



Name (first and last): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing address (street, city, ZIP): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone number (cell): \_\_\_\_\_ Phone number (home/work): \_\_\_\_\_

Race (circle):

White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander Prefer Not to Answer

Occupation (check all that apply):

- \_\_\_ Farmer/Rancher                      Number of Years as Operator: \_\_\_\_\_
- \_\_\_ Specialty Crop Producer        Number of Years as Operator: \_\_\_\_\_
- \_\_\_ Student
- \_\_\_ Non-Operating Landowner
- \_\_\_ Educator/Researcher              Title and Organization \_\_\_\_\_
- \_\_\_ Agency Employee                  Title and Organization \_\_\_\_\_
- \_\_\_ Agribusiness Employee            Title and Organization \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

**Farmers and ranchers, please complete the questions below.**

Number of acres you manage?

\_\_\_ 1 – 199 total acres    \_\_\_ 200 – 499 total acres    \_\_\_ 500 to 999 total acres    \_\_\_ 1,000 – 3,999 total acres    \_\_\_ 4,000 & greater total acres

\_\_\_ % Portion of land that is irrigated    \_\_\_ % Portion of land that is dryland

\_\_\_ % Portion of land that is cropland    \_\_\_ % Portion of land that is grazed cropland    \_\_\_ % Portion of land that is rangeland/pasture

Please mark the soil health practices you utilize and record the number of acres and years using that practice.

<i>Practice</i>	<i>Number of Acres</i>	<i>Number of Years</i>
<input type="checkbox"/> Continuous No-Till		
<input type="checkbox"/> Minimum Till/Strip Till		
<input type="checkbox"/> Cover Crops (non-hayed) – Single Species		
<input type="checkbox"/> Cover Crops (non-hayed) – Multi Species		
<input type="checkbox"/> Companion Cropping		
<input type="checkbox"/> Relay Cropping		
<input type="checkbox"/> Planting Green		
<input type="checkbox"/> Cover Crop Roller Crimping		
<input type="checkbox"/> Crop Rotations		
<input type="checkbox"/> Soil Sampling		
<input type="checkbox"/> Grid Sampling		
<input type="checkbox"/> Crop Scouting (for insects, disease, weed pressure)		
<input type="checkbox"/> Strip Grazing of Cover Crops/Forages		
<input type="checkbox"/> Portable/Alternative Watering Sources for Livestock		
<input type="checkbox"/> Rotational Grazing of Rangeland/Pasture		
<input type="checkbox"/> Prescribed Burning		
<input type="checkbox"/> Other (please describe)		

Are you or have you participated in NRCS or other cost-sharing opportunities? \_\_\_ Yes \_\_\_ No

What are your biggest challenges/obstacles in adopting soil health practices?