

QUARTERLY COLONY LOSS - January 2025

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**United States
Department of
Agriculture**



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

USDA/NASS

National Operations Division
9700 Page Avenue, Suite 400
St. Louis, MO 63132-1547
Phone: 1-888-424-7828
Fax: 1-855-415-3687
Email: nass@usda.gov

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>. Response is voluntary.

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Section 1 – Apiaries

1. Between October 1, 2024 and December 31, 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 October 1, 2024, how many total colonies did this operation own, regardless of location?.....

2706

2. On December 31, 2024, how many total colonies did this operation own, regardless of location?.....

2707

**FOR OFFICE
USE ONLY**

9921

Section 3 – Colonies By State: October Through December

1. Please report for all colonies owned by this operation between October 1, 2024 and December 31, 2024.

OFFICE USE	1	2	3	4	5	6	7
	Between October 1 and December 31, 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 October 1? Check "No" if colonies were moved into the state between October 2 and December 31. Yes No	How many colonies did you have in this state on October 1, or when they were first moved into this state after October 1? (Colonies)	Of the (column 3) colonies, how many were completely lost/dead out between October 1 and December 31? (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 October 1, 2024 and December 31, 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 October 1, 2024 and December 31, 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: October Through December

1. Of the total colonies owned between October 1, 2024 and December 31, 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: _____

Check if
cell phone

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"/>
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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"/>
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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. 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 2-R 3-Inac 4-Office Hold 5-R -- Est 6-Inac --Est 7-Off Hold --Est	9901	1-Op/Mgr 2-Spouse 3-Acct/Bkpr 4-Partner 9-Other	9902	1-PASI (Mail) 2-PATI (Tel) 3-PAPI (Face-to-Face) 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989 ____ - ____ - ____ - ____			
									Optional Use			
									9907	9908	9906	9916
S/E Name:												