

FORM A WINTER WHEAT YIELD SURVEY - 2026

OMB No.: 0535-0088
Approval Expires: X/XX/20XX
Project Code: 101
Survey ID: 2896



**United States
Department of
Agriculture**



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

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 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.

Earlier this season you gave a representative from 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.

FORM A: WINTER WHEAT - Continued

The remaining questions on this page apply to this SAMPLE.

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

ACRES

103

 . _____

4. What class of wheat was seeded in the Sample Field? _____

1 HARD RED Winter

2 SOFT RED Winter

3 WHITE Winter

CODE

104

5. Has this field been (or will it be) irrigated?

1 Yes

3 No

CODE

105

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?

1 Yes - Continue.

3 No - Conclude interview and complete remaining forms accordingly.

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

1 Yes

3 No

2 Don't Know

If YES, enter latest application date _____ and name of pesticide _____

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:

8. Respondent Name: _____

IMPORTANT: Review for completeness. Sign name.
Record expected harvest date, pesticide intentions, (item 7), and operator's telephone number on your kit envelope.

Enumerator ID	190
Coach ID	191
Evaluation	193
STATUS CODE	180

9. Enumerator Name: _____

Operator Email:

Operator Phone:

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

Operation Email: (if different from above)

Operation Phone:

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

Respondent Name:

Respondent Phone (if different from above)

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

This completes the survey.