

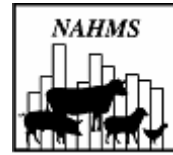


**GENERAL SWINE FARM REPORT**  
July 2006



United States Department of Agriculture

National Agricultural Statistics Service



National Animal Health Monitoring System

Animal and Plant Health  
Inspection Service

Veterinary Services

2150 Centre Ave.,  
Bldg. B  
Fort Collins, Co 80526-8117

July 2006

Please make corrections to name, address and Zip Code, if necessary.

Multiple Site Identification					
State ____	Stratum _____	ID _____	Tract ____	Site Number _____	Line Number <u>000</u>

<b>Office use only</b>
0001

BEGINNING TIME [MILITARY].....

0002 _____
---------------

**INTRODUCTION**

[Rephrase in your own words.]

We would like to ask you some more questions about the hogs and pigs, regardless of ownership, on the land you operate. To understand important issues in the hog industry, we need to obtain information about the health status of your hogs and swine health problems you may have had, as well as about productivity and management.

You may find it easier to answer some of the questions if you have your records available. Response is **voluntary** and not required by law. However, your report is needed to make Regional and National estimates as accurate as possible.

### SAMPLE UNIT DEFINITION

Now I would like to determine the number of distinct production sites on which you raise hogs or pigs. For the purposes of this study a site may consist of facilities in proximity to one another and operated as one unit while separate sites might consist of facilities at different physical locations.

1. Do you raise hogs at <b>more than</b> one production site? <input type="checkbox"/> <b>YES</b> [Enter code 1 and continue] <input type="checkbox"/> <b>NO</b> [Enter code 3 and go to Section 1]. . . . .	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Code</th></tr> <tr><td style="text-align: center;">0102</td></tr> </table>	Code	0102		
Code					
0102					
2. On how many separate production sites were your hogs located on <b>June 1, 2006?</b> (Contractee locations where hogs are raised for you as a contractor should be <b>excluded</b> .) . . . . .	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Number of Sites</th></tr> <tr><td style="text-align: center;">0103</td></tr> </table>	Number of Sites	0103		
Number of Sites					
0103					
3. Of these sites, how many had: a. <b>Only</b> sows and gilts for breeding? . . . . . b. <b>Only</b> other hogs and pigs? (no sows or gilts for breeding) . . . . . c. <b>Both</b> sows and gilts for breeding <b>and</b> other hogs and pigs <b>together</b> ? . . . . .	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Number of Sites</th></tr> <tr><td style="text-align: center;">0104</td></tr> <tr><td style="text-align: center;">0105</td></tr> <tr><td style="text-align: center;">0106</td></tr> </table>	Number of Sites	0104	0105	0106
Number of Sites					
0104					
0105					
0106					

**[ENUMERATOR NOTE: The total of 3a + 3b + 3c should equal the number in the box for item 2]**

Now I would like to select a maximum of three sites for further questions. [Go to the Site Selection Form and use the random-number table to select the sites and complete a questionnaire for each selected site.]

#### SECTION 1: SWINE INVENTORY [Site and/or Operation]

**[ENUMERATOR NOTE: If only one production site, complete column for operation inventory and leave column for site inventory blank. If multiple sites, complete both the operation and site inventory columns.]**

4. Of the total hogs and pigs on hand June 1, 2006 (excluding those raised by someone else for you on contract), how many were:  a. <b>Sows</b> and bred <b>gilts</b> for breeding? . . . . . + b. Unmated gilts in the breeding herd? (replacements) . . . . . + c. Unmated gilts for breeding not yet in the breeding herd? (replacements) . . . . . + d. Suckling pigs? . . . . . + e. <b>Boars</b> and <b>young males</b> for breeding? . . . . . + f. Cull boars, sows and gilts? . . . . . + g. Weaned market hogs under 60 pounds? . . . . . + h. <b>Market hogs</b> 60 pounds and over (excluding cull sows, gilts and boars)? . . . . . + i. Then the <b>total</b> number of hogs and pigs on this site/operation <b>June 1, 2006</b> , was =	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Site</th></tr> <tr><td style="text-align: center;">0107</td></tr> <tr><td style="text-align: center;">0108</td></tr> <tr><td style="text-align: center;">0109</td></tr> <tr><td style="text-align: center;">0110</td></tr> <tr><td style="text-align: center;">0111</td></tr> <tr><td style="text-align: center;">0112</td></tr> <tr><td style="text-align: center;">0113</td></tr> <tr><td style="text-align: center;">0114</td></tr> </table>	Site	0107	0108	0109	0110	0111	0112	0113	0114	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Operation</th></tr> <tr><td style="text-align: center;">0116</td></tr> <tr><td style="text-align: center;">0117</td></tr> <tr><td style="text-align: center;">0118</td></tr> <tr><td style="text-align: center;">0119</td></tr> <tr><td style="text-align: center;">0120</td></tr> <tr><td style="text-align: center;">0121</td></tr> <tr><td style="text-align: center;">0122</td></tr> <tr><td style="text-align: center;">0123</td></tr> <tr><td style="text-align: center;">0124</td></tr> </table>	Operation	0116	0117	0118	0119	0120	0121	0122	0123	0124
Site																					
0107																					
0108																					
0109																					
0110																					
0111																					
0112																					
0113																					
0114																					
Operation																					
0116																					
0117																					
0118																					
0119																					
0120																					
0121																					
0122																					
0123																					
0124																					

**[ENUMERATOR NOTE: If both columns of item 4i equal ZERO, go to SECTION 10, Item C]**

5. Which of the following best describes the business and marketing arrangements of this swine operation?  
**[Enter one code only]**

a. Contract producer – act as contractor or contractee. . . . . b. Independent producer – market on own. . . . . c. Independent producer – market through a cooperative. . . . . d. Other (specify _____). . . . .	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Codes</th></tr> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td></tr> </table>	Codes	1	2	3	4	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Enter One Code</th></tr> <tr><td style="text-align: center;">0125</td></tr> </table>	Enter One Code	0125
Codes									
1									
2									
3									
4									
Enter One Code									
0125									

SECTION 2: PRODUCTION MANAGEMENT	1	2	3	4
	GESTATION	FARROWING	NURSERY (generally weaning to 60 lbs.)	GROWER/ FINISHER (generally 60 lbs to market weight)
6. Which production <b>phases</b> do you have on this site? [Check YES or NO.]	0200 <input type="checkbox"/> YES <sub>1</sub> <input type="checkbox"/> NO <sub>3</sub>	0201 <input type="checkbox"/> YES <sub>1</sub> <input type="checkbox"/> NO <sub>3</sub>	0202 <input type="checkbox"/> YES <sub>1</sub> <input type="checkbox"/> NO <sub>3</sub>	0203 <input type="checkbox"/> YES <sub>1</sub> <input type="checkbox"/> NO <sub>3</sub>
a. Are <b>weaned pigs</b> moved from the farrowing facility/area to a <b>“separate-site”</b> nursery facility/area? [Check YES or NO.]		0204 <input type="checkbox"/> YES <sub>1</sub> <input type="checkbox"/> NO <sub>3</sub>		
b. Are <b>feeder pigs</b> moved from the nursery facility/area to a <b>“separate-site”</b> grower/finisher facility/area? [Check YES or NO.]			0205 <input type="checkbox"/> YES <sub>1</sub> <input type="checkbox"/> NO <sub>3</sub>	
<b>[Please ask for EACH PHASE the site has.]</b>				
c. Which <b>management approach</b> best describes how the majority of animals in each production phase on your site are managed? [Enter code from Show card, <b>List 1</b> below, and see Enumerator Note.]	0206	0207	0208	0209
d. If management is not continual flow (Code 1), how many distinct age groups typically exist at one time in nursery or grower/finisher phase?			0210	0211
e. What type of <b>facility</b> is used for the <b>most</b> animals in this production phase? [Enter code from Show card, <b>List 2</b> below.]	0212	0213	0214	0215
f. What type of <b>waste</b> management is <b>most</b> used in that [read column heading] facility? [Enter code from Show card, <b>List 3</b> below.]	0216	0217	0218	0219
g. What is the typical pen or crate <b>capacity</b> in that facility (# animals)?	0220 #animals	0221 #animals	0222 #animals	0223 #animals
h. What is the typical pen or crate <b>size</b> in that facility (sq. ft.)?	0224 sq. ft.	0225 sq. ft.	0226 sq. ft.	0227 sq. ft.
i. What type of <b>flooring</b> is <b>most</b> used in that facility? [Enter code from Show card, <b>List 4</b> below.]	0228	0229	0230	0231
j. If flooring is <b>slatted</b> , what type of material is most used in that facility? [Enter code from Show card, <b>List 5</b> below.]	0232	0233	0234	0235

**[ENUMERATOR NOTE: All-in, all-out management means that every single animal is removed from a pen, room, building, or site, and the swine areas are then cleaned and disinfected before any new animals arrive. If a facility is never completely empty of pigs, the management approach is referred to as continual flow.]**

LIST 1 - Management	LIST 2 - Facility	LIST 3 - Waste	LIST 4 - Flooring	LIST 5 - Slats
1. Continual flow 2. All swine removed, but swine pen/areas not cleaned and disinfected 3. All in, all out by <b>room</b> , with room cleaned and disinfected 4. All in, all out by <b>building</b> , with building cleaned and disinfected 5. All in, all out by <b>site</b> , with site cleaned and disinfected 6. Not applicable (e.g., no housing)	1. Total confinement (with mechanical ventilation) 2. Open building with no outside access 3. Open building with outside access 4. Lot with hut or no building 5. Pasture with hut or no building	1. None 2. Pit-holding 3. Mechanical scaper/tractor 4. Hand-cleaned 5. Flush--under slats 6. Flush--open gutter 7. Other (specify _____)	1. Solid surface 2. Partial slats 3. Completely slatted 4. Dirt	1. Concrete 2. Metal

**SECTION 3: BREEDING AND PREWEANING ANIMAL MANAGEMENT**

[ENUMERATOR NOTE: IF SECTION 2, item 6, COLUMNS 1 AND 2 = NO (site does not have gestation or farrowing phases), SKIP TO SECTION 4.]

7. During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> :	<b>Head</b>
a. How many <b>sows</b> and <b>gilts</b> farrowed? .....	0300
b. How many <b>pigs</b> were born ( <b>including</b> stillborns and mummies)? .....	0301
c. How many of the (item 7b) <b>pigs</b> were born <b>alive</b> ? .....	0302
d. Of the <b>pigs</b> born <b>alive</b> (item 7c), how many have been or will be <b>weaned</b> ? .....	0303

8. Then, the number of preweaning deaths that occurred ( <b>Dec. – May</b> ) was: [Subtract item 7d from 7c, and enter result] .....	<b>Head</b>
	0304

9. During this 6-month time period, how **many** or what **percentage** of the **preweaning** deaths (item 8) were due to:
- a. Scours? (e.g., Chilling, Rotavirus, Coccidiosis, *E. coli*, TGE, or *Clostridia*). . . . +
  - b. Crushing by sow (laid on)? .....
  - c. Starvation? .....
  - d. Respiratory problems? (e.g., PRRS or Rhinitis). .....
  - e. Other known problems? (specify \_\_\_\_\_). .....
  - f. Unknown problems? .....
- Total [Should be equal to item 8 or 100%] =**

Head	or	Percent
0305		0312
0306		0313
0307		0314
0308		0315
0309		0316
0310		0317
0311	<b>or</b>	<b>100%</b>

10. What was the <b>average age</b> , in number of days, of pigs at <b>weaning</b> for the period <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> ? .....	<b>Days</b>
	0318

11. Typically, is newly arriving, new breeding stock **always**, **sometimes** or **never** put through an isolation or quarantine process when being introduced to the site [enter Code number from below in the Code Number box]? And if done, how many days does it last [enter number in Number of Days box]?

a. Breeding Females?	ALWAYS .....	1	}	→	<b>Code Number</b>
	SOMETIMES .....	2			0319
	NEVER .....	3			<b>Number of Days</b>
	NO NEW ARRIVALS .....	4			0320
b. Breeding Males?	ALWAYS .....	1	}	→	<b>Code Number</b>
	SOMETIMES .....	2			0321
	NEVER .....	3			<b>Number of Days</b>
	NO NEW ARRIVALS .....	4			0322

[ENUMERATOR NOTE: If BOTH items 11a and 11b are code 4 (no new arrivals), SKIP to item 14.]

**SECTION 3: BREEDING AND PREWEANING ANIMAL MANAGEMENT (continued)**

12. Of the **newly arriving** breeding stock, are **all of them, some of them, or none of them** typically tested for disease before being introduced to the breeding herd? *[leave code box blank if not applicable]*

a. Breeding Females?	ALL..... 1	<input type="checkbox"/>	}	→	Code 0323
	SOME..... 2	<input type="checkbox"/>			
	NONE..... 3	<input type="checkbox"/>			
b. Breeding Males?	ALL..... 1	<input type="checkbox"/>	}	→	Code 0324
	SOME..... 2	<input type="checkbox"/>			
	NONE..... 3	<input type="checkbox"/>			

13. For **newly arriving** breeding stock, do you typically use any of the following acclimatization procedures:

	Check One Box	
a. Feedback of feces from other swine?.....	0325	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
b. Feedback of mummies, placentas, or stillborn pigs?.....	0326	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
c. Exposure to cull females (gilts and sows)?.....	0327	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
d. Exposure to sick pigs?.....	0328	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
e. Give vaccinations?.....	0329	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
f. Other? (specify _____).....	0330	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>

THE NEXT FOUR QUESTIONS RELATE TO THE BREEDING OF SOWS AND GILTS FROM **MARCH 1 to MAY 31, 2006.**

**[ENUMERATOR NOTE: A service is one or more matings in the same heat cycle/estrous period.]**

14. How many *[read column heading]* on this site were serviced between **March 1 and May 31, 2006**?

	Sows Head	Gilts Head
0331		0332

*[If both boxes are ZERO (no sows or gilts serviced), SKIP to item 18.]*

15. Of the *[read column heading]* serviced on this site between **March 1 and May 31, 2006**, what **percentage** received:

	Sows Percent	Gilts Percent
a. Pen-mating only? <i>[If both boxes for pen-mating are 100%, SKIP to item 18.]</i>	0333	0337
b. One mating?.....	0334	0338
c. Two matings?.....	0335	0339
d. Three or more matings?.....	0336	0340
<b>Total [Should equal 100%]=</b>		
	<b>100%</b>	<b>100%</b>

16. For *[read column heading]* serviced on this site between **March 1 and May 31, 2006**, what was the **predominant** method of mating for:

		[Enter One Code for Each Box]	
		Sows	Gilts
a. The first mating?.....	<b>MATING METHODS</b> 1 - Artificial insemination 2 - Individual hand-mating naturally 3 - Pen-mating with multiple females and one or more boars 4 - Not applicable	0341	0344
b. The second mating?.....		0342	0345
c. The third or more mating?.....		0343	0346

**[ENUMERATOR NOTE: If items 16a, 16b, and 16c do not contain a 1 (no artificial insemination), SKIP to item 18]**

17. For the 3-month period of March 1 through May 31, was any of the semen used for artificial insemination on this operation:

	Check One Box	
a. Purchased?.....	0347	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
b. Collected and processed <b>on</b> this site?.....	0348	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
c. Collected and processed <b>off</b> this site, but not purchased?.....	0349	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>

**SECTION 3: BREEDING AND PREWEANING ANIMAL MANAGEMENT (continued)**

18. During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> , how many sows and gilts entered the <b>gestation</b> and <b>farrowing</b> phases on this site? [ <i>Include purchases and movements from other facilities.</i> ]	<u>GESTATION</u> Head			<u>FARROWING</u> Head		
		0350			0351	
19. Of these pigs (item 18), how many head (or what percent) originated from:	Head	OR	Percent	Head	OR	Percent
a. On-site?	0352		0358	0363		0369
b. Another site belonging to this operation?	0353		0359	0364		0370
c. Other pig producer(s) (e.g., farm-to-farm, contract or non-contract)?	0354		0360	0365		0371
d. An auction, sale barn, or livestock market?	0355		0361	0366		0372
e. Another source? (specify _____).	0356		0362	0367		0373
<b>Total [Should equal item 18 <u>or</u> 100%]=</b>	0357		<b>100%</b>	0368		<b>100%</b>

20. During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> , how many <b>breeding-age females</b> :	Head
a. Died?	0374
b. Were culled?	0375

**[ENUMERATOR NOTE: If item 20b equals ZERO (none culled), SKIP to item 22]**

21. Of those that were culled (item 20b), how many were <b>culled</b> due to (pick one <b>PRIMARY</b> reason for each animal culled):	Head
a. Old age? .....	0376
b. Lameness? .....	0377
c. Small litter size, high preweaning mortality, or low birth weight? .....	0378
d. Reproductive failure (failure to rebreed, failure to farrow)? .....	0379
e. Injury? .....	0380
f. Other reasons? (Specify _____).	0381
<b>Total culled [Should equal item 20b]=</b>	0382

22. During the 6-month period of **Dec. 1, 2005**, through **May 31, 2006**

On this site, did you **regularly give sows, boars or piglets** before or at weaning:

	Check One for each item		
	YES <sub>1</sub>	NO <sub>3</sub>	DON'T KNOW <sub>4</sub>
	<b>SOW</b> Check One	<b>BOAR</b> Check One	<b>PIGLET</b> Check One
a. Dewormer? .....	0383 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0389 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0395 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>
b. Mange/lice treatment? .....	0384 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0390 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0396 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>
c. Iron (orally or through injection)? .....			0397 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>
d. Antibiotics in feed? .....	0385 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0391 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0398 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>
e. Antibiotics in water? .....	0386 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0392 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0399 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>
f. Antibiotics-oral? .....	0387 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0393 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0130 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>
g. Antibiotics-injection? .....	0388 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0394 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>	0131 <input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub> <input type="checkbox"/> D/K <sub>4</sub>

**SECTION 4: NURSERY PIG MANAGEMENT**

**[ENUMERATOR NOTE: If Section 2, item 6, column 3 is NO (site does not have a nursery phase), SKIP to Section 5.]**

23. During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> , how many pigs entered the <b>nursery phase</b> or the nursery units on this site? (Include farrowings, purchases, and movements from other facilities.)	<b>Head</b>
	0400

24. Of these pigs (item 23), how many head (or what percent) originated from: a. On-site (e.g., farrowing or nursery units on this site)? ..... + b. Another site belonging to this operation (e.g., farrowing or nursery units belonging to this operation)? ..... .....+ c. Other pig producer(s) (e.g., farm-to-farm, contract or non-contract)? ..... + d. An auction, sale barn, or livestock market? ..... + e. Another source? (specify _____). ..... +  <b>Total [Should equal item 23 or 100%]=</b>	<b>Head</b>	<b>or</b>	<b>Percent</b>
	0401		0407
	0402		0408
	0403		0409
	0404		0410
	0405		0411
	0406	<b>or</b>	<b>100%</b>

25. [Ask this question only if any of 24b – e have responses] During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> , how many different <b>off-site</b> nursery sites were used to fill the nursery units on this site? .....	<b>Number</b>
	0412

26. Were new nursery pigs put immediately in the same building/area with other pigs that were already there? .....	<b>1 = YES</b> <b>3 = NO</b> <b>4 = DON'T KNOW</b>	<b>Enter Code</b>
		0413

27. During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> , how many pigs <b>died</b> during the <b>nursery phase</b> or in the nursery units on this site? .....	<b>Head</b>
	0414

**[ENUMERATOR NOTE: If item 27 equals ZERO (none died), SKIP to item 29]**

28. Of those that died (item 27), how many or what <b>percentage</b> were due primarily to: a. Scours? (e.g., Rotavirus, Coccidiosis, <i>E. coli</i> , TGE, <i>Salmonella</i> , or <i>Clostridia</i> ). . . + b. Starvation? ..... + c. Respiratory problems? (e.g., PRRS, PMWS, <i>Mycoplasma</i> or Rhinitis). . . . . + d. CNS/meningitis? (e.g., <i>Hemophilus</i> , <i>Strep. suis</i> , or <i>E. coli</i> [edema disease]). . . . . + e. Other known problems? (specify _____). ..... + f. Unknown problems? ..... +  <b>Total died [Should equal item 27 or 100%]=</b>	<b>Head</b>	<b>or</b>	<b>Percent</b>
	0415		0422
	0416		0423
	0417		0424
	0418		0425
	0419		0426
	0420		0427
0421	<b>or</b>	<b>100%</b>	

29. What was the <b>average age</b> of pigs, in number of days, when: a. They entered the nursery during <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> ? .....	<b>Age in Days</b>
	0428
	0429

30. During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> , on this site did you <b>regularly give nursery pigs</b> : a. Dewormer? .....	<b>Check One box for each item</b>			
	0430	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
	0431	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>

c. Antibiotics in feed? .....	0432	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
d. Antibiotics in water? .....	0433	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
e. Antibiotics-oral? .....	0434	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
f. Antibiotics-injection? .....	0435	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>



**SECTION 5: GROWER/FINISHER MANAGEMENT**

[ENUMERATOR NOTE: If Section 2, item 6, column 4 is NO (site does not have grower/finisher phase), **SKIP** to Section 6.]

31. During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> , how many pigs entered the <b>grower/finisher phase</b> or <b>grower/finisher units</b> on this site? (Include those that came from the nursery phase, purchases, and movements from other facilities.)	<b>Head</b>
	0500

32. Of these pigs (item 31), how many head (or what percent) originated from:	<b>Head</b>	<b>or</b>	<b>Percent</b>
a. On-site (e.g., nursery units on this site)?..... +	0501		0507
b. Another site belonging to this operation (e.g., nursery units belonging to this operation)?..... +	0502		0508
c. Other pig producer(s) (e.g., farm-to-farm, contract or non-contract)?..... +	0503		0509
d. An auction, sale barn, or livestock market?..... +	0504		0510
e. Another source? (specify _____). .... +	0505		0511
<b>Total [Should equal item 31 <u>or</u> 100%]=</b>	0506	<b>or</b>	<b>100%</b>

33. [Ask this question only if any of 32b - 32e have responses.] During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> , how many different off-site nursery or feeder pig sites were used to fill the grower/finisher units on this site? .....	<b>Number</b>
	0512

34. Were the new grower/finisher pigs put immediately in the same building/area with other pigs that were already there? .....	<b>Enter Code</b>
	0513

1 = YES
3 = NO
4 = DON'T KNOW

35. During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> , how many pigs <b>died</b> during the <b>grower/finisher phase</b> or in <b>grower/finisher units</b> on this site? .....	<b>Head</b>
	0514

[ENUMERATOR NOTE: If item 35 equals ZERO (none died), **SKIP** to item 37.]

36. Of those that died (item 35), how many or what <b>percentage</b> were primarily due to:	<b>Head</b>	<b>or</b>	<b>Percent</b>
a. Scours? (e.g., <i>Lawsonia</i> , <i>E. coli</i> , TGE, <i>Salmonella</i> , or Swine dysentery). .... +	0515		0523
b. Lameness?..... +	0516		0524
c. Injury or trauma (tail biting, etc.)?..... +	0517		0525
d. Respiratory problems? (e.g., PRRS, PMWS, <i>Mycoplasma</i> , <i>Actinobacillus</i> or Flu). . +	0518		0526
e. Stress?..... +	0519		0527
f. Other known problems? (specify _____). .... +	0520		0528
g. Unknown problems?..... +	0521		0529
<b>Total died [Should equal item 35 <u>or</u> 100%]=</b>	0522	<b>or</b>	<b>100%</b>

37. What was the <b>average age</b> of pigs, in number of days, when:	<b>Age in Days</b>
a. They entered the grower/finisher units from <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> ? .....	0530
b. They left the grower/finisher units from <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> (age at slaughter weight)?	0531

38. During the 6-month period of <b>Dec. 1, 2005</b> , through <b>May 31, 2006</b> , on this site did you <b>regularly give grower/finisher pigs</b> :	<b>Check One Box for each item</b>			
a. Dewormer?.....	0532	<input type="checkbox"/> YES <sub>1</sub>	<input type="checkbox"/> NO <sub>3</sub>	<input type="checkbox"/> D K <sub>4</sub>
b. Mange/lice treatment?.....	0533	<input type="checkbox"/> YES <sub>1</sub>	<input type="checkbox"/> NO <sub>3</sub>	<input type="checkbox"/> D K <sub>4</sub>
c. Antibiotics in feed?.....	0534	<input type="checkbox"/> YES <sub>1</sub>	<input type="checkbox"/> NO <sub>3</sub>	<input type="checkbox"/> D K <sub>4</sub>
d. Antibiotics in water?.....	0535	<input type="checkbox"/> YES <sub>1</sub>	<input type="checkbox"/> NO <sub>3</sub>	<input type="checkbox"/> D K <sub>4</sub>
e. Antibiotics-oral?.....	0536	<input type="checkbox"/> YES <sub>1</sub>	<input type="checkbox"/> NO <sub>3</sub>	<input type="checkbox"/> D K <sub>4</sub>
f. Antibiotics-injection?.....	0537	<input type="checkbox"/> YES <sub>1</sub>	<input type="checkbox"/> NO <sub>3</sub>	<input type="checkbox"/> D K <sub>4</sub>

**SECTION 6: PREVENTIVE PRACTICES AND CARCASS DISPOSAL**

39. During the 6-month period of **Dec. 1, 2005**, through **May 31, 2006**, have any pigs been vaccinated on this site?

- YES** [Enter code 1 and continue]       **NO** [Enter code 3 and **SKIP** to item 41] .....

<b>Code</b>
0600

40. Do you know which vaccines were given?

- YES** [Enter code 1 and continue]       **NO** [Enter code 3 and Continue] .....

<b>Code</b>
0601

41. In the General Management of this site, do you **regularly** vaccinate any hogs and pigs, **regardless** of age, for:

- a. Porcine Reproductive and Respiratory Syndrome (PRRS)? .....
- b. Erysipelas? .....
- c. *E. coli* scours? .....
- d. Parvovirus? .....
- e. Leptospirosis? .....
- f. Rhinitis (*Pasteurella*, *Bordetella*)? .....
- g. *Mycoplasma* (pneumonia)? .....
- h. Flu (influenza)? [If **NO**, **SKIP** to item 41i.] .....
- (i) Swine Flu (H3N2)? .....
- (ii) Traditional Swine Flu (H1N1)? .....
- i. Any other diseases? (specify \_\_\_\_\_) .....

Check One Box for Each Item			
0602	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
0603	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
0604	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
0605	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
0606	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
0607	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
0608	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
0609	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
0610	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
0611	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>
0612	<input type="checkbox"/> <b>YES</b> <sub>1</sub>	<input type="checkbox"/> <b>NO</b> <sub>3</sub>	<input type="checkbox"/> <b>D/K</b> <sub>4</sub>

42. Of the pigs that died during the 6-month period of **Dec. 1, 2005**, through **May 31, 2006**, on this site, what **percentage** of [read column headings] were disposed of by: [If column heading not applicable, enter zero]

- a. Burial on this site? ..... +
- b. Burning on this site? ..... +
- c. Renderer pickup on this site? ..... +
- d. Renderer pickup outside of this site? ..... +
- e. Composting on this site? ..... +
- f. Some other means? (specify \_\_\_\_\_) ..... +

	Pigs Not Yet Weaned	Weaned Pigs and Older Hogs
0613	%	0619 %
0614	%	0620 %
0615	%	0621 %
0616	%	0622 %
0617	%	0623 %
0618	%	0624 %
<b>Total [Items 42a - f MUST EQUAL 100%]=</b>	<b>100%</b>	<b>100%</b>

**SECTION 7: OVERALL SWINE FARM MANAGEMENT**

43. During the 6-month period of **Dec. 1, 2005**, through **May 31, 2006**, how many hogs and pigs were **sold** or **permanently moved** off this site? (Include those sold or moved off under a contract arrangement. Include hogs and pigs sold for all uses: market hogs, feeder pigs, replacement stock, cull breeding stock, etc.)

<b>Head</b>
0700

[If ZERO head, **SKIP** to item 45].

44. The next question asks about how often one or more pigs were sent to various destinations during the period of **Dec. 1, 2005**, through **May 31, 2006**. What was the type of **pig**, type of **destination** for that type of pig, **percent of head** in item 43 shipped this way, the **number** of shipments in each category [denoted by column 1 and 2], and the **usual** [for each category of type of destination, in miles] **distance** traveled to the destination, and did these shipments **ever cross a state line**?

**[ENUMERATOR NOTE: The same TYPE OF PIG code may be recorded more than once for different TYPES OF DESTINATIONS]**

					Of all shipment to each destination for each type of pig						
1		2		3		4		5		6	
L I N E	Type of Pig (code from List 6 below)	Type of Destination (code from List 7 below)	Percent of head (item 43) shipped this way.	Number of shipments to destination Dec. 1, 2005, through May 31, 2006	Usual distance traveled to destination? (based on all trips-in miles, one- way)	Do Shipments ever cross state lines?  Yes1 No3 D/K4					
	a.	0701	0702	0703	0704	0705	0706				
b.	0707	0708	0709	0710	0711	0712					
c.	0713	0714	0715	0716	0717	0718					
d.	0719	0720	0721	0722	0723	0724					
e.	0725	0726	0727	0728	0729	0730					
f.	0731	0732	0733	0734	0735	0736					
g.	0737	0738	0739	0740	0741	0742					
h.	0743	0744	0745	0746	0747	0748					

LIST 6 – Type of Pig				LIST 7 – Type of Destination			
1. Nursery piglets less than 60 lbs. 2. Feeder pigs, or pigs in weight range 60 to 249 pounds 3. Market hogs, or hogs ≥ 250 pounds 4. Breeding animal (intended for use in breeding, whether permanent or temporary move) 5. Culls (of any type, e.g., sow, gilt, or boar)				1. Directly to Slaughter 2. Sales/auction 3. Dealer 4. Show/fair 5. Feedlot/feed yard 6. Another operation 7. Another site that is part of this operation (e.g., nursery, grower)			

45. During the past **3 years**, on this site, how many times did anyone test:

a. Ground water (such as for nitrates or pathogens)?	0749
b. Nutrient content of manure (such as nitrogen level)?	0750
c. Air quality (such as ammonia or hydrogen sulfide levels)?	0751

46. The next two questions are about veterinary visits to this site during the **past 12 months** for any purpose. How many times was your site visited by a:

Number of Visits	
a. Local veterinary practitioner?	0752
b. Consulting or second-opinion veterinarian?	0753
c. On-staff veterinarian (“company vet”)?	0754
d. State or Federal veterinarian?	0755
e. Other type of veterinarian? (specify _____).	0756

**[ENUMERATOR NOTE: If items 46a - 46e are all ZERO (no veterinarians visited site), SKIP to item 48.]**

**SECTION 7: OVERALL SWINE FARM MANAGEMENT (continued)**

47. On this site, did you use a veterinarian during the **past 12 months** for:

	Check One Box for Each Item	
a. Individual pig treatment or surgery, including diagnostic service?.....	0757	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
b. Nutritional consultation?.....	0758	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
c. Vaccination consultation?.....	0759	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
d. Environmental consultation?.....	0760	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
e. Providing drugs, medications, or vaccines?.....	0761	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
f. Providing nutrient premixes?.....	0762	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
g. Slaughter checks?.....	0763	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
h. Artificial insemination, breeding evaluations?.....	0764	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
i. Pregnancy checking?.....	0765	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
j. Blood testing?.....	0766	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
k. Production record analysis?.....	0767	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
l. Employee training/education?.....	0768	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
m. Quality assurance?.....	0769	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
n. Another purpose? (specify _____).....	0770	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>

48. Do you restrict entry to the hog and pig facilities on this site to employees (operator and onsite workers) only?

YES [Enter code 1 and **SKIP** to item 50]       NO [Enter code 3 and continue].....

Code
0771

49. [Enumerator: Complete column for each type of visitor]

This question pertains to Business and Non-business visitors. Business visitors come on site on occasion specifically to complete a task necessary for the site and are normally paid for their services (e.g., veterinarians, specialized maintenance personnel). Non-business visitors come to the site simply to see the animals and the facility (e.g., relatives, 4-H or school groups, neighbors, etc.)

Business		Non-Business	
Check One Box for each Item		Check One Box for each Item	
0772	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>	0773	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
If both are <b>NO</b> , <b>SKIP</b> to item 50			
Business		Non-Business	
0774	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>	0775	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
0776	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>	0777	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
0778	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>	0779	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>

a. Are [read column heading] visitors allowed to enter the hog and pig facility?

b. Is the visitor required to:

(i) Take a shower first?

(ii) Change to clean boots and coveralls first?

(iii) Wait 24 hours or longer after visiting another hog site?

50. Do you allow trucks and trailers from commercial livestock transporters or animal haulers to enter your hog and pig site area? (Livestock includes cattle, poultry, and sheep, not just swine.)

YES [Enter code 1 and continue]       NO [Enter code 3 and **SKIP** to item 52].....

Code
0780

51. Before allowing livestock trucks and trailers to enter the hog and pig site area, do you require that the:

Check Code	
0781	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
0782	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>

a. Animal area inside of truck be cleaned?.....

b. Animal area inside of truck be disinfected?.....

c. Outside of truck be cleaned?.....	0783	<input type="checkbox"/> <b>Yes</b> <sub>1</sub>	<input type="checkbox"/> <b>No</b> <sub>3</sub>
d. Outside of truck be disinfected?.....	0784	<input type="checkbox"/> <b>Yes</b> <sub>1</sub>	<input type="checkbox"/> <b>No</b> <sub>3</sub>

**SECTION 7: OVERALL SWINE FARM MANAGEMENT (continued)**

52. To the nearest <b>quarter mile</b> , how many miles is it from this site to the nearest site with any swine? .....	<b>Miles</b>
	0785

53. For <b>rodent control</b> on this site do you use:	<b>Check One Box for Each Item</b>	
a. Cats? .....	0786	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
b. Dogs? .....	0787	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
c. Traps? .....	0788	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
d. Bait or poison? .....	0789	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
e. Professional exterminator? .....	0790	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
f. Anything else? (specify _____) .....	0791	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>

54. Does this site keep records on:	<b>Check One Box for Each Item</b>		
a. Feed intake? .....	0792	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> N/A <sub>2</sub> <input type="checkbox"/> No <sub>3</sub>	
b. Drug usage? .....	0793	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> N/A <sub>2</sub> <input type="checkbox"/> No <sub>3</sub>	
c. Breeding records? .....	0794	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> N/A <sub>2</sub> <input type="checkbox"/> No <sub>3</sub>	
d. Waste disposal? .....	0795	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> N/A <sub>2</sub> <input type="checkbox"/> No <sub>3</sub>	
e. Feed-equipment maintenance records? .....	0796	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> N/A <sub>2</sub> <input type="checkbox"/> No <sub>3</sub>	
f. Rodent control? .....	0797	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> N/A <sub>2</sub> <input type="checkbox"/> No <sub>3</sub>	

55. Have the hogs and pigs on this site been tested and managed (either on or before arrival) so that your herd is considered free of:	<b>Check One Box for Each Item</b>	
a. Swine dysentery? .....	7000	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
b. Transmissible Gastroenteritis (TGE)? .....	7001	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
c. Brucellosis? .....	7002	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
d. Atrophic rhinitis? .....	7003	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
e. Pseudorabies? .....	7004	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
f. Porcine Reproductive and Respiratory Syndrome (PRRS)? .....	7005	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
g. Swine influenza? .....	7006	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
h. <i>Actinobacillus pleuropneumoniae</i> ? [APP] .....	7007	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
i. <i>Hemophilus parasuis</i> ? (Glasser's Disease) .....	7008	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
j. Any other diseases or conditions? (specify _____) .....	7009	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
56. Do you participate in the National Pork Board's Swine Welfare Assurance Program ( <b>SWAP</b> )? (separate from Pork Quality Assurance, or PQA) .....	7010	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>
57. Are there feral pigs in this county (including wild boars on hunting clubs or captive on farms)? .....	7011	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>

58. How many times in the past 12 months have wild boars or feral swine been seen on this farm site or within 0.5 miles of this farm site? .....	<b>Number of Times</b>
	7012

[If ZERO, **SKIP** to item 60]

59. For any of the times that wild boars or feral swine were seen on this farm, was there any evidence that the feral swine either had direct physical contact or fence-line contact with swine on this site or entered into facilities used to house swine or store feed? .....	<b>Check One Box</b>	
	7013	<input type="checkbox"/> Yes <sub>1</sub> <input type="checkbox"/> No <sub>3</sub>

**SECTION 8: Chemical applications to hogs and pigs**

**Now I have some questions about insecticides and chemical applications on this site/operation.**

60. During 2005, on the site/operation, were any insecticides or other chemical products applied to hogs or pigs to control insects and other external pests (include custom applications)?

YES - (Continue)

NO - (Enter code 3 in box 0800 and go to Section 9)

	<b>000</b>
1 – Incomplete 3 – Valid Zero	0800
<b>LINES IN TABLE</b>	0801

[ENUMERATOR NOTE: Complete tables for all chemical applications to Hogs. Use supplemental tables if necessary. If no code is listed in the Respondent Booklet, record the name and formulation of the insecticide product applied, what it was used for, whether it was liquid or dry, and its NADA/EPA registration number.]

	L I N E	1		2	3
		What product(s) were applied to your hogs or pigs?  (Show product codes from Respondent Booklet)		Formulation  Was this product bought in liquid or dry form?  L = Liquid D = Dry	What was the method of application?  1 Spray 2 Injection 3 Feed Additive 4 Pour-on 5 Dust Bags 6 Other
NOTES		Product	Code	Unit Code	Code
	802		0810		0811
	803		0810		0811
	804		0810		0811
	805		0810		0811
	806		0810		0811
	807		0810		0811
	808		0810		0811
	809		0810		0811

Line	(INSECTICIDE)	NADA/EPA No. or Tradename and Formulation	Form Purchased (Liquid or Dry)	Where Purchased [Ask only if NADA/EPA No. cannot be reported]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION 8:**

**CHEMICAL APPLICATIONS TO HOGS AND PIGS (continued)**

L I N E	4	5	or	6	7	8	9
	How many head were treated with this product?	How much was applied per HEAD per application?		What was the TOTAL amount applied per application?	1 Pounds 12 Gallons 13 Quarts 14 Pints 15 Ounces 30 Grams 31 Cc/ml 41 Liters 50 Other	How many times was this applied?	What was the primary target pest for this application? 1 Mange/mites 2 Lice 3 Flies 4 Other
	Head	Amount		Amount	Unit Code	Number	Code
802	0812	0813		0814	0815	0816	0817
803	0812	0813		0814	0815	0816	0817
804	0812	0813		0814	0815	0816	0817
805	0812	0813		0814	0815	0816	0817
806	0812	0813		0814	0815	0816	0817
807	0812	0813		0814	0815	0816	0817
808	0812	0813		0814	0815	0816	0817
809	0812	0813		0814	0815	0816	0817



**SECTION 9: CHEMICAL APPLICATIONS TO HOG FACILITIES**

61. In 2005, on this site/operation, did you apply any **insecticides** or other **chemical** products to Hog and Pigs facilities to control insects? Include buildings that are by hogs and pigs, such as confinement barns, lean-tos, sun-shades, etc.

YES  - (Continue)

NO  - (Enter 3 in code Box 0900 and go to Section 10)

	<b>000</b>
1 – Incomplete 3 – Valid Zero	0900
<b>LINES IN TABLE</b>	0901

[ENUMERATOR NOTE: Complete tables for all insecticide applications to Hogs and Pig **facilities**. Hogs and Pig **facilities** include buildings, structures, etc. Use supplemental tables if necessary. If no code is listed in the Respondent Booklet, record the name and formulation of the product applied, what it was used for (insecticide, other), whether it was liquid or dry, and its EPA registration number.]

	L I N E	1		2		3
		Facility treated		What product(s) were applied to the [column 1] facility?		Was this product bought in liquid or dry form?
		10 Total Confinement (with mechanical ventilation) 11 Open building with no outside access 12 Open building with outside access 15 Other		[Show product codes from Respondent Booklet]		L = Liquid D = Dry
NOTES		Facility	Code	Product	Code	Unit Code
	902		0910		0911	
	903		0910		0911	
	904		0910		0911	
	905		0910		0911	
	906		0910		0911	
	907		0910		0911	
	908		0910		0911	
	909		0910		0911	

LINE	Pesticide Type (INSECTICIDE)	EPA No. or Tradename and Formulation	Form Purchased (Liquid or Dry)	Where Purchased [Ask only if EPA No. cannot be reported.]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION 9:**

**CHEMICAL APPLICATIONS TO HOG FACILITIES (continued)**

L I N E	4		5		6	
	What was the TOTAL amount applied per application?		1 Pounds 12 Gallons 13 Quarts 14 Pints 15 Ounces 30 Grams 31 Cc/ml 41 Liters 50 Other		How many times was this applied?	
	Amount		Unit Code		Number	
902	0912	•__ __	0913		0914	
903	0912	•__ __	0913		0914	
904	0912	•__ __	0913		0914	
905	0912	•__ __	0913		0914	
906	0912	•__ __	0913		0914	
907	0912	•__ __	0913		0914	
908	0912	•__ __	0913		0914	
909	0912	•__ __	0913		0914	

**SECTION 10: CONCLUSION**

- a. Request signature on VMO CONSENT FORM IF TOTAL INVENTORY on the operation JUNE 1, 2006, is 100 HEAD OR MORE.
- b. RESPONDENT LOCATION AND OTHER COMMENTS [describe location only if operator signs consent form]:
- c. ENTER INTERVIEW RESPONSE CODE

- [1] No hogs on June 1, 2006: not eligible for this survey.
- [2] Out of business.
- [3] Refusal of General Swine Farm Report.
- [4] Complete, and VMO consent.
- [5] Complete: refused VMO consent.
- [7] Out of scope for General Swine Farm Report.
- [9] Inaccessible.

Code
2000

**[ENUMERATOR NOTE: If Item C equals code 3 or 5, then select the code below that best fits.]**

- [1] Does not want to commit time to the project.
- [2] Does not want involvement with government veterinarian.
- [3] Does not have necessary records available.
- [4] Has participated in too many surveys.
- [5] Does not want outside people on the swine operation.
- [6] A bad time of year (planting, harvesting, second job, etc.)
- [7] Currently has or recently had disease problem with herd.
- [8] Believes that surveys and reports hurt the farmer more than help.
- [9] Could not get Owner/Contractor permission.
- [10] No reason given, or other miscellaneous reasons.

Code
2001

ENDING TIME [MILITARY].....

2002	_ _ _ _ _
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Respondent's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Response	Respondent	Mode	Enum.	Eval.	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	789
2-R		2-Sp		2-Tel				
3-Inac		3-Acct/Bkpr		3-Face-to-Face				
4-Office Hold		4-Partner		4-CATI				
5-R - Est		9-Oth		5-Web				
6-Inac - Est				6-e-mail				
7-Off Hold - Est				7-Fax				
8-Known Zero				8-CAPI				
				19-Other				

S/E Name \_\_\_\_\_