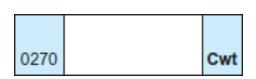
# 2023 ARMS III Screening and Face Page





### **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



Tenths



## **Survey Procedures**

• Comments!

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

Amish operation, no electricity expense	None	0675
10. electricity for the farm business?		
To. electricity for the farm business:		





#### **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 misreported 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

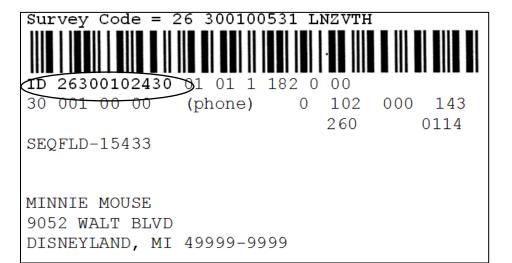
- Screening Surveys
  - List records ARMS Phase 1/Integrated Screening Survey (ISS)
  - Area records June Area
  - Previously Reported Data (PRD) was used to reduce respondent burden



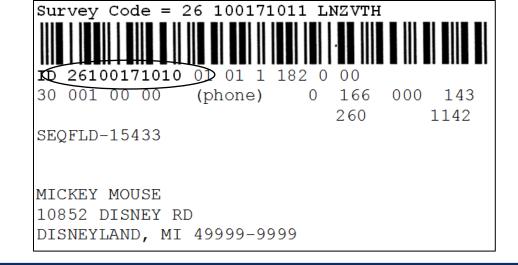


### Labels

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



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







#### 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		Partner Name						
Radar O'Reilly	•							
Address				Address				
1484 STATE H	WY 99	9						
City	State	Zip	Phone Number	City	State	Zip	Phone Number	
WHEREVER	XX	99999	<u> 123-111-6540</u>					
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
		01	



### Screening Supplement

- Questions 1-4, at least one of the questions was answered YES:
  - Complete ARMS3 survey

- Questions 1-4, all are answered NO:
  - CompleteScreening Form
  - Do Not complete
     ARMS 3 Survey

#### 2023 ARMS 3 SCREENING SUPPLEMENT

		VERSION			TRACT 01	SUBTRACT	
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 na			name below	and ask]		
	a. <b>Is</b>		th	e name tha	t should appear	on the label?	
	□ N	0	s				
2.	During 2	2023, were any c	rops grown, hay cut or livesto	ock or poult	ry raised on the t	otal acres oper	ated?
	□ NO -	[Continue]	☐ YES – [Go to item 7]				
3.		2023, did this ope any income receive	eration sell any agricultural pad as a landlord.)	roducts or r	eceive governme	ent agricultural	payments?
	□ NO -	[Go to item 4]	☐ YES – [Go to item 7]				
4.	During 2	2023, will this op	eration have more than 19 ac	res of idle c	ropland or more	than 99 acres o	f pastureland?
	□ NO -	[Go to item 5]	☐ YES – [Go to item 7]				
5.	5. [Complete only if items 2,3,and 4 are all 'NO']						
	Is anyon	e now operating	the land you [operation on the	e questionna	ire face page] for	merly operated?	1
☐ YES – Complete name and address information below for new operator ☐ NO – Make notes							
	Name		NOTES	i:			
	Address						
	Phone (	)					
6.	The sele	cted operation is	out-of-business, therefore the q	uestionnaire	does not need to	be completed.	
			and enter code 9 in cell 9921 en complete all other administra				
7.	Are the	day-to-day decis	ions for this farming/ranching	g operation	made by		
	one i	ndividual? [Enter	code 1]				REPORTING UNIT
		ed manager? [En					
	□ partn	ers? [Enter numi	ber of partners + operator]			_	

### 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	R	-2-
STATE: POID:  SURVEY:  OPERATOR NAME:  ADDRESS:  CITY, ST. ZIP:	USDA United States Department of Agriculture NATIONAL AGRICULTURAL STATISTICS SERVICE USDANASS - Indian Affichigan/Ohio Ories Liciais Region PO Sex 30259 Profes 1-860-455-7501 E-mail 11435/PF O.C.R. Regiones usda gov	6. Please list the reason the operator is not currently farming or ranching. Check reason below:    Deceased     Retired   Department of State   Department of Business or Sold   Landlord Only
PLEASE PROVIDE THE FOLLOWING INFORMATION SO THAT WE CAN BE FOR THE AGRICULTURAL OPERATION ASSOCIATED WITH THE NAME I  1. Do you own, rent from others, or operate any land where you are growin plans to grow any field crops, hay, fruit, vegetables, floriculture/ horticultur sod, maple syrup, Christimas trees, mushrooms, or other speciality crops land rented out to others.  2. Do you own, rent from others, or operate any cropland, including idle cropland used for pasture or land enrolled government programs (CRI Exclude land rented out to others.	LISTED ABOVE.  Ig or have reinursery, Pes Declare 7 Exclude	When did this Change occur?
<ol> <li>Do you own or raise any livestock, including cattle, hogs, sheep, goat poultry or fowl, bees, aquaculture, or other specialty livestock species, livestock as pets?</li> </ol>		
<ol> <li>Do you own or operate any facilities for storing whole grains or oliseeds, silos, cribs, blins, buildings, trailers, etc? Please exclude off-farm public storage rented to others.</li> </ol>		
<ol> <li>Do you receive any Federal or State agricultural payments, include CF PLC (Price Loss Coverage), ARC (Agricultural Risk Coverage), disaster or EQIP?</li> </ol>		Thank you for your response    Separation   Separation
Do you receive any agricultural revenue, excluding cash rent or share received for farmland rented to others, including Agri-tourism income orights on land where crops are planted to attract wildlife, etc?	or hunting □ Yes ₃ No	Comparison   Respondent   Mode   Enum.   Eval.   Change   Office Use for POID
– Please Turn Over to Complete the Rev	erse Side –	SE Name



