

FORM A CORN YIELD SURVEY - 2023

OMB No.: 0535-0088
Approval Expires: 3/31/2024
Project Code: 104
Survey ID: 1964



**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 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 20 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 corn acreage on your farming operation. We are now collecting information to help determine corn production in (Your State) and the United States.

All questions below apply to this SAMPLE.

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

103

4. What was the planter row width setting?..... **INCHES**

107

5. On what date was planting completed in this corn field?..... **MM DD**

109

Kansas and Nebraska Only for Item 6

6. Has this field been (or will it be) irrigated? 1 Yes 3 No 2 Don't Know **CODE**

104

7. With your permission I will go out to the field and mark off two small plots to be used in making stalk and ear counts. I will return to the plots each month until harvest to make counts and measurements, and harvest and weigh a few ears. Would that be all right?

Yes - Continue. (Inform respondent what day/approximate time you intend mark off two small plots to be used in making stalk and ear counts)

No - Conclude interview, enter data in to CAPI, and go to item 11.

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

Yes No Don't know

If yes, enter latest application date _____ and name of pesticide _____.

9. Where should I leave the corn picked from the units? _____

(Copy to the sample kit envelope the location where the operator wishes you to leave the corn.)

10. Do you intend to harvest this field as high moisture corn?
(High moisture corn is defined as corn with moisture content of 30 percent or more.)

Yes No Don't know

NOTE: If this is a gleaning sample, tell the operator "After harvest, I will also lay out two small plots to determine harvest loss."

11. Respondent Name: _____

PLEASE CHECK THE FOLLOWING:

- Review the form for completeness
- Sign name
- On the kit envelope, record operator's
 - Telephone number
 - Expected harvest date
 - Pesticide intentions (Item 8), and
 - Location to leave corn (Item 9)

Enumerator Number	190
Supervisor Number	191
Evaluation	193

12. Enumerator Name: _____

STATUS CODE

180

 NOTES:

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:

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.