



DO NOT SEND US THIS PAPER SURVEY! WE WILL NOT ENTER ANY RESPONSES PROVIDED ON THIS PREVIEW.

This preview of the survey is intended to allow you to look through the questions, or print a hard copy, as an aid before taking the survey online (at <http://10.selectsurvey.net/beeinformed/TakeSurvey.aspx?SurveyID=BIP2016>)

Completion of all or part of this survey is voluntary. If you are not comfortable answering a question, please leave it blank. Questions marked by an asterisk (*) are mandatory.

1* In what state(s) did you keep your colonies in between April 2015 - April 2016? *(Select all that apply)*

<input type="checkbox"/> Alabama	<input type="checkbox"/> Georgia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Vermont
<input type="checkbox"/> Alaska	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Virginia
<input type="checkbox"/> Arizona	<input type="checkbox"/> Idaho	<input type="checkbox"/> Michigan	<input type="checkbox"/> New York	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Washington
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Illinois	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Tennessee	<input type="checkbox"/> West Virginia
<input type="checkbox"/> California	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Texas	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Colorado	<input type="checkbox"/> Iowa	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Utah	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kansas	<input type="checkbox"/> Montana	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Other, please specify:	
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Oregon		
<input type="checkbox"/> Delaware	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Pennsylvania		
<input type="checkbox"/> Florida	<input type="checkbox"/> Maine	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Puerto Rico		

For the purpose of this survey: a “colony” is a **queen right** unit of bees that includes full size colonies and queen right nucs (do NOT include mating nucs); “Living” means alive on that date, independent of future prospects; “Increases” include successfully hived swarms and/or feral colonies.

2*	How many <u>living</u> colonies did you have last spring on April 1, 2015 ?	<input style="width: 95%;" type="text"/>
3*	How many colonies, splits and/or increases did you <u>make / buy</u> between April 1, 2015 and October 1, 2015?	<input style="width: 95%;" type="text"/>
4*	How many colonies, splits and/or increases did you <u>sell or give away</u> between April 1, 2015 and October 1, 2015?	<input style="width: 95%;" type="text"/>
5*	How many <u>living</u> colonies did you have on October 1, 2015 ?	<input style="width: 95%;" type="text"/>
6*	How many colonies, splits and/or increases did you <u>make / buy</u> between October 1, 2015 and April 1, 2016?	<input style="width: 95%;" type="text"/>
7*	How many colonies, splits and/or increases did you <u>sell / give away</u> between October 1, 2015 and April 1, 2016?	<input style="width: 95%;" type="text"/>
8*	How many total <u>living</u> colonies (overwinter surviving colonies plus purchase or splits) did you have on April 1, 2016 ?	<input style="width: 95%;" type="text"/>
9	What was the <u>largest</u> number of living colonies you owned between April 1, 2015 and April 1, 2016?	<input style="width: 95%;" type="text"/>
10	What was the <u>smallest</u> number of living colonies you owned between April 1, 2015 and April 1, 2016?	<input style="width: 95%;" type="text"/>
11	Of the colonies in question 2, how many of those specific colonies were still alive on October 1, 2015?	<input style="width: 95%;" type="text"/>
12	Of the colonies in question 5, how many of those specific colonies were still alive on April 1, 2016?	<input style="width: 95%;" type="text"/>

13 What **percentage** of loss, over the winter, would you consider acceptable?
Between 0-100%

14 Was your winter loss this year higher or lower than last year? (*choose one*)
 Higher Lower Same I'm unsure I did not keep bees last year

15 What **percentage** of the colonies that died over the winter (between October 1, 2015 and April 1, 2016) were lost without dead bees in the hive or apiary? None
Between 0-100%

16 In your opinion, what factors were the most prominent cause (or causes) of colony death in your operation between October 1, 2015 and April 1, 2016? (*select all that apply*)

I did not experience winter loss Queen failure Starvation Colony Collapse Disorder (CCD)
 Varroa mites Nosema disease Small Hive Beetle Natural disaster and alike (eg. flood, bear...)
 Poor wintering conditions Weak in the fall Pesticides I don't know
 Other, please specify:

15 What **percentage** of your hives did you send to or move into California almond orchards for pollination in 2016? None
Between 0-100%

16 Approximately what **percentage** of your operation moved **across state lines** at least once between April 1, 2015 and April 1, 2016? None
Between 0-100%

17 Please indicate which states you kept bees for the months listed (*mark which months with an "x"*). Also list the number of colonies you had in each state on December 31, 2015.

State	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Number of living colonies on 12/31/2015
-													-
-													-
-													-
-													-
-													-

In what zip or postal code is your operation based?

Last year (April 1, 2015 to April 1, 2016)...

18* ...how often did you monitor VARROA mites in your colonies? (*choose one*)

Never (*skip Q21*)
 ~ once a year
 ~ once every 4 months
 ~ once every 3 months
 ~ once every 2 months
 ~ once a month
 more than once a month

19* ...how often did you monitor NOSEMA levels in your colonies? (*choose one*)

Never (*skip Q22*)
 ~ once a year
 ~ once every 4 months
 ~ once every 3 months
 ~ once every 2 months
 ~ once a month
 more than once a month

20* ...how often did you inspect your colonies for BROOD diseases? (*choose one*)

Never
 ~ once a year
 ~ once every 4 months
 ~ once every 3 months
 ~ once every 2 months
 ~ once a month
 ~ twice a month
 ~ every week

21 Which of the following **techniques** did you use to monitor VARROA mites? (*select all that apply*)

Visual inspection of adult bees
 Visual inspection of drone brood
 Powdered sugar roll
 Mite drop (sticky boards or other collection tray below the hive)
 Ether roll
 Alcohol wash
 Samples collected by a BIP Tech Transfer Team
 Samples collected for another monitoring effort (ex: APHIS NHBS, ...)
 I sent samples to another laboratory
 Other, please specify:

22 Which of the following **techniques** did you use to monitor NOSEMA levels? (*select all that apply*)

Looked for Nosema symptoms in and around the hive
 Took samples and examined spores loads on my own
 Samples collected by a BIP Tech Transfer Team
 Samples collected for another monitoring effort (ex: APHIS NHBS, ...)
 I sent samples to another laboratory
 Other, please specify:

Last year (April 1, 2015 to April 1, 2016)...

- 23* ...did you use a **treatment** to try to control VARROA MITES? (choose one)
 Yes
 No
- 24* ...did you use a **treatment** to try to control NOSEMA? (choose one)
 Yes
 No
- 25* ...did you use a **treatment** to try to control SMALL HIVE BEETLES? (choose one)
 Yes
 No

Note: a treatment is the application of a biological or synthetic chemical to control the pest.

26* Which, if any, of the following did you apply to any of your colonies between April 1, 2015 and April 1, 2016?

- | | | |
|---|---|--|
| <input type="checkbox"/> None of the following | <input type="checkbox"/> Amitraz-based product (Apivar/other) | <input type="checkbox"/> Fluralinate-based product (Apistan) |
| <input type="checkbox"/> Fumagillin (Fumadil B) | <input type="checkbox"/> ApiLife VAR (thymol-based) | <input type="checkbox"/> Coumaphos strips (CheckMite+) (for varroa) |
| <input type="checkbox"/> Terramycin | <input type="checkbox"/> ApiGuard (thymol-based) | <input type="checkbox"/> Coumaphos strips (for small hive beetles) |
| <input type="checkbox"/> Tylosin (Tylan) | <input type="checkbox"/> Mite-A-Thol (menthol) | <input type="checkbox"/> Formic Acid (MiteAway QuickStrips) |
| | <input type="checkbox"/> Hop oil based product (HopGuard) | <input type="checkbox"/> Oxalic Acid |

Other, please specify: _____

27 Please specify how and when you used the products selected in Q26 during the last year:

Product	Specify Months used	% of colonies treated [1-100%]	Dose (per colony) (eg. # of strips)	Frequency (doses per month)	Days between applications within a month	Motive of use ⁽¹⁾

(1) Motive of use: **A:** as part of my regular maintenance ; **B:** in response to observed pest outbreaks; **C:** in response to lab test results indicating pest outbreaks ; **D:** in response to pest outbreaks in the local area

Last year (April 1, 2015 to April 1, 2016)...

28* ... did you use any of the following **IPM practices / equipment** to try to control VARROA MITES ? (select all that apply)

- I did not use any IPM practices or equipment
- Drone Brood Removal
 How many times in the year? _____
 What % of your colonies? _____
 How much did you remove each time? (choose one)
 ~ 1deep fr. ~ 1medium fr. ~ 1shallow fr.
 only drone brood built between frames
- Screened bottom board
 What % of your colonies? _____
 During which months? _____
- Small cell size comb
- Powder sugar
 What % of your colonies? _____
 During which months? _____
- Other, please specify: _____

29* ... did you use any of the following **techniques** to try to control SMALL HIVE BEETLES? (select all that apply)

- I did not use any technique to control SHB
- In-hive traps
 What kind of bait? _____
 During which months? _____
- Soil drench
 What % of your colonies? _____
 During which months? _____
- Coumaphos strips
 What % of your colonies? _____
 During which months? _____
- Nematodes
- Bottom-board traps
- Other, please specify: _____

Last year (April 1, 2015 to April 1, 2016)...30* ... did you feed or add a food substitute or stimulant to any of your colonies? Yes No (skip Q 31-32)

31* Which, if any, of the following did you apply to any of your colonies between April 1, 2015 and April 1, 2016?

- None of the following High Fructose Corn Syrup (HFCS) Bee Pro Honey -B-Healthy
 Honey (capped frames) Candy (i.e., Fondant) MegaBee Vitafeed Gold
 Honey (excess extracted) Protein patties LaFore patties Vitafeed Green
 Sugar (Sucrose) syrup Other, please specify:

32 Please specify how and when you used the products selected in Q31 during the last year:

Product	Specify Months used	% of colonies fed [1-100%]	Concentration (if mixed) (eg. 1 part water: 2 part sugar)	Dose (per colony) (eg. # of patties)	Frequency (doses per month)	Was this amount ⁽¹⁾

(1) Was this amount: **A:** on par with what I usually feed this month of the year ; **B:** above what I usually feed this month of the year; **C:** below what I usually feed this month of the year ; **D:** not applicable (first year beekeepers).

33* What type or **race of bees** do you use in your operation? 34 **How old** on average, were the queens that headed a majority (>50%) of your colonies on 1 October 2015? (choose one)

- Less than 6 months
 6 months – 1 year
 1 – 2 years
 Older than 2 years
 I don't know

35 Generally, **how often** do you replace the queens in your colonies? (choose one)

- Never (let them re-queen on their own)
 Only to correct behavior / disease susceptibility
 Every 2 to 3 years
 Every year
 Twice a year
 More than twice a year

36* **Last year (April 1, 2015 to April 1, 2016)** did you replace the queen of any of your colonies? (Say yes also if natural requeening) Yes No (skip Q37-39)37 In what percentage of the colonies in your operation did you replace queens over the last year? None
Between 0-100%

38 How did you re-queen the colonies that you re-queened last year? (select all that apply)

- Introduced mated queens Introduced virgin queens Introduced queen cells
 Introduced queen right nucs Permitted colony or split to rear a new replacement queen on its own
 Other, please specify:

39 If **introduced**, where did you get the majority (>50%) of the queens? (select all that apply)

- from commercial producers from beekeeper (noncommercial) I reared them myself
 I don't know Other, please specify:

40 What **hive type** do you use to keep your colonies? (select all that apply)

- Langstroth 10 frame hive bodies (even if use less than 10 frames in it) Top bar hives
 Langstroth 8 frame hive bodies (even if use less than 8 frames in it) Warre
 Home-made (not Langstroth dimensions) Nucs boxes
 Other, please specify:

41 When adding new frames, what type of **foundation** do you use? (select all that apply)

- Foundation-less Wax foundation Plastic foundation
 Other, please specify:

42 Which of the following (other than feeding), did you use to **prepare for last winter (2015-2016)**? *(select all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> I did not prepare my colonies for winter | <input type="checkbox"/> I wrapped my colonies with insulation |
| <input type="checkbox"/> I created or engaged an upper entrance | <input type="checkbox"/> I wrapped my colonies with tar paper or wintering sleeve |
| <input type="checkbox"/> I used an entrance reducer | <input type="checkbox"/> I placed extra insulation on top of the colonies |
| <input type="checkbox"/> I equalized colony strength | <input type="checkbox"/> I used mouse guards |
| <input type="checkbox"/> I moved my colonies to a southern location | <input type="checkbox"/> I moved my colonies to inside wintering buildings |
| <input type="checkbox"/> Other (but NOT feeding), please specify: | |

43 On October 1 2015, what was the average configuration of the **brood chambers** in your colonies? *(please enter number of hive boxes for your configuration)*

<input type="text"/>	deeps
<input type="text"/>	mediums
<input type="text"/>	nucs
<input type="text"/>	other

44 On average, how old is the brood **comb** in your colonies? *(choose one)*

- Less than 1 year old
 1 – 2 years
 2 – 3 years
 3 – 4 years
 4 – 5 years
 More than 5 years old
 I don't know

45 Last year how many **frames** from the brood nest of your colonies did you replace on average? *(choose one)*

- I did not replace any frames
 I only replaced broken frames
 ~10% (eg. 1 frame per brood box)
 ~20% (eg. 2 frames per brood box)
 25 – 50% (eg. between 3 to 5 frames per brood box)
 More than 50% of frames (>5 frames per brood box)
 I don't know

46 Last year, what did you do before you **re-used brood comb** that you had taken out of production or purchased?

- | | |
|---|--|
| <input type="checkbox"/> I did not reuse any old brood comb | <input type="checkbox"/> I culled any particularly old or bad combs and replaced them |
| <input type="checkbox"/> I did not treat the comb in any particular way | <input type="checkbox"/> I fumigated the comb with acetic acid |
| <input type="checkbox"/> I froze the comb | <input type="checkbox"/> I stored the comb with paradichlorobenzene crystals (moth crystals) |
| <input type="checkbox"/> I irradiated the comb | <input type="checkbox"/> I stored the comb with naphthalene (moth balls) |
| <input type="checkbox"/> Other, please specify: | |

47 Generally, when you found a dead and/or weak colony in your operation over the last year you would: *(choose one)*

Note: Excluding colonies killed by AFB

- Immediately replaced dead colony by splitting frames of bees/brood from other colonies into the dead out equipment
 Packed up the dead equipment and stored it for re-use at a later date
 A mixture of both, I immediately replaced some and packed up others
 I did not find dead colonies Other, please specify:

Last year (April 1, 2015 to April 1, 2016)...

48* ... did you start or obtain any **new colonies**? Yes No *(skip Q 49 & 50)*

49 How did you start or obtain new colonies last year? *(select all that apply)*

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> I made increases by splitting strong colonies | |
| <input type="checkbox"/> I bought and installed packages and/or nucs | From what state? <input type="text"/> |
| <input type="checkbox"/> I bought (or received) hives from another beekeeper | From what state? <input type="text"/> |
| <input type="checkbox"/> I caught and installed swarms | |

50 What percentage of the colonies in your operation that were alive on October 1, 2015 came from splits, increases, or packages established or made the previous spring and summer, after April 1, 2015? (In other words, what % of your colonies experienced their first winter)

Between 0-100%

51 What best describes the environment around your apiary(ies)? (Consider ~3 miles radius)

(select all that apply, specify the % in total area; the total should add up to 100%)

- Natural
 Agricultural
 Urban
 Suburban

Last year (April 1, 2015 to April 1, 2016)...52* ... did you harvest or remove honey from your colonies? Yes Not last year I never attempt to (skip Q54-56)53 If yes, during which months did you harvest honey? 54 If yes, how much honey did your average colony produced?

in lbs per colony

55	How was it compared to previous years?	No harvest	Above average	Average	Below average
	Spring Honey (April to June)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Summer Honey (July to Sept)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Fall Honey (Oct to Dec)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Winter Honey (Jan to March)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56 If yes, which **crops** were in proximity of the majority (>50%) of your colonies when they were producing honey? I don't know Please specify the **crops**: **Last year (April 1, 2015 to April 1, 2016)...**57* ... did you use any of your colonies for pollination of **agricultural** crops? Yes No (skip Q 58 & 59)58 If yes, did you derive an income by renting your colonies for pollination? Yes No Prefer not to say

59 If yes, how many colonies did you rent for which crop last year?

Crop	# of colonies rented	Crop	# of colonies rented

Last year (April 1, 2015 to April 1, 2016)...

60 ... why did you keep bees? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> For pollination | <input type="checkbox"/> For honey/ pollen/ wax production for sale |
| <input type="checkbox"/> For Queen production | <input type="checkbox"/> For honey/ pollen/ wax production for personal use only |
| <input type="checkbox"/> For Package production | <input type="checkbox"/> For enjoyment/ hobby |
| <input type="checkbox"/> For Nuc production | <input type="checkbox"/> For teaching/ education |
| <input type="checkbox"/> For research | <input type="checkbox"/> Other, please specify: <input type="text"/> |

61 ... were you **expecting** to derive an income from your beekeeping activities? (choose one)

- No, beekeeping is a hobby
- No, but I occasionally derive an unpredictable income (occasional honey, wax, package...)
- Yes, I was expecting my beekeeping activities to supplement my income
- Yes, I was expecting my beekeeping activities to provide me a majority or all of my income

62 ... what percentage of your annual income **was** derived from your beekeeping activities? (choose one)

- None Less than 5%
- I lost money Between 5 to 50%
- I prefer not to say Between 51 to 90%
- I don't know Over 90%

63 Approximately how many years have you been keeping bees?

in years

64 How did you first learn beekeeping? (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> From a mentor beekeeping (friend or family) | <input type="checkbox"/> From a Beekeeping Class (bee group/club/master class...) |
| <input type="checkbox"/> On my own (books, internet...) | <input type="checkbox"/> Other, please specify: <input type="text"/> |

65 Are you member of a beekeeping organization? (select all that apply)

- Local beekeeping group
- State beekeeping organization
- National beekeeping organization
- No, I'm not a member of any beekeeping organization
- I prefer not to say

66 Did you take part in any of the following monitoring efforts? (select all that apply)

- APHIS National Honey Bee Survey
- Bee Informed Tech Transfer Teams
- Bee Informed Tier 4 (real time disease load monitoring)
- None of the above
- I prefer not to say
- I'm unsure

67 What are your primary sources of bee **health** information? *(select all that apply)*

<input type="checkbox"/> Other beekeepers (Mentor, Friends, Family, Neighbors...)	<input type="checkbox"/> Beekeeping Association Newsletters
<input type="checkbox"/> Beekeeping Class	<input type="checkbox"/> Beekeeping Conventions
<input type="checkbox"/> Beekeeping Club / Association meetings	<input type="checkbox"/> Suppliers (of beekeeping equipment)
<input type="checkbox"/> Online (blogs, videos, media...)	<input type="checkbox"/> Apiary inspector (or any state officials)
<input type="checkbox"/> Books	<input type="checkbox"/> University Extension / Outreach
<input type="checkbox"/> Bee Journals or Magazines	<input type="checkbox"/> Bee Informed Partnership
<input type="checkbox"/> Scientific publications	<input type="checkbox"/> Other, please specify: <input type="text"/>

68 When choosing treatment or feeding strategies for your colonies, would you say that you are: *(choose one)*

Not willing to use any non-bee produced products in the hive
 Only willing to use natural or organic products in the hive
 Prefer to use natural or organic products in the hive but will use synthetic products if needed
 Will use synthetic products if needed
 No preference
 Other, please specify:

69 How much time over the course of the entire year would you estimate that you and/or others spend caring for all of your colonies? *in total hours* I don't know I prefer not to say

70 Of the time spent caring for your colonies, what percentage of time was spent on the following activities? *(the total should add up to 100%)* **% of my beekeeping time**

Travel (time spent to and from your apiary(ies))	<input type="text"/>
Feeding (or adding food substitute or stimulant)	<input type="text"/>
Honey (harvest and production)	<input type="text"/>
Normal Seasonal Management (visit to the hives, prevention of swarming...)	<input type="text"/>
Pest monitoring (checking for Varroa, Nosema...)	<input type="text"/>
Applying chemical treatments (as selected earlier in the survey)	<input type="text"/>
Displaying other pest control techniques (drone brood removal, SHB traps...)	<input type="text"/>
Other	<input type="text"/>

71 How much (in \$) would you value your average colony if you were forced to sell it at the following times of year?

October *in \$*

February *in \$*

April *in \$*

72 How much money over the last year did you spend on **feed** (protein and/or carbohydrates)? *in \$*

73 Do you believe that you are using **Best Management Practices** in your colonies? *(choose one)*

<input type="radio"/> Yes, always	<input type="radio"/> No
<input type="radio"/> Sometimes	<input type="radio"/> I don't know
<input type="radio"/> In some hives and not others	<input type="radio"/> I don't know what best practices are
<input type="radio"/> With some aspects of beekeeping and not others	<input type="radio"/> I don't think best management practices work

74 If not always, what is stopping you to adopt best management strategies? *(select all that apply)*

Not enough information about those practices
 Practices too costly
 Practices too labor-intensive
 Other, please specify:

CONGRATULATIONS! You're almost there!!



Thank you for participating in this survey!

Results will be posted at the beeinformed.org web site as they become available.

75	We may wish to contact you if we have questions about your responses. Is this OK?	<input type="radio"/> Yes	<input type="radio"/> No
76	Would you be willing to participate in future beekeeping surveys?	<input type="radio"/> Yes	<input type="radio"/> No
77	If you agree to be contacted, please enter your email address here: <i>The Bee Informed Partnership does not share any email addresses</i>		
<input type="text"/>			
78	Did you complete this survey on behalf of someone else?	<input type="radio"/> Yes	<input type="radio"/> No
79	Is this the first year you are participating in our survey?	<input type="radio"/> Yes	<input type="radio"/> No
80	Where did you hear about this survey? <i>(select all that apply)</i>		
	<input type="checkbox"/> Organization newsletter	<input type="checkbox"/> Bee meeting	<input type="checkbox"/> Website
	<input type="checkbox"/> Friend or neighbor	<input type="checkbox"/> State apiarist	<input type="checkbox"/> BIP (we emailed you)
	<input checked="" type="checkbox"/> Paper survey		
	<input type="checkbox"/> Other, please specify:	<input type="text"/>	
81	Any comments?		
<input type="text"/>			

Thank you for your time in answering our Colony Loss and Management Survey!

The Bee Informed Partnership is an extension project that endeavors to decrease the number of managed honey bee colonies loss.

By answering those questions on colony loss and management, you are helping us describe a realistic picture of the losses in the US and better understand factors that contribute to reducing colony losses.

Come visit beeinformed.org for some insights on how the survey results can benefit the decisions in your colony management!

DO NOT SEND US THIS PAPER SURVEY! WE WILL NOT ENTER ANY RESPONSES PROVIDED ON THIS PREVIEW.

This preview of the survey is intended to allow you to look through the questions, or print a hard copy, as an aid before taking the survey online (at <http://10.selectsurvey.net/beeinformed/TakeSurvey.aspx?SurveyID=BIP2016>)

