QUARTERLY COLONY LOSS - July 2021

OMB No. 0535-0153
Approval Expires: 12/31/2023
Project Code: 115
SurveyID: 3690

Please make corrections to name, address, and ZIP Code, if necessary.

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.

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 0535-0153. The time required to complete this information collection is estimated to average 15 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.

Section 1 – Apiaries

1. Between April 1, 2021 and June 30, 2021, did this operation own or control any apiaries?

2705  

☐ Yes – Go to Section 2  ☐ No – Go to Section 7

Section 2 – Colonies Owned

1. On April 1, 2021, how many total colonies did this operation own, regardless of location?.................................

2706

2. On June 30, 2021, how many total colonies did this operation own, regardless of location?.................................

2707

FOR OFFICE USE ONLY

9921
Section 3 – Colonies By State: April Through June

1. Please report for all colonies owned by this operation between April 1, 2021 and June 30, 2021.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>OF</td>
<td>FACE</td>
<td>USE</td>
<td>OFF</td>
<td>ICE</td>
<td>USE</td>
<td>U</td>
</tr>
<tr>
<td></td>
<td>USE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Between April 1 and June 30, in which states were your colonies located? (EXCLUDE states that were only passed through to reach a destination state.)</td>
<td>Were these colonies located in this state on April 1?</td>
<td>How many colonies did you have in this state on April 1, or when they were first moved into this state after April 1?</td>
<td>Of the (column 3) colonies, how many were completely lost/dead out between April 1 and June 30?</td>
<td>Of the (column 3) colonies, how many were requeen only? (EXCLUDE completely lost/dead out colonies reported in column 4.)</td>
<td>Of the (column 3) colonies, how many received nucs or packages? (EXCLUDE completely lost/dead out colonies reported in column 4.)</td>
<td>How many new colonies did you add? (INCLUDE splits, newly created, and replacement colonies. EXCLUDE colonies reported in columns 5 and 6.)</td>
</tr>
<tr>
<td>State</td>
<td>(Colonies)</td>
<td>(Colonies)</td>
<td>(Colonies)</td>
<td>(Colonies)</td>
<td>(Colonies)</td>
<td>(Colonies)</td>
<td>(Colonies)</td>
</tr>
<tr>
<td>A</td>
<td>2711</td>
<td>2712</td>
<td>2713</td>
<td>2716</td>
<td>2717</td>
<td>2715</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>2711</td>
<td>2712</td>
<td>2713</td>
<td>2716</td>
<td>2717</td>
<td>2715</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>2711</td>
<td>2712</td>
<td>2713</td>
<td>2716</td>
<td>2717</td>
<td>2715</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>2711</td>
<td>2712</td>
<td>2713</td>
<td>2716</td>
<td>2717</td>
<td>2715</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>2711</td>
<td>2712</td>
<td>2713</td>
<td>2716</td>
<td>2717</td>
<td>2715</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>2711</td>
<td>2712</td>
<td>2713</td>
<td>2716</td>
<td>2717</td>
<td>2715</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>2711</td>
<td>2712</td>
<td>2713</td>
<td>2716</td>
<td>2717</td>
<td>2715</td>
<td></td>
</tr>
</tbody>
</table>

2. Between April 1, 2021 and June 30, 2021, did this operation sell or give away any of the colonies in column 3? (EXCLUDE packages and nucs created specifically for sale.)

2718 1 ☐ Yes – Go to Item 2a 3 ☐ No – Go to Section 4

a. How many colonies from those reported in column 3 were sold or given away?.................................

Colonies
Section 4 – Lost Colonies Affected By All Four Specified Symptoms

1. Of the total colonies owned between April 1, 2021 and June 30, 2021, did any lost colonies experience all of the following symptoms?
   - Little to no build-up of dead bees in the hive or at the hive entrance
   - Rapid loss of adult honey bee population despite the presence of queen, capped brood, and food reserves
   - Absence or delayed robbing of the food reserves
   - Loss not attributable to Varroa or Nosema loads

   2770
   1 ☐ Yes – Continue
   3 ☐ No – Go to Section 5
   4 ☐ No Loss – Go to Section 5
   2 ☐ Don't Know – Go to Section 5

2. How many colonies did you lose that experienced all of the symptoms in Item 1? ........................................

Section 5 – Colony Health: April Through June

1. Of the total colonies owned between April 1, 2021 and June 30, 2021, how many colonies by state were affected by the following, but not necessarily lost? Note: The total of columns 2 through 7 may exceed the total number of colonies in a state.

<table>
<thead>
<tr>
<th>O F F I C E E N S E (State)</th>
<th>1 (Colonies)</th>
<th>2 (Colonies)</th>
<th>3 (Colonies)</th>
<th>4 (Colonies)</th>
<th>5 (Colonies)</th>
<th>6 (Colonies)</th>
<th>7 (Colonies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2774 A</td>
<td>2775</td>
<td>2776</td>
<td>2777</td>
<td>2780</td>
<td>2781</td>
<td>2782</td>
<td></td>
</tr>
<tr>
<td>2774 B</td>
<td>2775</td>
<td>2776</td>
<td>2777</td>
<td>2780</td>
<td>2781</td>
<td>2782</td>
<td></td>
</tr>
<tr>
<td>2774 C</td>
<td>2775</td>
<td>2776</td>
<td>2777</td>
<td>2780</td>
<td>2781</td>
<td>2782</td>
<td></td>
</tr>
<tr>
<td>2774 D</td>
<td>2775</td>
<td>2776</td>
<td>2777</td>
<td>2780</td>
<td>2781</td>
<td>2782</td>
<td></td>
</tr>
<tr>
<td>2774 E</td>
<td>2775</td>
<td>2776</td>
<td>2777</td>
<td>2780</td>
<td>2781</td>
<td>2782</td>
<td></td>
</tr>
<tr>
<td>2774 F</td>
<td>2775</td>
<td>2776</td>
<td>2777</td>
<td>2780</td>
<td>2781</td>
<td>2782</td>
<td></td>
</tr>
<tr>
<td>2774 G</td>
<td>2775</td>
<td>2776</td>
<td>2777</td>
<td>2780</td>
<td>2781</td>
<td>2782</td>
<td></td>
</tr>
</tbody>
</table>

1/ Includes Tracheal Mites, Nosema, Hive beetle, Wax moths, etc.
2/ Includes American and European foulbrood, Chalkbrood, Stonebrood, Paralysis (acute and chronic), Kashmir, Deformed Wing, Sacbrood, IAPV, Lake Sinai II, etc.
3/ Includes weather, starvation, insufficient forage, queen failure, hive damage/destroyed, etc.
Section 6 – Comments Related to The Information You Reported

Section 7 – Change In Operation

1. Has the operation named on the label been sold or turned over to someone else?

☐ Yes – Identify the new operator(s) ☐ No – Go to Section 8

Operation Name: ____________________________
Operator Name: ____________________________
Address: __________________________________
City: __________________ State: ____________ Zip: ____________
Phone: (____) ____________________________

Section 8 – Conclusion

1. Do you make any day-to-day decisions for any other apiaries?

☐ Yes – List other operations: ____________________________ ☐ No

2. To receive the complete results of this survey in August 2021, go to: nass.usda.gov/results

To have a brief summary emailed to you, please enter your email address:

1095

Section 9 – Contact Information

Operation Email: (if different from above)  Operation Phone: ____________________________
9937 9936  check if cell phone

To have a brief summary emailed to you, please enter your email address:

9937

This completes the survey. Thank you for your help.

Respondent Name: ____________________________ Respondent Phone: (if different from above)
9912 9911  check if cell phone 9910  MM  DD  YY

Date: —— —— —— ——

1-Comp 1-Op/Mgr 1-PASI 1-Comp 1-Op/Mgr 1-PASI
2-R 2-Sp 2-PATI 2-R 2-Sp 2-PATI
3-Inac 3-Acct/Bkpr 3-PAPI 3-Inac 3-Acct/Bkpr 3-PAPI
4-Office Hold 4-Partner 6-Email 4-Office Hold 4-Partner 6-Email
5-R – Est 9-Oth 7-Fax 5-R – Est 9-Oth 7-Fax
6-Inac –Est 19-Other 9901 9902 9903 9903 9903 9903
7-Off Hold –Est 9998 9900 9985 9989 9907 9908 9906 9916

S/E Name: ____________________________