

Overview of Quarterly Colony Loss Survey – Project Code 115

Conducted quarterly (January, April, July, and October)

Purpose:

Collects information on colonies owned, colonies in each state, and how many colonies were lost/died out; requeened and/or received nucs/packages; and colonies added while in that state.

Colony loss surveys beekeepers with 5 or more colonies.

Data Uses:

The colony loss survey measures the extent and causes of loss and disease within honey bee colonies. Bee diseases and loss became a significant issue starting in 2008.

The survey results will allow the USDA, beekeepers, and any other interested parties to analyze data on a state-by-state basis, and compare specific quarterly losses and additions and movements.

Survey Information:

There are many relationships throughout the questionnaire.

- Potential for NERD data on one item (2706). This would be visible in CAPI if available. This value would be the ending inventory from last quarter, which should correspond with the beginning inventory for this quarter.
- If loss is present, symptoms should be reported in Section 5, Colony Health.
- Colonies across states in Section 3, Colonies by State; should equal total starting inventory if the colonies were located in that state on the reference date.

QUARTERLY COLONY LOSS

Updated December 2024

OMB No. 0535-0153
Approval Expires: 01/31/2027
Project Code: 115
SurveyID: 3690



United States
Department of
Agriculture



NATIONAL
AGRICULTURAL
STATISTICS
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Enumerator is
responsible for entering
any address/phone
changes into CAPI

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.

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 **Month** 1, 20**XX** and **Month** 31, 20**XX**, did this operation own or control any apiaries?

2705

☐

Yes – Go to Section 2

☐

No – Go to Section 7

Possible NERD data in CAPI, IC
2706. Beginning inventory should
equal last quarter's ending inventory.

Section 2 – Colonies Owned

1. On **Beginning Month** 1, 20**XX**, how many total colonies did this operation own, regardless of location?....

2706

2. On **Ending Month** 31, 20**XX**, how many total colonies did this operation own, regardless of location?.....

2707

FOR OFFICE
USE ONLY

9921

Section 3 – Colonies By State: Beginning Month Through Ending Month

1. Please report for all colonies owned by this operation between Beginning Month 1, 20XX and Ending Month 31, 20XX.

OFFICE USE		1	2	3	4	5	6	7
		Between BMonth 1 and EMonth 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 BMonth 1? Check "No" if colonies were moved into the state between BMonth 2 and EMonth 31. Yes No	How many colonies did you have in this state on BMonth 1, or when they were first moved into this state after BMonth 1? (Colonies)	Of the (column 3) colonies, how many were completely lost/dead out between BMonth 1 and EMonth 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	Operator may report having colonies in multiple states. Colonies may begin in one state and move to another during the quarter. This will be reported in columns 1 & 2.	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			2711	2712	2713	2716	2717	2715

The beginning inventory (2706) should equal the sum of column 3 if reported as beginning in a state (Column 2 = Yes).

Nuc: laying queen, worker bees, and frames.

Package: adult bees, with or without a queen, no frame.

2. Between Beginning Month 1, 20XX and Ending Month 31, 20XX, 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 3, Question 1 Note:

Colonies frequently are transported to warmer/more southern states during winter months. While wintering in these states, typically California, Texas, or Florida the bees are pollinating local crops.

Section 4 – Lost Colonies Affected By All Four Specified Symptoms

1. Of the total colonies owned between **Beginning Month** 1, 20XX and **Ending Month** 31, 20XX, 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

IC 2771 should only be answered if Section 4, Question 1 = Yes.

Colonies

2771

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

Section 5 – Colony Health: **Beginning Month** Through **Ending Month**

1. Of the total colonies owned between **Beginning Month** 1, 20XX and **Ending Month** 31, 20XX, 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.

OFFICE USE	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	Every state listed in Section 3, Question 1 (table) should be listed here.	2775	2776	2777	2780	2781	2782
2774 B		2775	Number of colonies should include affected by and lost/died out for each condition.				
2774 C		2775	2776	2777	2780	2781	2782
2774 D		2775	A colony can be affected by more than one condition, therefore the total of columns 2 through 7 may exceed the number of colonies in a state.				
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

If the respondent wants a copy of the survey results mailed, you need to add a record level comment in CAPI saying "wants results mailed".

Operator Email:

Operator Phone:

9937	Check to receive results by email <input type="checkbox"/>	9936 (____) _____	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	9901	1-Op/Mgr	9902	1-PASI	9903	9998	9900	9985	9989			
2-R		2-Sp		2-PATI								
3-Inac		3-Acct/Bkpr		3-PAPI								
4-Offic												
5-R --												
6-Inac												
7-Off h												
<p>In CAPI: For Complete and Refusal: Enter Response, Respondent, and Mode For Inaccessible: Enter Response and Mode</p>												
S/E Name:									9907	9908	9906	9916