

QUARTERLY COLONY LOSS - July 2024

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

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Section 1 – Apiaries

1. Between April 1, 2024 and June 30, 2024, 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, 2024, how many total colonies did this operation own, regardless of location?.....

| |
|------|
| 2706 |
| 2707 |

2. On June 30, 2024, how many total colonies did this operation own, regardless of location?.....

| |
|--------------------------------|
| 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, 2024 and June 30, 2024.

| OFFICE USE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|------------------|--|---|---|---|---|---|---|
| | 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.) (State) | Were these colonies located in this state on April 1? Check "No" if colonies were moved into the state between April 2 and June 30. Yes No | How many colonies did you have in this state on April 1, or when they were first moved into this state after April 1? (Colonies) | Of the (column 3) colonies, how many were completely lost/dead out between April 1 and June 30? (Colonies) | Of the (column 3) colonies, how many were requeened only? (EXCLUDE completely lost/dead out colonies reported in column 4.) (Colonies) | Of the (column 3) colonies, how many received nucs or packages? (EXCLUDE completely lost/dead out colonies reported in column 4.) (Colonies) | How many new colonies did you add? (INCLUDE splits, newly created, and replacement colonies. EXCLUDE colonies reported in columns 5 and 6.) (Colonies) |
| 2710 A | | 2711 1 <input type="checkbox"/> 3 <input type="checkbox"/> | 2712 | 2713 | 2716 | 2717 | 2715 |
| 2710 B | | 2711 1 <input type="checkbox"/> 3 <input type="checkbox"/> | 2712 | 2713 | 2716 | 2717 | 2715 |
| 2710 C | | 2711 1 <input type="checkbox"/> 3 <input type="checkbox"/> | 2712 | 2713 | 2716 | 2717 | 2715 |
| 2710 D | | 2711 1 <input type="checkbox"/> 3 <input type="checkbox"/> | 2712 | 2713 | 2716 | 2717 | 2715 |
| 2710 E | | 2711 1 <input type="checkbox"/> 3 <input type="checkbox"/> | 2712 | 2713 | 2716 | 2717 | 2715 |
| 2710 F | | 2711 1 <input type="checkbox"/> 3 <input type="checkbox"/> | 2712 | 2713 | 2716 | 2717 | 2715 |
| 2710 G | | 2711 1 <input type="checkbox"/> 3 <input type="checkbox"/> | 2712 | 2713 | 2716 | 2717 | 2715 |

2. Between April 1, 2024 and June 30, 2024, 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

Colonies

| |
|------|
| 2719 |
|------|

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

Section 4 – Lost Colonies Affected By All Four Specified Symptoms

1. Of the total colonies owned between April 1, 2024 and June 30, 2024, 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

Colonies

2771

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, 2024 and June 30, 2024, 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.

| O F F I C E U S E | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---------|-----------------------------------|---|--|------------------------------|---------------------------------------|---------------------------|
| | (State) | Varroa Mites (Colonies) | Other Pests and Parasites ^{1/} (Colonies) | Diseases ^{2/} (Colonies) | Pesticides (Colonies) | Other ^{3/} (Colonies) | Unknown (Colonies) |
| 2774 A | | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 B | | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 C | | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 D | | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 E | | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 F | | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 G | | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |

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?

1 Yes – Identify the new operator(s)3 No – Go to Section 8

Operation Name: _____

Operator Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Check if cell phone**Section 8 – Conclusion**

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

1 Yes – List other operations: _____ 3 No**Section 9 – Contact Information**

Operator Email:

Operator Phone:

| | | | |
|------|---|----------------------|---|
| 9929 | Check to receive results by email <input type="checkbox"/> | 9918 (____) _____ | Check if cell phone <input type="checkbox"/> |
|------|---|----------------------|---|

Operation Email: (if different from above)

Operation Phone: (if different from above)

| | | | |
|------|---|----------------------|---|
| 9937 | Check to receive results by email <input type="checkbox"/> | 9936 (____) _____ | Check if cell phone <input type="checkbox"/> |
|------|---|----------------------|---|

Respondent Name:

Respondent Phone: (if different from above)

| | | | |
|------|----------------------|---|---|
| 9912 | 9911 (____) _____ | Check if cell phone <input type="checkbox"/> | 9910 MM DD YY Date: -- -- -- |
|------|----------------------|---|---|

This completes the survey. The results will be available on the release date at: nass.usda.gov/results

Thank you for your help.

| Response | | Respondent | | Mode | | Enum. | Eval. | Change | Office Use for POID | | | |
|------------------|------|-------------|------|-----------------------|------|-------|-------|--------|-----------------------|------|------|------|
| 1-Comp | 9901 | 1-Op/Mgr | 9902 | 1-PASI (Mail) | 9903 | 9998 | 9900 | 9985 | 9989 | | | |
| 2-R | | 2-Sp | | 2-PATI (Tel) | | | | | _____ - _____ - _____ | | | |
| 3-Inac | | 3-Acct/Bkpr | | 3-PAPI (Face-to-Face) | | | | | Optional Use | | | |
| 4-Office Hold | | 4-Partner | | 6-Email | | | | | 9907 | 9908 | 9906 | 9916 |
| 5-R -- Est | | 9-Oth | | 7-Fax | | | | | | | | |
| 6-Inac --Est | | | | 19-Other | | | | | | | | |
| 7-Off Hold --Est | | | | | | | | | | | | |
| S/E Name: | | | | | | | | | | | | |