

BABY TRIAL – Sample form for first visit (within 2 weeks of transplanting)

Village _____

Farmer's name _____

Farm location _____

Seed kit number: _____ Rice area usually grown: _____

Date of this visit: _____ Date sown: _____ Date transplanted: _____

Kind of fertilizer applied: _____

Amount of fertilizer applied: _____

Type and amount of organic matter applied: _____

Weed management used: _____

Is the field irrigated or rainfed? _____

What depth of standing water usually accumulates in the field? _____

How many days does water remain in the field after rain or irrigation? _____

| Variety name | Land type (Lower, middle, upper field) | Soil texture (sandy, loamy, clay) | Soil fertility (low, medium, or high) |
|--------------|--|---|--|
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What other rice varieties are you growing this year?

| Variety name | Good characteristics of the variety | Bad characteristics of the variety |
|--------------|--|---------------------------------------|
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Map showing locations of plots relative to each other and to a landmark:

