

# CONSERVATION PRACTICE ADOPTION MOTIVATIONS SURVEY VERSION 4

## FORESTRY PRACTICES

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United States  
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STATISTICS  
SERVICE

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1. How many acres of forest or woodland did you manage on January 1, 2021? ..... acres xxx

If zero acres of forest or woodland are operated on January 1, 2021, Go to Section 12 - Conclusion on page 28.  
Otherwise, continue to Section 1 - Land Use on page 2.

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**Section 1 - Land Use**


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Please report total acres operated under this land arrangement.

1. On January 1, 2021, how many acres did this operation:

- a. Own?.....
- b. Rent or Lease from others or use Rent Free?  
(EXCLUDE land used on an animal unit month (AUM) basis, BLM and Forest Service land.).....
- c. Rent to others?.....

2. Calculate Item 1a + 1b - 1c. Then the total acres operated on January 1, 2021, was:.....

Acres
901
+
902
+
905
-
900
=

- a. Does this include the farmstead, all cropland, woodland or forest, pastureland, wasteland, and government program land?

xxx

1  Yes - Continue

3  No - Make corrections, then continue

3. Of the total acres operated, how many acres are considered:

- a. Cropland, including land in hay, summer fallow, cropland idle, and cropland in government programs? .....
- b. Grazing land, including permanent pasture and rangeland, woodland pastured, and other pasture and grazing land (including rotational pasture) that could have been used for crops without additional improvements? .....
- c. Woodland or forest, not pastured? .....
- d. Other land? .....

4. Of the total acres operated, how many acres were enrolled in the Conservation Reserve Program (CRP), Wetlands Reserve Program (WRP), Farmable Wetlands Program (FWP), or Conservation Reserve Enhancement Program (CREP), Agricultural Conservation Easement Program (ACEP, including wetlands reserve and agricultural land easements), and the Farm and Ranchlands Protection Program (FRPP) on May 1, 2020? .....

5. During 2020, did this operation produce organic products according to USDA's National Organic Program (NOP) standards or have acres transitioning into USDA NOP Production?

EXCLUDE processing and handling.

xxx

1  Yes

3  No

Acres

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**Section 1 - Land Use (continued)**


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6. How did you get your forest or woodland? Select all that apply.

xxx  Purchased

xxx  Rent/lease

xxx  Inherited

xxx  Received as a gift

xxx  Other, please specify: \_\_\_\_\_

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a. From whom did you get your forest or woodland? Select all that apply.

xxx  My parents and/or my spouse's parents

xxx  My spouse

xxx  Another family member

xxx  Other individual(s)

xxx  A business

xxx  A government agency

xxx  Other, please specify: \_\_\_\_\_

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b. In what year did you or your business first take ownership of your forest or woodland? ..... year

xxx

7. During the last 10 years, have you earned any income from forestry activities? Select all that apply.

xxx  Timber harvest

xxx  Fees for allowing others to use the land for hunting or other recreation, grazing, gathering forest products, etc.

xxx  Non-timber forest products

xxx  Other, please specify: \_\_\_\_\_

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8. On average, what percentage of your household's or operation's annual income comes from the forest or woodland that you own? .....

xxx

%

## Section 2 - Technical Assistance

1. Have you ever received technical assistance (expertise or information) for conservation on forest or woodland you manage from any federal, state, local university or other source?

## INCLUDE

- Expertise or information provided for planning or implementing a conservation practice or designing, laying out or installing conservation structures
- Expertise or information from private technical service providers (TSPs) that is reimbursed by federal, state or local governments

EXCLUDE financial assistance that helps defray the cost of installing or implementing conservation practices

xxx 1  Yes 3  No - Go to Item 1b

a. Have you received technical assistance from any of these sources? Select all that apply.

xxx  Federal agencies

xxx  State or local agencies

xxx  Private sources (free or paid)

b. Report your agreement or disagreement with the following statements about technical assistance on your forest or woodland from a government, university or other source.

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx Technical assistance is available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I currently receive technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I have received technical assistance in the past, but not currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I have never sought out any form of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I have had trouble accessing technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Technical assistance is beneficial to my operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I would use technical assistance if it was free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I am comfortable using technical assistance from the federal government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I am comfortable using technical assistance from a non-federal government source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Section 2 - Technical Assistance (continued)**

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2. A forest management plan is a site-specific plan to address one or more resource concerns on non-industrial private forestland by applying forestry-related conservation activities or practices.

Based on the definition, did you have a forest management plan in 2020?

xxx 1  Yes - Continue      3  No - Go to Section 3 - Forest Stand Improvement on page 5

a. Where did you receive technical assistance for developing the plan?

xxx 1  State forestry agency

2  NRCS

3  Private consultant

4  No one (I wrote the plan)

### Section 3 - Forest Stand Improvement

1. Forest stand improvement includes cutting or killing selected trees or understory plants to achieve desired forest conditions.

Based on the definition above, have you ever implemented forest stand improvement activities?

xxx 1  Yes - Go to Item 2      3  No - Complete Items 1a and 1b below then go to Section 4 - Woody Residue Treatment on page 9

a. Please report your agreement or disagreement with the following statements about forest stand improvement activities.

I have never done forest stand improvement because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx There was no conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Attempts by other woodland owners were unsuccessful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated costs greater than benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive financial assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Please specify any additional reason why you have never done forest stand improvement.

Other reason, xxx  
specify: \_\_\_\_\_

After completing Items 1a and 1b above, Go to Section 4 - Woody Residue Treatment on page 9.

2. What were your conservation objectives in implementing forest stand improvement? Select all that apply.

xxx  Protect or improve wildlife habitat  
 xxx  Reduce the risk or severity of wildfire  
 xxx  Improve forest productivity of timber and other forest products  
 xxx  Support forest health in general  
 xxx  Maintain or improve scenery or beauty of the woodland

### Section 3 - Forest Stand Improvement (continued)

3. What year did you first do forest stand improvement? .....	year	xxx		
a. On what percent of your forest land? .....	%	xxx		
b. For the first year of forest stand improvement activities, did you receive either of the following:				
	Did you receive technical assistance?	Did you receive financial assistance?	How many acres had financial assistance?	Portion of total cost covered by financial assistance
Forest Stand Improvement	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %
Brush management (specifically treating living woody vegetation)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

i. If you received financial assistance, what percent was from federal sources?  
Enter 0 if no financial assistance was received. ....

xxx %

INCLUDE: Natural Resources Conservation Service, U.S. Forest Service, Bureau of Land Management, Bureau of Indian Affairs, and Fish & Wildlife Service

EXCLUDE: Assistance from state agencies and universities

c. How important were the following factors in your decision to implement forest stand improvement?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Used successfully by other woodland owners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Section 3 - Forest Stand Improvement (continued)**


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4. Since the first year you began forest stand improvement activities, have you expanded the acreage for this activity?

xxx

1  Yes - Continue

3  No - Go to Section 4 - Woody Residue Treatment on page 9

a. For the expanded activity, did you receive either of the following?

	Did you receive technical assistance?	Did you receive financial assistance?	How many acres had financial assistance?	Portion of total cost covered by financial assistance
Forest Stand Improvement	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %
Brush management (specifically treating living woody vegetation)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

i. If you received financial assistance, what percent was from federal sources?

Enter 0 if no financial assistance was received. ....

xxx %

**INCLUDE:** Natural Resources Conservation Service, U.S. Forest Service, Bureau of Land Management, Bureau of Indian Affairs, and Fish & Wildlife Service

**EXCLUDE:** Assistance from state agencies and universities

b. How important were the following factors in your decision to expand your forest stand improvement activities?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx The process for getting technical or financial assistance was smooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4 - Woody Residue Treatment

1. Woody residue treatment includes practices to manage and/or remove woody residue (dead or cut wood, "slash") remaining after forest management activities or natural disturbance.

Based on the definition above, have you ever implemented woody residue treatment?

xxx 1  Yes - Go to Item 2

3  No - Complete Items 1a and 1b below then go to  
Section 5 - Controlled (Prescribed) Burning on page 12

a. Please report your agreement or disagreement with the following statements about woody residue treatment.

I have never used woody residue treatment because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx There was no conservation need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Attempts by other woodland owners were unsuccessful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated costs greater than benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance was not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Please specify any additional reason why you have never used woody residue treatment.

xxx  
Other reason, specify: \_\_\_\_\_

After completing Items 1a and 1b above, Go to Section 5 - Controlled (Prescribed) Burning on page 12.

2. Why did you implement woody residue treatment? Select all that apply.

xxx  Protect or improve wildlife habitat

xxx  Reduce the risk or severity of wildfire

xxx  Improve forest productivity of timber and other forest products

xxx  Support forest health in general

xxx  Maintain or improve scenery or beauty of the woodland

**Section 4 - Woody Residue Treatment (continued)**

3. What year did you first do woody residue treatment? ..... year xxx

a. On what proportion of your forest land? ..... xxx %

b. For the first year, did you receive either of the following:

	Did you receive technical assistance?	Did you receive financial assistance?	How many acres had financial assistance?	Portion of total cost covered by financial assistance
Woody residue treatment	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

i. If you received financial assistance, what percent was from federal sources?  
Enter 0 if no financial assistance was received. ..... xxx %

INCLUDE: Natural Resources Conservation Service, U.S. Forest Service, Bureau of Land Management, Bureau of Indian Affairs, and Fish & Wildlife Service.

EXCLUDE: Assistance from state agencies and universities

c. How important were the following factors in your decision to implement woody residue treatment?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Used successfully by other woodland owners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Section 4 - Woody Residue Treatment (continued)**


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4. Since the first year you began woody residue treatment, have you expanded the acreage for this activity?

xxx

1  Yes - Continue

3  No - Go to Section 5 - Controlled (Prescribed) Burning on page 12

a. For the expanded activity, did you receive either of the following?

	Did you receive technical assistance?	Did you receive financial assistance?	How many acres had financial assistance?	Portion of total cost covered by financial assistance
Woody residue treatment	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

i. If you received financial assistance, what percent was from federal sources?

Enter 0 if no financial assistance was received. ....

xxx %

INCLUDE: Natural Resources Conservation Service, U.S. Forest Service, Bureau of Land Management, Bureau of Indian Affairs, and Fish & Wildlife Service

EXCLUDE: Assistance from state agencies and universities

b. How important were the following in your decision to expand your woody residue treatment area?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Section 5 - Controlled (Prescribed) Burning

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1. Prescribed burning includes controlled fire applied to a predetermined area to meet management objectives.

Based on the definition above, have you ever used controlled/prescribed burning?

xxx 1  Yes - Go to Item 2      3  No - Complete Items 1a and 1b below then go to  
Section 6 - Establishing Vegetation on page 16

a. Please report your agreement or disagreement with the following statements about controlled/prescribed burning.

I have never used controlled/prescribed burning because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx It is not needed in my forest or woodland.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I consider it too risky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It's too difficult to get a burn permit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I installed firebreaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated costs greater than benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance was not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Please specify any additional reason why you have never used controlled/prescribed burning.

Other reason,      xxx  
specify: \_\_\_\_\_

After completing Items 1a and 1b above, Go to Section 6 - Establishing Vegetation on page 16.

**Section 5 - Controlled (Prescribed) Burning (continued)**

2. What year did you first use controlled/prescribed burning? ..... year xxx

a. In the first year, on what percentage of your forest land did you use controlled/prescribed burning? (0-100%) ..... xxx %

b. For the first year, did you receive either of the following:

	Did you receive technical assistance?	Did you receive financial assistance?	How many acres had financial assistance?	Portion of total cost covered by financial assistance
Prescribed burning	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

i. If you received financial assistance, what proportion was from federal sources? Enter 0 if no financial assistance was received. ..... xxx %

INCLUDE: Natural Resources Conservation Service, U.S. Forest Service, Bureau of Land Management, Bureau of Indian Affairs, and Fish & Wildlife Service

EXCLUDE: Assistance from state agencies and universities

c. Why did you implement controlled/prescribed burning? Select all that apply.

xxx  Protect or improve wildlife habitat  
 xxx  Reduce the risk or severity of wildfire  
 xxx  Improve forest productivity of timber and other forest products  
 xxx  Support forest health in general  
 xxx  Maintain or improve scenery or beauty of the woodland

d. How important were the following factors in your decision to implement controlled/prescribed burning?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Used successfully by other woodland owners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Please specify any additional reason why you started implementing controlled/prescribed burning.

Other reason, xxx  
 specify: \_\_\_\_\_

## Section 5 - Controlled (Prescribed) Burning (continued)

3. Since the first year you began controlled/prescribed burning, have you expanded the acreage for this activity?

xxx 1  Yes - Continue

3  No - Go to Section 6 - Establishing Vegetation on page 16

a. For the expanded activity, did you receive either of the following?

	Did you receive technical assistance?	Did you receive financial assistance?	How many acres had financial assistance?	Portion of total cost covered by financial assistance
Prescribed burning	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

i. If you received financial assistance, what percent was from federal sources?  
Enter 0 if no financial assistance was received. ....

xxx %

INCLUDE: Natural Resources Conservation Service, U.S. Forest Service, Bureau of Land Management, Bureau of Indian Affairs, and Fish & Wildlife Service

EXCLUDE: Assistance from state agencies and universities

b. How important were the following in your decision to expand your controlled/prescribed burning?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx The process for getting technical or financial assistance was smooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. On what percentage of your forest or woodland do you practice controlled/prescribed burning regularly?  
(0 - 100%) ....

xxx %

If you reported 100% for Item 4, go to Item 5 on page 15.  
If you reported less than 100% continue.

a. What factors limit your use of controlled burning? Select all that apply

xxx

Some of my forest or woodlands are too close to urban/suburban areas.

xxx

It's difficult to find a contractor to do the controlled/prescribed burning.

b. Please specify any additional reason why you have limited your use of controlled/prescribed burning.

Other reason, xxx  
specify: \_\_\_\_\_

## Section 5 - Controlled (Prescribed) Burning (continued)

5. What is the most recent year when you implemented controlled/prescribed burning on your operation? ..... year

xxx

a. If you did not implement controlled/prescribed burning in 2020, do you plan to do so again within 3 years?

xxx

1  Yes - Go to Section 6 - Establishing Vegetation on page 16

3  No - Continue

b. Please report your agreement or disagreement with the following statements in your decision to stop using controlled/prescribed burning.

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx Could not find a contractor to do the controlled/prescribed burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Did not meet conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Environmental risk is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Social risk is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Costs were greater than benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Technical assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance did not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6 - Establishing Vegetation

1. Have you ever established or enhanced forest or understory plant communities on your operation by planting seedlings or cuttings, direct seeding, or natural regeneration?

xxx 1  Yes - Go to Item 2

3  No - Complete Items 1a and 1b below then go to Section 7 - Wildlife Habitat Management on page 19

a. Please report your agreement or disagreement with the following statements about establishing woody or understory plant communities.

I have never established or enhanced forest or understory plant communities because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx There was no conservation need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Attempts by other woodland owners were unsuccessful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated costs greater than benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance was not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Please specify any additional reason why you have never established or enhanced forest or understory plant communities.

xxx  
Other reason, specify: \_\_\_\_\_

After completing Items 1a and 1b above, Go to Section 7 - Wildlife Habitat Management on page 19.

2. Why did you establish or enhance trees or understory plant vegetation? Select all that apply.

xxx  Protect or improve wildlife habitat

xxx  Reduce the risk or severity of wildfire

xxx  Improve forest productivity of timber and other forest products

xxx  Support forest health in general

xxx  Maintain or improve scenery or beauty of the woodland

## Section 6 - Establishing Vegetation (continued)

3. What year did you first establish or enhance trees or understory plant communities on your operation? ..... year

xxx

a. On what percent of your forest land? ..... %

xxx

b. For the first year, did you receive any of the following:

	Did you receive technical assistance?	Did you receive financial assistance?	How many acres had financial assistance?	What portion of cost was covered by financial assistance
Tree or shrub establishment	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %
Tree or shrub site preparation	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %
Understory planting	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

i. If you received financial assistance, what percent was from federal sources?

Enter 0 if no financial assistance was received. .... %

xxx

INCLUDE: Natural Resources Conservation Service, U.S. Forest Service, Bureau of Land Management, Bureau of Indian Affairs, and Fish & Wildlife Service

EXCLUDE: Assistance from state agencies and universities

c. How important were the following factors in your decision to establish or enhance trees or understory plant communities on your operation?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Used successfully by other woodland owners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6 - Establishing Vegetation (continued)

4. Since the first year you established or enhanced trees or understory vegetation, have you expanded the acreage for this activity?

xxx 1  Yes - Continue

3  No - Go to Section 7 - Wildlife Habitat Management on page 19

a. For the expanded activity, did you receive technical or financial assistance?

	Did you receive technical assistance?	Did you receive financial assistance?	How many acres had financial assistance?	What portion of cost was covered by financial assistance
Tree or shrub establishment	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %
Tree or shrub site preparation	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %
Understory planting	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

i. If you received financial assistance, what percent was from federal sources?

Enter 0 if no financial assistance was received. ....

xxx %

INCLUDE: Natural Resources Conservation Service, U.S. Forest Service, Bureau of Land Management, Bureau of Indian Affairs, and Fish & Wildlife Service

EXCLUDE: Assistance from state agencies and universities

b. How important were the following factors in your decision to expand or enhance trees or understory plant communities on your operation?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Used successfully by other woodland owners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Section 7 - Wildlife Habitat Management

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1. Wildlife habitat management includes providing and maintaining habitats to enable wildlife movement and/or provide food and cover for wildlife.

Based on the definition above, have you ever implemented wildlife habitat management practices at any time on your operation?

xxx 1  Yes - Go to Item 2

3  No - Complete Items 1a and 1b below then go to  
Section 8 - Conservation Stewardship Program on page 23

a. Please report your agreement or disagreement with the following statements about wildlife habitat management practices.

I have never established wildlife habitat management practices because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx There was no conservation need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Attempts by other woodland owners were unsuccessful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated costs greater than benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance was not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Please specify any additional reason why you have never established wildlife habitat management practices.

xxx  
Other reason, specify: \_\_\_\_\_

After completing Items 1a and 1b above, Go to Section 8 - Conservation Stewardship Program on page 23.

2. Why did you implement wildlife habitat management practices? Select all that apply.

xxx  Protect or improve wildlife habitat

xxx  Support forest health in general

xxx  Maintain or improve scenery or beauty of the woodland

**Section 7 - Wildlife Habitat Management (continued)**

3. What year did you first implement wildlife habitat management practices on your operation? ..... year xxx

a. On what proportion of your forest land? ..... xxx %

b. For the first year, did you receive any of the following:

	Did you receive technical assistance?	Did you receive financial assistance?	How many acres had financial assistance?	What portion of cost was covered by financial assistance
Wildlife habitat management INCLUDE installing structures or planting trees, shrubs, or grasses to attract wildlife to an area, other activities to manage existing habitat, or monitoring for species.	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

i. If you received financial assistance, what percent was from federal sources?  
Enter 0 if no financial assistance was received. .... xxx %

INCLUDE: Natural Resources Conservation Service, U.S. Forest Service, Bureau of Land Management, Bureau of Indian Affairs, and Fish & Wildlife Service

EXCLUDE: Assistance from state agencies and universities

c. How important were the following factors in your decision to implement wildlife habitat management practices on your operation?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Used successfully by other woodland owners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Section 7 - Wildlife Habitat Management (continued)**


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4. Since the first year you implemented wildlife habitat management practices, have you expanded the acreage for this activity?

xxx

1  Yes - Continue3  No - Go to Section 8 - Conservation Stewardship Program on page 23

a. For the expanded activity, did you receive technical or financial assistance?

	Did you receive technical assistance?	Did you receive financial assistance?	How many acres had financial assistance?	What portion of cost was covered by financial assistance
Wildlife habitat management INCLUDE installing structures or planting trees, shrubs, or grasses to attract wildlife to an area, other activities to manage existing habitat, or monitoring for species.	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

i. If you received financial assistance, what percent was from federal sources?

Enter 0 if no financial assistance was received. ....

xxx

%

INCLUDE: Natural Resources Conservation Service, U.S. Forest Service, Bureau of Land Management, Bureau of Indian Affairs, and Fish & Wildlife Service

EXCLUDE: Assistance from state agencies and universities

b. How important were the following factors in your decision to expand wildlife habitat management practices on your operation?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Used successfully by other woodland owners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Section 7 - Wildlife Habitat Management (continued)**


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5. What is the most recent year when you implemented wildlife habitat management on your operation? ..... year

xxx

a. If you did not implement wildlife habitat management in 2020, do you plan to do so again within 3 years?

xxx 1  Yes - Go to Section 8 - Conservation Stewardship Program Participation on page 23

3  No - Continue

b. Please report your agreement or disagreement with the following statements in your decision to stop implementing wildlife habitat management.

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx Did not meet conservation need (wildlife numbers or use did not increase, or habitat did not improve)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Costs were greater than benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Technical assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance did not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Section 8 - Conservation Stewardship Program Participation**


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1. Are you or have you ever been enrolled in the Conservation Stewardship Program (CSP)?

xxx      1  Yes - Continue      3  No - Go to Section 9 - Demographics on page 24

a. Have you received financial assistance through the CSP program for the enhancement of an annual practice?

xxx      1  Yes - Continue      3  No - Go to 9 - Demographics on page 24

b. Please fill out the table for the number of acres where you received financial assistance through CSP for applying an enhancement on any of the following practices.

Enhanced Practice Enrolled in CSP	Acres	Percent of Cost Covered by CSP Payment
Maintaining and improving forest soil quality INCLUDE activities to minimize compaction from heavy equipment, limit soil disturbance, maintain canopy cover, and retain fallen trees or other woody material for soil cover and carbon cycling	xxx	xxx %
Wildlife habitat establishment, improvement, or management INCLUDE any planting, harvesting, patch burning, raking, or other forest management activities intended to support habitat for wildlife including pollinators	xxx	xxx %
Planting trees or managing for carbon sequestration INCLUDE increasing stocking level in forest stands not fully stocked, establishing forest stands on open lands, applying uneven-aged management, using longer harvest rotations, and retaining down trees and woody debris intended to increase carbon storage on-site	xxx	xxx %
Wildfire risk reduction activities INCLUDE prescribed burning, managing understory plants to create a gap between ground cover and the canopy, and controlling invasive species.	xxx	xxx %
Planting trees or managing for agro-forestry or non-timber forest products INCLUDE cultural plantings, sugar bush management, raking for pine straw, etc.	xxx	xxx %
Other forest stand improvement activities	xxx	xxx %
Other tree or shrub planting activities	xxx	xxx %

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## Section 9 - Demographics

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1. Please answer the following for the operator:

a. Sex.

xxx

1  Male

2  Female

b. Age on January 1, 2021. ....

xxx

c. Is the operator of Hispanic, Latino or Spanish origin? ..... 1  Yes 3  No

d. Race. Select all that apply.

xxx

1  White

xxx

2  Black or African American

xxx

3  American Indian or Alaska Native

xxx

4  Asian

xxx

5  Native Hawaiian or Other Pacific Islander

e. Has the operator ever served on active duty in the U.S. Armed Forces, Reserves or National Guard?

xxx

1  Never served in the military

2  Only on active duty for training in the Reserves or National Guard

3  Now on active duty

4  On active duty in the past, but not now

xxx

2. How many years have you been continuously managing a forest, farm or ranch operation? ..... years

3. At which occupation did the operator spend the majority (50 percent or more) of his/her time in 2020?

xxx

1  Forestry, farm or ranch work

2  Work other than forestry, farming or ranching

xxx

4. Is the operator retired from forestry, farming or ranching? ..... 1  Yes 3  No

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**Section 9 - Demographics (continued)**


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5. What is the highest level of formal education the operator has achieved?

xxx 1  Less than high school diploma

2  High school

3  Some college (include associates degree)

4  Four-year college graduate and beyond

6. In 2020, what was this operation's legal status for tax purposes? Select one answer only.

xxx

1  Family or individual operation - EXCLUDE partnerships and corporations

2  Partnership operation - INCLUDE family partnerships - If option 2 is selected:

Is this partnership registered under state law? ..... xxxx 1  Yes 3  No

3  Incorporated under state law - If option 3 is selected:

Is this a family held corporation? ..... xxxx 1  Yes 3  No

Are there more than 10 stockholders? ..... xxxx 1  Yes 3  No

4  Other - If option 4 is selected:

Estate or trust ..... xxxx 1  Yes 3  No

Grazing association, government facility or American Indian reservation ..... xxxx 1  Yes 3  No

Other, specify type: ..... xxxx 1  Yes 3  No

xxx

Use this Space for Notes and Comments.

Use this Space for Notes and Comments.

## Section 10 - Conclusion

1. Has this operation (name on label) been sold, or turned over to someone else?

xxx 1  Yes - Identify the new operator(s) 3  No - Go to Item 2

Operation Name: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Check if cell phone.

a. Did this person operate land individually on June 1, 2020? 1  Yes 3  No

2. Comments related to the information you reported:

### Contact Information:

## Operation Email:

## Operation Phone:

9937	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

This completes the survey. Thank you for your help.