

FORM A SOYBEAN YIELD SURVEY - 2026

OMB No.: 0535-0088
Approval Expires: X/XX/20XX
Project Code: 102
Survey ID: 1965



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

Date: _____

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 without your consent 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.

Earlier this season you gave a representative from our office information about the soybean acreage on your farming operation. We are now collecting information to help determine soybean 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 soybeans harvested for beans. Report these acres here:..... ACRES 103

4. What was the row width (planter setting) for the soybeans in the sample field?..... INCHES 110

5. On what date was planting completed in this soybean field?..... MM DD 107

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 114

Arkansas Only for Item 7

| | |
|-------------|--------------|
| 2=Group II | 6=Group VI |
| 3=Group III | 7=Group VII |
| 4=Group IV | 8=Don't Know |
| 5=Group V | |

7. What Maturity Group are the soybeans in the selected field?..... CODE 108

8. 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 measurements, and harvest and weigh a few beans. Would that be all right?

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

[] No - Conclude interview, enter data in to CAPI, and then go to Item 10. Return all forms after item 10.

9. 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 _____.

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

10. 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 9).

| | |
|-------------------|-----|
| Enumerator Number | 190 |
| Supervisor Number | 191 |
| Evaluation | 193 |

11. Enumerator Name: _____

STATUS CODE 180

NOTES:

Operator Email:

Operator Phone:

| | | | |
|------|--|-------------------|--|
| 9929 | 9917 Check to receive results by email <input type="checkbox"/> | 9918 () _____ | check if cell phone <input type="checkbox"/> |
|------|--|-------------------|--|

Operation Email: (if different from above)

Operation Phone:

| | | | |
|------|--|-------------------|--|
| 9937 | 9920 Check to receive results by email <input type="checkbox"/> | 9936 () _____ | check if cell phone <input type="checkbox"/> |
|------|--|-------------------|--|

Respondent Name:

Respondent Phone (if different from above)

| | | | |
|---------------|-------------------|--|------------------------------------|
| 9912 _____ | 9911 () _____ | check if cell phone <input type="checkbox"/> | 9910 MM DD YY Date: ___ ___ ___ |
|---------------|-------------------|--|------------------------------------|

This completes the survey.