2022 ARMS 3 SCREENING SUPPLEMENT

VERSION	ID	TRACT	SUBTRACT
		01	

1.	Does this operation do business under any other name? (such as a farm or ranch name)					
	☐ NO – [Go to item 2]	☐ YES – [Record other name below and ask]				
	a. Is	the name that should appear on the label?				
	□ NO □ YES					
2.	During 2022, were any crop	os grown, hay cut or liveste	ock or poultry raised on the total acres op	erated?		
	□ NO – [Continue]	☐ YES – [Go to item 7]				
3.	During 2022, did this opera (Exclude any income received		roducts or receive government agricultura	al payments?		
	☐ NO – [Go to item 4]	☐ YES – [Go to item 7]				
4.	During 2022, will this opera	ation have more than 19 ac	res of idle cropland or more than 99 acres	of pastureland?		
	☐ NO – [Go to item 5]	☐ YES – [Go to item 7]				
5. [Complete only if items 2,3,and 4 are all 'NO']						
	Is anyone now operating the land you [operation on the questionnaire face page] formerly operated?					
	☐ YES – Complete name and address information below for new operator		□ NO – Make notes			
	Name		NOTES:			
6.	The selected operation is ou	t-of-business, therefore the c	questionnaire does not need to be completed.	,		
			(front page), code 1 in cell 0009 (front pagative boxes on the back page of the question			
7.	Are the day-to-day decision	ns for this farming/ranchin	g operation made by			
	one individual? [Enter co	ode 1]		REPORTING UNIT		
	a hired manager? [Enter	code 8]				
	partners? [Enter number	r of partners + operator]				

8.	Do you [target name] make any day-to-day decisions for another farm or ranch?							
		rview with S	Section 1.]					
		YES – [<i>Ask</i>]					NUMBER	
	a. How many total operating arrangements (including the sampled operation) do you (target operator) make day-to-day decisions for?							
 b. [List or verify names associated with each additional operation. Use this page from other supplements for additional operations.] 								
			OPERATION 2:					
C.		Are the day-to-day decisions for this farming/ranching operation [operation 2]		OPERATION NAME (IF ANY)				
	made by one individual? a hired manager?		OPERATOR NAME					
			ADDRESS					
partners? [List partners below.]			CITY STATE ZIP PHONE					
PAF	RTN	NERS:						
	F	POID		POID_				
PAR	TNE	ER NAME		PARTNER NAME	Ξ			
ADD	RES	SS		ADDRESS				
CITY	,	STATE ZIP PHONE		CITY	STATE	ZIP	PHONE	
POID			POID					
PAR	TNE	ER NAME		PARTNER NAME	Ξ			
ADD	RES	SS		ADDRESS				
CITY	,	STATE ZIP PHONE		STATE	ZIP	PHONE	PHONE	
			_			<u> </u>		

[ENUMERATOR NOTE: After obtaining/verifying all names and addresses associated with each additional operating arrangement, go to the questionnaire, mark code 1 in cell 0009 (front page) and begin the interview with Section 1.]