another person or firm? Head

20. How many Hogs and Pigs Owned by Someone else were on this operation Head

a. Who **owned** the hogs

Name
 Address
 City State Zip

b. Is the hog owner a contractor?

- ☐ Yes ☐ No

BEEES

21. During the past 12 months, what was the largest number of bee colonies owned regardless of location for the following items--

- a. Total Honey Producing Colonies Colonies
 b. Total Number of Bee & Honey Colonies Colonies

AQUACULTURE

22. What is the total value of sales of Aquaculture Products produced on this operation during the past 12 months regardless of ownership? DOLLARS

POULTRY

(Report any chickens or turkeys on the total acres operated during the past 12 months, regardless of ownership.)

23. What was the **largest number** of layers, pullets, and roosters for laying flock at any one time?

a. What was the primary type of layer/pullet operation?

- ☐ Table Egg
☐ Egg Type hatch
☐ Broiler Type Hatch
☐ Pullets for Laying Flock

Number

b. How many of the layers, pullets, and roosters for laying flock on this operation were owned by someone else?

Number

c. Who **owned** the chickens?

Name _____

Address _____

City _____ State _____ Zip _____

d. Is the owner a contractor?

☐ Yes

☐ No

24. What was the **total number** of broilers, fryers, capons, roasters and other chickens raised for meat production during the past 12 months?
(**Exclude** chickens reported in item xx.)

a. How many of the broilers, fryers, capons, roasters and other chickens raised for meat on this operation were owned by someone else?

b. Who **owned** the chickens?

Name _____

Address _____

City _____ State _____ Zip _____

c. Is the owner a contractor?

☐ Yes

☐ No

25. What was the **total number** of **turkeys** raised for meat on this operation during the past 12 months?

26. How many of the **turkeys** on this operation were owned by someone else?

a. Who **owned** the turkeys?

Name _____

Address _____

City _____ State _____ Zip _____

b. Is the owner a contractor?

☐ Yes

☐ No

POULTRY HATCHERY

27. What is the hatchery or incubator capacity for chicken and turkey o this operation?

28. During the past 12 months, what was the total number of chicks hatched for commercial meat production (broiler type chicken)?

29. During the past 12 months, what was the total number of chicks hatched for breeding or layer replacements (egg type chickens)?

30. During the past 12 months, what was the total number of turkeys hatched?

PRODUCTION CONTRACTS

31. Did this operation have a contract to raise or custom feed any livestock or poultry that it did not own, with the contractor providing at least some inputs (such as feed) within the past 12 months?

☐ Yes - Continue.

☐ No - Go to item x.

Number

Number

Number

Number

Number

Number

Number

Number



32. What livestock or poultry was raised under a production contract?
Specify—

33. What quantity was removed from the operation under this contract in the past 12 months?

Number

--

LABOR.

34. For the items below, what was the **largest number** on the payroll on any one day during the past 12 months?

Peak Number

--

AGRICULTURAL SPECIALTIES and MICELLANEOUS

35. For **each** item below, enter the number of acres planted on this operation in past 12 months (exclude land operated by tenant(s)).

921	Alfalfa Seed	Acres	
923	Clover Seed. All	Acres	
925	Kentucky Bluegrass Seed	Acres	
927	Vetch Seed	Acres	
929	Lespedeza Seed	Acres	
931	Orchard Grass Seed	Acres	
933	Fescue Seed	Acres	
935	Timothy Seed	Acres	
938	Sod	Acres	
942	Christmas Trees	Acres	
945	Bananas	Acres	
946	Coffee	Acres	
950	Ginger Root	Acres	
951	Guava	Acres	
954	Papayas	Acres	
955	Pineapple	Acres	
961	Taro	Acres	

36. How many taps were set for collecting maple sap by this operation regardless of ownership of the trees?

Number

--

37. What was the total value of sales of all mushrooms sold by this operation during the past 12 months?

Dollar

--

38. What was the total value of sales of all floriculture products (cut flowers and greens) sold by this operation during the past 12 months?

Dollar

--

39. Does this operation produce any nursery products?

--

☐ Yes ☐ No

40. Does this operation grow any organic crops?

--

☐ Yes - *Specify* _____

☐ No

SALES and FARM PROGRAM PAYMENTS



41. Please provide the total gross value of agricultural sales and government agricultural payments in 2024, including the sale of all agricultural products, the value of agricultural products produced under contract, and government agricultural payments, including the landlord's share.

Exclude cash rent and share payments received for land rented to others.

- 2 ☐ None
3 ☐ \$1 to \$999
4 ☐ \$1,000 to \$49,999
5 ☐ \$50,000 to \$199,999
6 ☐ \$200,000 to \$349,999
7 ☐ \$350,000 to \$499,999
8 ☐ \$500,000 to \$999,999
9 ☐ 1,000,000 and over

42. In what county was the **largest value** of your agricultural products raised or produced?

County _____ State _____

OPERATOR

43. The following questions are for the **principal operator** or **senior partner** of this operation.

- a. Name: _____
- b. Sex of principal operator: ☐ Male ☐ Female
- c. In what year did the principal operator begin to operate any part of "THIS OPERATION"? _____
- d. Is the principal operator of Spanish, Hispanic, or Latino origin or background, such as Mexican, Cuban, or Puerto Rican, regardless of race?
- ☐ Yes ☐ No
- e. Race of operator: [Mark one or more.]
- ☐ American Indian or Alaska Native (Specify tribe: _____)
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

44. In the past 12 months, how many men and women were involved in decisions for this operation? (Include family members and hired managers. Exclude hired workers unless they were a hired manager or family member.)

Male Operators

Women Operators

CHANGE of OPERATOR

45. Has the operator named on the label sold, rented, or turned over this operation to someone else?

- ☐ Yes, sold/turned over – Go to item xx.
- ☐ Yes, rented/leased – Go to item xx.
- ☐ No – Go to item xx.



46. Please provide the following information for the operation that has taken over the land—

Operation Name:

Operator Name:

Address

City

State

Zip Code

Area Code and Phone Number

POSSIBLE DUPLICATION

47. It is important that we do not have duplication on our list of farms and ranches. Is it possible the information on this form would be reported by another operation or under another name or address?

☐ Yes – Please provide the name and address below

☐ No

Operation Name:

Operator Name:

Address

City

State

Reported by: _____ Date _____ Telephone (____) _____ - _____

Title _____ Fax Number (____) _____ - _____

						OFFICE USE		ENTER ALL CODES THAT APPLY			
						1 Re-contact/verified	5 Changed Units	801	802	803	804
						2 Re-contact/ changed	6 Office Error				
						3 Rounded	7 Other- comment	805	806	807	
						4 Circled Units					
						9910 MM DD YY					
						DATE: _____					
Response		Respondent	Mode		Enum.	Eval.	Office Use for POID				
1-Comp 7-Off Hold – Est	9901	1-Op/Mgr	9902	1-Mail	6-e-mail	9903	098	100	789		
2-R 8-Known Zero		2-Sp		2-Tel	7-Fax						
3-Inac		3-Acct/Bkpr		3-Face-to-Face	8-CAPI						
4-Office Hold		4-Partner		4-CATI	19-Other						
5-R – Est		9-Oth		5-Web							
6-Inac – Est											
S/E Name											

Thank you for your help.

Reported by: _____

Title: _____
(Owner, Manager, President, Secretary)

9911
Phone: (____) _____
9910 MM DD YY
Date: ____ . ____ . ____

Response		Respondent		Mode		Enum.	Eval.	R. Unit	Change	Office Use for POID			
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-e-mail 7-Fax 8-CAPI 19-Other	9903	098	100	921	785	789			
										-			
										Optional Use			
										407	408	9906	9916
S/E Name													