

AGRICULTURAL RESOURCE MANAGEMENT SURVEY

OMB No. 0535-0218
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 SurveyID: 9127 Phase 2



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WHEAT PRODUCTION PRACTICES REPORT FOR 2024

VERSION 81	ID _____	TRACT 01	SUBTRACT _____	C-TYPE 122
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CONTACT RECORD

DATE	TIME	NOTES

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 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 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 0535-0218. 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.

H H M M

BEGINNING TIME
 [MILITARY]

SCREENING BOX

Check if verified POID _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

check if
cell phone

Phone: (____) _____

Check if verified POID _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

check if
cell phone

Phone: (____) _____

Check if verified POID _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

check if
cell phone

Phone: (____) _____

Check if verified POID _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

check if
cell phone

Phone: (____) _____

A

TYPE OF WHEAT AND FIELD SELECTION

A

1. For this survey, you have been selected for the following type of wheat. All questions in this survey will refer to only this type of wheat, not any other types of wheat you may grow.

Type Code
1=Winter Wheat
2=Spring Wheat
3=Durum Wheat

[ENUMERATOR ACTION]: Refer to the mailing label which identifies the type of wheat selected as winter wheat, spring wheat (not durum), or durum wheat. Enter the type of wheat in the box to the right.

0049

2. How many acres of the selected type of wheat did this operation plant for the 2024 crop year?.....

Total Planted Acres

0050

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

3. What is the total number of fields for this type of wheat that were planted on this operation?.....

Total Number of Fields
Planted

0020

[If only one field enter "1" and go to item 5.]

4. [Now, I need to identify a wheat field to be used for this survey.] The wheat field pre-selected for this interview is the:

- 1 Northern most field
2 Southern most field
3 Eastern most field
4 Western most field
5 Northeastern most field
6 Southeastern most field
7 Northwestern most field
8 Southwestern most field

Field description:

5. The field selected is _____ (field name/number/description).
During this interview, the wheat questions will be about this selected wheat field.
[Be sure the operator can identify the selected field.]

6. How many acres of wheat did this operation plant in the selected field for the 2024 crop?.....

Acres

1301

OFFICE USE
OY Field Substituted

0022

1. Were commercial nutrients or fertilizers applied to the selected field for the 2024 wheat crop? INCLUDE those from operators, landlords, and contractors.

Code	Office Use	
	Edit Table	
Yes=1 No=3	0202	0200

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

2. How many commercial nutrient or fertilizer applications were made to the selected field for the 2024 crop? INCLUDE applications made by airplanes and custom applicators.....

Number
0203

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

CHECKLIST

INCLUDE

EXCLUDE

Custom applied nutrients or fertilizers

Micronutrients

Nutrients or fertilizers applied in the fall of 2023 and those applied earlier if the selected field was fallow in 2023.

Unprocessed manure

Commercially prepared manure or compost

Nutrients or fertilizers applied to previous crops in the selected field

Lime and gypsum/landplaster

Office Use	Table	0299
Lines in Table	001	

Nitrogen Codes for Column 2

- 1 Anhydrous ammonia
- 2 Nitrogen solution (UAN)
- 3 Urea
- 4 Ammonium nitrate
- 5 Sodium nitrate
- 6 Ammonia sulfate
- 7 Potassium nitrate, magnesium nitrate, and calcium nitrate
- 8 Other nitrogen fertilizer material [specify: _____]

Application Codes for Column 6

- 1 Broadcast, ground without incorporation
- 2 Broadcast, ground with incorporation
- 3 Broadcast, by aircraft
- 4 In seed furrow
- 5 In irrigation water
- 6 Chisel/injected or knifed in
- 7 Banded in or over row
- 8 Foliar or directed spray

LINE	2 Materials Used [Enter percentage analysis or actual pounds of plant nutrients applied per acre.] [Show Common Nutrients or Fertilizers in Respondent Booklet] [Refer to nitrogen list above for type of nitrogen used.]					3 What quantity was applied per acre? [Leave this column blank if actual nutrients were reported]	4 [Enter material code] 1 Pounds 12 Gallons 13 Quarts 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 in the selected field were treated in this application? Acres
	N Nitrogen	P ₂ O ₅ Phosphate	K ₂ O Potash	S Sulfur	Type of N Used					
	01	31	32	33	34					
02	31	32	33	34	35	36	37	38	39	40
03	31	32	33	34	35	36	37	38	39	40
04	31	32	33	34	35	36	37	38	39	40
05	31	32	33	34	35	36	37	38	39	40
06	31	32	33	34	35	36	37	38	39	40
07	31	32	33	34	35	36	37	38	39	40
08	31	32	33	34	35	36	37	38	39	40
09	31	32	33	34	35	36	37	38	39	40
10	31	32	33	34	35	36	37	38	39	40

Now I have some questions about all the biocontrols or pesticides used on the selected field for the 2024 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 wheat field for the 2024 crop?.....

Yes=1
No=3

Code	Office Use Edit Table
0302	0300

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

If no biocontrols or pesticides applied, go to Section E.

INCLUDE defoliant, fungicides, herbicides, insecticides, and other pesticides. INCLUDE biological and botanical pesticides.	EXCLUDE adjuvants, nutrients or fertilizers reported earlier and seed treatments.	Office Use Line in Table	Table 001	0399
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Chemical Product Name	LINE	2	3	4	5	6	OR	7	8
		What products were applied to the selected field? [Show product codes from Respondent Booklet.]	Was this product bought in liquid or dry form? [Enter L or D]	If this was part of a tank mix, enter line number of first product in mix.	When was this applied? 1 Before planting 3 At planting 4 After planting 5 Defoliation prior to harvest	How much was applied per acre per application?		What was the total amount applied per application in the selected field?	[Enter unit code] 1 Pounds 12 Gallons 13 Quarts 14 Pints 15 Liquid Ounces 28 Dry Ounces 30 Grams
	01	61	62	63	64	65		73	74
	02	61	62	63	64	65		73	74
	03	61	62	63	64	65		73	74
	04	61	62	63	64	65		73	74
	05	61	62	63	64	65		73	74
	06	61	62	63	64	65		73	74
	07	61	62	63	64	65		73	74
	08	61	62	63	64	65		73	74
	09	61	62	63	64	65		73	74
	10	61	62	63	64	65		73	74
	11	61	62	63	64	65		73	74
	12	61	62	63	64	65		73	74
	13	61	62	63	64	65		73	74
	14	61	62	63	64	65		73	74

2. For biocontrols or pesticides not listed in the 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 Chiseled/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	10	11	12
	How was this product applied? [Enter code from above.]	How many acres in the selected field were treated with this product? Acres	How many times was it applied? Number	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

Now I have some questions about your pest management decisions and practices used on the selected field for the 2024 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 6

- | | | |
|--|---------------|--------------|
| 1. Were weather data used to assist in determining either the need or when to make pesticide applications?..... | Yes=1
No=3 | Code
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 the selected field?..... | Yes=1
No=3 | Code
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
No=3 | Code
0802 |

[Enumerator Action: Were herbicide (pesticide product codes 40000-49000) applications reported in Section D, item 1, column 2?]

Yes – Continue No – Go to item 6

- | | | |
|---|---------------|--------------|
| 4. Were herbicides applied to the selected wheat field before weeds emerged?..... | Yes=1
No=3 | Code
0803 |
| 5. Were herbicides applied to the selected wheat field after weeds emerged?..... | Yes=1
No=3 | Code
0805 |
| 6. Were records kept for the selected field to track the activity or numbers of weeds, insects, or diseases?..... | Yes=1
No=3 | Code
0823 |
| 7. Did you use published information on infestation thresholds to determine when to take measures to manage pests in the selected field?..... | Yes=1
No=3 | Code
1824 |

1 By deliberately going to the field specifically for scouting activities [Enter code 1 and go to item 9.]
 2 By conducting general observations while performing routine tasks [Enter code 2 and go to item 10.]
 3 The selected field was not scouted. [Enter code 3 and go to item 12.]

- | | | |
|---|---------------|--------------|
| 8. In 2024, how was the selected field primarily scouted for insects, weeds, diseases, and/or beneficial organisms?..... | | Code
0808 |
| 9. Was an established scouting process such as systematic sampling, recording counts, etc. used or were insect traps used in the selected field?..... | Yes=1
No=3 | Code
0809 |
| 10. Was scouting for pests done in the selected field due to — | | |
| a. a pest advisory warning?..... | Yes=1
No=3 | Code
0810 |
| b. a pest development model?..... | Yes=1
No=3 | Code
0811 |

1	2	3	4
11. Was this wheat field scouted for—		[If Yes, ask—] What was the infestation level for [column 1]? 1 Higher than normal 2 Normal 3 Lower than normal	[If column 2 = 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
	Yes=1 No=3	Code	Code
a. weeds?.....	0812	0813	0814
b. insects or mites?.....	0815	0816	0817
c. diseases?.....	0818	0819	0820

		Code
12. Did you use field mapping of previous weed problems to assist you in making weed management decisions?.....	Yes=1 No=3	0825
13. 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 the selected field?		Code
a. Use the services of a diagnostic laboratory for pest identification or soil plant tissue pest analysis for the selected field?.....	Yes=1 No=3	0841
b. Plow down crop residue using conventional tillage?.....	Yes=1 No=3	0842
c. Remove/burn down crop residue?.....	Yes=1 No=3	0843
d. Rotate crops in the selected field during the past three years?.....	Yes=1 No=3	0844
e. Maintain ground covers, mulches, or other physical barriers?.....	Yes=1 No=3	0845
f. Choose crop variety because of specific resistance to a certain pest?.....	Yes=1 No=3	0846
g. Use no-till or minimum till?.....	Yes=1 No=3	0847
h. Plan planting locations to avoid cross infestation of pests?.....	Yes=1 No=3	0848
i. Adjust planting or harvesting dates?.....	Yes=1 No=3	0849
j. Chop, spray, mow, plow, or burn field edges, lanes, ditches, roadways, or fence lines?.....	Yes=1 No=3	0850
k. Clean equipment and field implements after completing field work to reduce the spread of pests?.....	Yes=1 No=3	0851
l. Adjust row spacing, plant density, or row directions?.....	Yes=1 No=3	0852
m. Have the seed treated for insect or disease control after you purchased the seed for the selected field?.....	Yes=1 No=3	0854
n. Maintain a beneficial insect or vertebrate habitat?.....	Yes=1 No=3	0855
o. Maintain buffer strips or border rows to isolate wheat from non-organic crops or land, or did you take a buffer harvest?.....	Yes=1 No=3	0856
p. Use a flamer to kill weeds?.....	Yes=1 No=3	0857
q. Plant earlier or later to avoid weeds?.....	Yes=1 No=3	0865
		Code
14. Were any beneficial organisms, such as insects, nematodes, or fungi, applied or released in the selected field to manage pests?.....	Yes=1 No=3	0853
15. Were floral lures, attractants, repellants, pheromone traps, or other biological pest controls used on the selected field?.....	Yes=1 No=3	0858
		Code
16. Was a trap crop, excluding fallow, grown to help manage insects in the selected field?.....	Yes=1 No=3	0863
17. Was the selected field left fallow in 2023 to help manage insects on the selected field?.....	Yes=1 No=3	0864
		Code
18. Were water management practices such as irrigation scheduling, controlled drainage, or treatment of retention water used on the selected field to manage pests or toxin-producing fungi and bacteria?.....	Yes=1 No=3	0861

Completion Code for Pest Management Data	
1 Incomplete/Refusal	0500

CONCLUSION

[Enumerator Note: Thank the respondent, then review this questionnaire.]

Office Use Only				
Ending Time (Military)		OR	Total Hours	
Hours	Minutes		Hours	Minutes
0005		0008		

1. Ending time.....

2. Records Use

[Did respondent use farm/ranch records to report—]

[fertilizer data]..... Yes=1 No=3 <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="text-align: center;">Code</td></tr> <tr><td style="text-align: center;">0011</td></tr> </table>	Code	0011	[pesticide data]..... Yes=1 No=3 <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="text-align: center;">Code</td></tr> <tr><td style="text-align: center;">0012</td></tr> </table>	Code	0012
Code					
0011					
Code					
0012					

3. Supplements Used

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

Fertilizer Supplement..... <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="text-align: center;">Number</td></tr> <tr><td style="text-align: center;">0041</td></tr> </table>	Number	0041	Pesticide Supplement..... <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="text-align: center;">Number</td></tr> <tr><td style="text-align: center;">0042</td></tr> </table>	Number	0042
Number					
0041					
Number					
0042					

Contact Information

Operator Email:

Operator Phone:

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

Operation Phone: (if different from above)

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

Respondent Phone (if different from above)

9912	9911 () _____	check if cell phone <input type="checkbox"/>	9910 MM DD YY Date: ____-____-____
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This completes the survey. Thank you for your help.

The results will be available on the release date at https://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/

OFFICE USE									
R. Unit	Ptr 1 Str	Ptr 2 Str	Ptr 3 Str	Ptr 4 Str	OPS	SSO 1	Optional Use		
9921	9922	9923	9927	9928	923	9907	9906	9908	9916
Response		Respondent		Mode		Enum.	POID		
1-Comp 2-R 3-Inac 4-Office Hold 5-R - Est 6-Inac - Est 7-Off Hold - Est	9901	1-Op/Mgr 2-Spouse 3-Acct/Bkpr 4-Partner 9-Other	9902	1-PASI (Mail) 2-PATI (tel) 3-PAPI (Face-to-Face) 4-CATI 5-Web 6-E-mail 7-Fax 8-CAPI 19-Other	9903	9998	9989		
						9900	922	9985	