

FORM A: SOYBEANS--Continued

All questions on this page apply to SAMPLE FIELD ONLY.

3. Copy acres of soybeans for beans in Sample Field Number _____
 from Table A, column 6 ACRES

103

4. What was the row width (planter setting) for the soybeans planted in this sample field? INCHES

110

ENUMERATOR NOTE: If this is an odd-numbered sample and the planted row space is less than or equal to 18 inches, lay out the sample unit and complete the Row Space Measurements, but do not complete the Form B counts for the August 1 survey.

5. Has this field been (or will it be) irrigated? YES = 1 DON'T KNOW = 2 NO = 3 CODE

114

6. On what date was planting completed in this soybean field? MM DD

107

7. (Show Respondent Show Card)
 What variety are the soybeans in the selected field? _____ ENTER CODE

130

ARKANSAS ONLY:

8. What Maturity Group are the soybeans in the selected field? CODE

108

- | | |
|-------------|--------------|
| 2 Group II | 6 Group VI |
| 3 Group III | 7 Group VII |
| 4 Group IV | 8 Don't Know |
| 5 Group V | |

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

- YES –Continue. If this is a gleaning sample, tell the operator, "After harvest, I will also lay out two small plots to determine harvest loss."
- NO – Conclude interview and return all forms.

- a. The United Soybean Board (USB) has requested the soybean samples after NASS has completed their yield analyses. USB would like the sample and variety to analyze compositional traits such as oil and protein to increase the value of U.S. soybeans. Do we have your permission to provide your soybean sample to USB?

- YES = 1 NO = 3 CODE

131

10. Have you or will you apply pesticides with organophosphorous content to the sample field?

- YES DON'T KNOW NO

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

11. Respondent Name _____

IMPORTANT: Review for completeness. Record ending time and sign name. Record operator's telephone number, expected harvest date, and pesticide intentions (item 10), on your kit envelope.

- | | |
|-----------------------------|-----|
| Ending Time (Military Time) | 172 |
| Enumerator Number | 190 |
| Supervisor Number | 191 |
| Evaluation | 193 |
| R. Unit | 921 |

12. Enumerator Name: _____

- STATUS CODE

180
