

2023 ARMS III Screening and Face Page



United States Department of Agriculture
National Agricultural Statistics Service



Survey Procedures

- Become familiar with the questionnaire
 - Reduces respondent burden
 - Makes enumeration faster and easier
 - Allows for accurate data collection
- Use a black lead pencil to record data

- Pay attention to units and decimals

0270		Cwt
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Acres	Tenths



Survey Procedures

- Comments!

1 LIVESTOCK	INVENTORY				4 What was the total number of [column 1] sold or removed in 2023? (Number)
	2 On Dec. 31, 2023, how many [column 1] regardless of ownership were on hand? (Number)	3 On Dec. 31, 2023, how many [column 1] were owned by and located on or off this operation? (Number)			
<i>Sold off herd in 2023</i>					
a. Beef cows (<i>Include</i> beef heifers that have calved. <i>Exclude</i> heifers that have not calved, steers, calves, and bulls.)	0255	0	0256	0	0254 40
b. Milk cows, including any dry cows (<i>Exclude</i> any heifers not yet freshened.)	0258		0259		0257
c. Other cattle and calves (<i>Include</i> fed cattle, beef and dairy cull animals, stockers and feeders, veal calves, etc.)	0252		0253		0251
d. Total cattle and calves (<i>Items a + b + c</i>)	0261	0	0295	0	0260 40

Amish operation, no electricity expense

10. electricity for the farm business? None 0675



Initial Contact

- Try to make contact with the operator
- Visit operators early in the survey period to set appointments (call only as a last resort)
 - Explain survey purpose and importance
 - Explain scope of the interview
 - Mention having their farm records available will make the survey go faster



Initial Contact

- Verify names and addresses of target and partners
- Is the operation in business?
- Complete smaller surveys, if available.



Interviewing

- Probing should be used to verify unusual data or to correct mis-reported data.
- Probes should be “neutral”.
- If you fail to probe, it may seem like accuracy is not important.



Interviewing

- Develop an introduction with which you are comfortable.
 - Tailor it to the type of operation
- All data is confidential and used only in making state, regional, and national estimates.



Screening


- Screening Surveys
 - List records – ARMS Phase 1/Integrated Screening Survey (ISS)
 - Area records – June Area
 - Previously Reported Data (PRD) was used to reduce respondent burden



Labels

- **List frame IDs**
 - 2 digit state code
 - 9 digit POID number
 - Begin with 3, 7, 8, or 9

Survey Code = 26 300100531 LNZVTH




ID 26300102430 01 01 1 182 0 00
30 001 00 00 (phone) 0 102 000 143
260 0114

SEQFLD-15433

MINNIE MOUSE
9052 WALT BLVD
DISNEYLAND, MI 49999-9999

- **Area record IDs**
 - 2 digit state code
 - 9 digit POID number
 - Begin with a 1

Survey Code = 26 100171011 LNZVTH



ID 26100171010 01 01 1 182 0 00
30 001 00 00 (phone) 0 166 000 143
260 1142

SEQFLD-15433

MICKY MOUSE
10852 DISNEY RD
DISNEYLAND, MI 49999-9999



Partner Label

- All known partners pre-printed
- Verify Partner Information
 - Put a '1' in cell 0009 (at the bottom of the face page) anytime an update is made to any phone #, address, or partner.

Partner 1				Partner 2			
Partner Name Radar O'Reilly				Partner Name			
Address 1484 STATE HWY 99				Address			
City WHEREVER	State XX	Zip 99999	Phone Number 123-111-6540	City	State	Zip	Phone Number
Partner 3				Partner 4			
Partner Name				Partner Name			
Address				Address			
City	State	Zip	Phone Number	City	State	Zip	Phone Number



Face Page & Screening

- If a problem exists with any information collected during Phase 1/ISS, complete a Screening Supplement.
- If an operation was in business for any part of 2023, you will complete a questionnaire for the part of the year it was in business.
- For managed operations, the hired manager can change. You could contact a new hired manager to collect data for the operation listed on the face page.



Screening Supplement

- Used to determine if an operation should complete an ARMS III, if there are doubts about who is operating.

**2023 ARMS 3
SCREENING SUPPLEMENT**

VERSION	ID	TRACT	SUBTRACT
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Screening Supplement

- Questions 1-4, at least one of the questions was answered YES:
 - Complete ARMS 3 survey
- Questions 1-4, all are answered NO:
 - Complete Screening Form
 - Do Not complete ARMS 3 Survey

**2023 ARMS 3
SCREENING SUPPLEMENT**

VERSION _____	ID _____	TRACT 01	SUBTRACT _____
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- 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--]
 - Is _____ the name that should appear on the label?
 NO YES
- During 2023, were any crops grown, hay cut or livestock or poultry raised on the total acres operated?
 NO – [Continue] YES – [Go to item 7]
- During 2023, did this operation sell any agricultural products or receive government agricultural payments?
(Exclude any income received as a landlord.)
 NO – [Go to item 4] YES – [Go to item 7]
- During 2023, will this operation have more than 19 acres 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?

<input type="checkbox"/> YES – Complete name and address information below for new operator Name _____ Address _____ _____ Phone (____) _____	<input type="checkbox"/> NO – Make notes NOTES: _____ _____ _____
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6. The selected operation is out-of-business, therefore the questionnaire does not need to be completed.

Go to the questionnaire and enter code 9 in cell 9921 (front page), code 1 in cell 0009 (front page), and code 1 in cell 9901 (back page), then complete all other administrative boxes on the back page of the questionnaire.

- Are the day-to-day decisions for this farming/ranching operation made by---
 - one individual? [Enter code 1]
 - a hired manager? [Enter code 8]
 - partners? [Enter number of partners + operator]

REPORTING UNIT

Screening Supplement, OOB

1. OOB Records should be submitted on iPad.

2. Enumerator MUST Complete the OOB Form.

3. OOB Form & Screener must be sent to MI Office.

OUT OF BUSINESS SCREENER


STATE: _____ POID: _____

SURVEY: _____


OPERATOR NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____



United States Department of Agriculture



NATIONAL AGRICULTURAL STATISTICS SERVICE

USDA/NASS - Indiana/Michigan/Ohio Great Lakes Region
PO Box 30239
Lansing, MI 48909-0239
Phone: 1-855-455-7501
Fax: 1-855-270-2709
E-mail: NASSRFGLR@nass.usda.gov

PLEASE PROVIDE THE FOLLOWING INFORMATION SO THAT WE CAN BEST UPDATE OUR RECORDS FOR THE AGRICULTURAL OPERATION ASSOCIATED WITH THE NAME LISTED ABOVE.

1. Do you own, rent from others, or operate any land where you are growing or have plans to grow any field crops, hay, fruit, vegetables, floriculture/horticulture/nursery, sod, maple syrup, Christmas trees, mushrooms, or other specialty crops? Exclude land rented out to others. Yes No
2. Do you own, rent from others, or operate any cropland, including idle cropland, cropland used for pasture or land enrolled government programs (CRP, WRP)? Exclude land rented out to others. Yes No
3. Do you own or raise any livestock, including cattle, hogs, sheep, goats, equine, poultry or fowl, bees, aquaculture, or other specialty livestock species, including livestock as pets? Yes No
4. Do you own or operate any facilities for storing whole grains or oilseeds, including silos, cribs, bins, buildings, trailers, etc? Please exclude off-farm public storage or storage rented to others. Yes No
5. Do you receive any Federal or State agricultural payments, include CRP, WRP, PLC (Price Loss Coverage), ARC (Agricultural Risk Coverage), disaster payments, or EQIP? Yes No
6. Do you receive any agricultural revenue, excluding cash rent or share of crops received for farmland rented to others, including Agr-tourism income or hunting rights on land where crops are planted to attract wildlife, etc? Yes No

- Please Turn Over to Complete the Reverse Side -

Thank you for your response

Respondent Name: _____ 9911 Phone: _____ 9910 MM DD YY Date: _____

Response	Respondent	Respondent	OFFICE USE				Office Use for POID						
			Mode	Enum.	Eval.	Change	Optional Use						
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	9908	9900	9905	9909				
2-R		2-Op		2-Tel									
3-Inst		3-Sc		3-Face-to-Face									
4-Office Hold		4-Partner		4-CATI									
5-R = Est		5-OTH		5-Web									
6-Inst = Est				6-e-mail									
7-Off Hold = Est				7-Fax									
				8-CAP									
				9-Other									

S/E Name _____

6. Please list the reason the operator is not currently farming or ranching. Check reason below:
- Deceased Retired Operation Out of Business or Sold Landlord Only
- Operator moved out of state Operator gave up lease Operation was never a farm
7. What is the name and address of the new operator that has taken over the day-to-day decisions on this operation:
- Operation Name: _____
- Operator Address: _____
- City: _____ State: _____ Zip: _____
- Phone: _____
- When did this Change occur? _____ (Month & Year)
8. COMMENTS to clarify what agricultural activity is taking place on this operation should be noted. If the operation has been turned over to someone else, please provide that information so we can update our records.
- _____
- _____
- _____
- _____