

Animal and
Plant Health
Inspection
Service

Veterinary
Services

Poultry '04 Gamefowl Questionnaire



National Animal Health
Monitoring System

2150 Centre Ave, #B, MS 2E7
Fort Collins, CO 80526

Form Approved
OMB Number 0579-
Approval expires: 12/31/06

We would like to ask you some questions about your birds. In order to understand important issues in the gamefowl industry, we need to obtain information about the health status of birds and any health problems they may have had, as well as productivity and management information.

Response is **voluntary** and not required by law. However, your report is needed to make regional and national estimates as accurate as possible. **Please complete either the English or Spanish version of the questionnaire and return in the enclosed business reply envelope.**

Section 1. General Management

1. As of today, how many of the following types of birds of any age do you keep on your premises?
- | | | |
|--|----------------|---------|
| A. Chickens: table egg breeds (e.g., Leghorn, Sex-links, any other chicken used for table egg production) | B100 | _____ |
| B. Chickens: meat breeds (e.g., Cornish, broilers, any other chicken used for meat production) | B101 | + _____ |
| C. Chickens: game fowl (e.g., Kelso, Hatch, Claret, Roundhead, including game fowl type bantam breeds) | B102 | + _____ |
| D. Chicken: others (show/exhibition) (e.g., Silkie, non-game fowl bantam breeds) | B103 | + _____ |
| E. Turkeys | B104 | + _____ |
| F. Ducks | B105 | + _____ |
| G. Other water fowl (e.g., goose, swan) | B106 | + _____ |
| H. Pigeons or dove | B107 | + _____ |
| I. Ratites (e.g., ostrich, emu) | B108 | + _____ |
| J. Game birds (e.g., quail, pheasant) | B109 | + _____ |
| K. Guinea fowl | B110 | + _____ |
| L. Peafowl | B111 | + _____ |
| M. Pet birds (breeds not normally used for food and usually housed in cages in the home, like parrots, cockatiels, parakeets, finches, and canaries) | B112 | + _____ |
| N. Other species of birds (specify: _____) | B113A.....B113 | + _____ |
| Total number of birds on your premises today | B114 | = _____ |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-. The time required to complete this information collection is estimated to average .25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

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2. In miles, how far is your premises to the nearest: *(if less than 1 mile, estimate to nearest quarter mile)*
- A. feed store?.....B115 _____
 - B. auction where birds are sold?.....B116 _____
 - C. flea market or swap meet where birds are sold?B117 _____
 - D. live bird market?.....B118 _____
 - E. commercial poultry operation?.....B119 _____
3. How many commercial poultry operations are within 1 mile?.....B120 # _____

The remaining questions will refer to all birds EXCEPT pet birds (definition of pet bird in #1M above).

4. Are any birds you keep on your premises kept in the following housing types?
- A. Outdoors, unable to leave your property (including tethered birds).....B123 ₁ Yes ₃ No
 - B. Outdoors, and able to leave your property (even if they don't).....B124 ₁ Yes ₃ No
5. Are any birds you keep on your premises kept inside such as in a barn or coop.....B125 ₁ Yes ₃ No
- If Yes:
- A. Are any of these birds housed in cages?.....B127 ₁ Yes ₃ No
 - B. Are any of these birds housed in pens?.....B128 ₁ Yes ₃ No
 - C. Are any of these birds allowed outdoors?.....B126 ₁ Yes ₃ No
6. Do the birds have contact with the following types of animals?
- A. Your dogs or catsB129 ₁ Yes ₃ No
 - B. Your neighbors' dogs or catsB130 ₁ Yes ₃ No
 - C. Your neighbors' poultryB131 ₁ Yes ₃ No
 - D. Wild birds.....B132 ₁ Yes ₃ No
 - E. PigsB133 ₁ Yes ₃ No
 - F. Cattle/sheep/goatsB134 ₁ Yes ₃ No
 - G. Other animals (specify: _____) B135A.....B135 ₁ Yes ₃ No
7. Do raccoons, foxes, skunks, or possums get in or near the bird area?B136 ₁ Yes ₃ No
8. How often do you see rodents (rats and mice) or evidence of rodents in the bird area? *(Check one only.)*
- ₁ Usually ₂ Sometimes ₃ Rarely ₄ Never B137
9. Are any of the following rodent control methods used for the bird area?
- A. BaitB138 ₁ Yes ₃ No
 - B. Traps and sticky tapeB139 ₁ Yes ₃ No
 - C. CatsB140 ₁ Yes ₃ No
 - D. DogsB141 ₁ Yes ₃ No
 - E. Professional exterminatorB142 ₁ Yes ₃ No
 - F. Other (specify type: _____) B143A.....B143 ₁ Yes ₃ No

10. In the last 12 months, did a veterinarian look at your bird(s) for any reason?B144 ₁ Yes ₃ No

11. In the last 12 months, did you get any of your birds' medications from the following sources?
(If no medications used, check all **No**.)

- A. Mail order or Internet.....B145 ₁ Yes ₃ No
- B. Farm or feed store.....B146 ₁ Yes ₃ No
- C. Make own.....B147 ₁ Yes ₃ No
- D. Veterinarian.....B148 ₁ Yes ₃ No
- E. Other suppliers (specify: _____) B149A.....B149 ₁ Yes ₃ No

12. Have you had any of your birds vaccinated in the last 12 months? B150 ₁ Yes ₂ Don't Know ₃ No

**If No or Don't Know, skip to #13.
If Yes, did you vaccinate for the following diseases?**

- A. Newcastle diseaseB151 ₁ All birds ₂ Some birds ₃ None
If **Yes**, is the vaccine administered:
 - A1. in the drinking water?.....B152 ₁ Yes ₃ No
 - A2. by injection?.....B153 ₁ Yes ₃ No
- B. Laryngotracheitis (LT)B154 ₁ All birds ₂ Some birds ₃ None
If **Yes**, is the vaccine administered:
 - B1. by eyedropper?.....B155 ₁ Yes ₃ No
 - B2. as a spray?B156 ₁ Yes ₃ No
 - B3. in the drinking water?.....B157 ₁ Yes ₃ No
- C. PoxB158 ₁ All birds ₂ Some birds ₃ None
- D. Infectious bronchitis (IBV)B159 ₁ All birds ₂ Some birds ₃ None
- E. Infectious bursal disease (IBD)B160 ₁ All birds ₂ Some birds ₃ None
- F. Mycoplasma gallicepticum (MG).....B161 ₁ All birds ₂ Some birds ₃ None
- G. Avian encephalomyelitis (AE)B162 ₁ All birds ₂ Some birds ₃ None
- H. Fowl cholera.....B163 ₁ All birds ₂ Some birds ₃ None
- I. Other diseases (specify: _____) B164A...B164 ₁ All birds ₂ Some birds ₃ None
- J. Do you hatch eggs?B165 ₁ Yes ₃ No
If **Yes**, do you vaccinate chicks for Marek's disease? ...B166 ₁ Yes ₃ No

13. In the last 12 months, were any of the following medications administered to your flock?

- A. Injectable vitamins.....B167 ₁ Yes ₃ No
- B. Coccidiosis prevention or treatment.....B168 ₁ Yes ₃ No
- C. Antibiotics for disease treatment.....B169 ₁ Yes ₃ No
- D. Other medications (specify: _____) B170A.....B170 ₁ Yes ₃ No

14. Did you have any of the following problems in your flock in the last 3 months?

- A. Diarrhea.....B171 ₁ Yes ₃ No
- B. Respiratory problems (nasal/eye discharge, cough/sneeze, swollen sinuses) .B172 ₁ Yes ₃ No
- C. Neurologic problems (lack of coordination, weakness)B173 ₁ Yes ₃ No
- D. Weight loss.....B174 ₁ Yes ₃ No
- E. Feed refusal/depression (droopy birds)B175 ₁ Yes ₃ No
- F. Sudden decreased production not related to molting (reduced egg laying or hatching rate, no weight gain)B176 ₁ Yes ₃ No
- G. Unexplained death loss.....B177 ₁ Yes ₃ No
- H. Lameness.....B178 ₁ Yes ₃ No
- I. External parasites (mites, lice, etc.)B179 ₁ Yes ₃ No
- J. Other (specify: _____) B180A.....B180 ₁ Yes ₃ No

15. How important to you are the following sources of bird health information?

- A. Extension service B181 ₁ Very ₂ Somewhat ₃ Not important
- B. Feed store B182 ₁ Very ₂ Somewhat ₃ Not important
- C. Internet B183 ₁ Very ₂ Somewhat ₃ Not important
- D. Magazines/journals..... B184 ₁ Very ₂ Somewhat ₃ Not important
- E. Medical supplier/salesperson..... B185 ₁ Very ₂ Somewhat ₃ Not important
- F. Other producers B186 ₁ Very ₂ Somewhat ₃ Not important
- G. Veterinarian (private practitioner).....B187 ₁ Very ₂ Somewhat ₃ Not important
- H. State or university diagnostic labs B188 ₁ Very ₂ Somewhat ₃ Not important
- G. Other sources (specify: _____) B189A..... B189 ₁ Very ₂ Somewhat ₃ Not important

16. On a scale of 1 to 5 with 1 being not available and 5 being readily available, how readily available are the following products/services for your birds whether you use them or not?

		Not available			Readily available	
A. Veterinary care..... B190	1	2	3	4	5	
B. Vaccinations..... B191	1	2	3	4	5	
C. Medication..... B192	1	2	3	4	5	

Section 2. Biosecurity

1. Which of the following **best** describes the biosecurity precautions required for footwear of anyone going into the bird area? (*Check one only.*) B201

- ₁ Boots or shoes worn only in the bird area
- ₂ Disposable boot or shoe covers
- ₃ Use of footbath before or after entry
- ₄ Scrub boots/shoes before or after entry
- ₅ No requirements

2. Do you always, sometimes, or never require that clothing worn only around the birds be put on before you or anyone else enters the bird area?B202 ₁ Always ₂ Sometimes ₃ Never

3. Do you always, sometimes, or never require that hands be washed:
- A. before handling the birds?..... B203 ₁ Always ₂ Sometimes ₃ Never
- B. after handling the birds? B204 ₁ Always ₂ Sometimes ₃ Never
4. Are visitors such as neighbors, repairmen, and meter readers always, sometimes, or never allowed in the bird area? B205 ₁ Always ₂ Sometimes ₃ Never
- If **Yes**, are visitors asked about contact with other birds before being allowed in the area? B206 ₁ Always ₂ Sometimes ₃ Never
5. Is there a pond on the property that attracts wild water fowl? B207 ₁ Yes ₃ No
6. Do you have a wild bird feeder on the property? B208 ₁ Yes ₃ No

Section 3. Bird Movement

1. Were fertilized eggs for hatching brought onto the premises in the last 12 months? B301 ₁ Yes ₃ No
2. How many **times** in the last 12 months were additional birds placed into your flock (not including those hatched on your premises)? B302 _____ times

If 0 birds introduced in last 12 months, skip to #8.

3. Were any of the birds introduced in the last 12 months:
- A. day-old chicks? B303 ₁ Yes ₃ No
- B. young stock (not yet reproductive age)? B304 ₁ Yes ₃ No
- C. adult birds (reproductive age)? B305 ₁ Yes ₃ No
4. Were these new birds **usually** separated or quarantined from the rest of the flock upon arrival? B306 ₁ Yes ₂ No other birds present ₃ No
- If **Yes**, how many days did you usually separate or quarantine the birds? B307 _____ days
5. Did any of the new birds introduced in the last 12 months come from:
- A. within your county? B308 ₁ Yes ₃ No
- B. outside your county but in your State? B309 ₁ Yes ₃ No
- C. outside your State but in the U.S.? B310 ₁ Yes ₃ No
- D. outside the U.S.? B311 ₁ Yes ₃ No
6. Did all, some, or none of the new birds come with a health certificate? (Check one only.)
- ₁ All birds ₂ Some birds ₃ None B312
7. Did you get any of the introduced birds from the following sources?
- A. Local commercial hatchery B314 ₁ Yes ₃ No
- B. Poultry wholesaler or dealer B315 ₁ Yes ₃ No
- C. Private individual (e.g., neighbor) B316 ₁ Yes ₃ No
- D. Feed or farm store B317 ₁ Yes ₃ No
- E. Fair or show B318 ₁ Yes ₃ No
- F. Flea or farmers' market B319 ₁ Yes ₃ No
- G. Auction market B320 ₁ Yes ₃ No
- H. Mail order or Internet B321 ₁ Yes ₃ No
- I. Other (specify: _____) B322A B322 ₁ Yes ₃ No

8. Did you sell or give away any live birds in the last 12 months?B323 ₁ Yes ₃ No
 If **Yes**, through what means were the birds sold or given away?
- A. Poultry wholesaler or dealer.....B324 ₁ Yes ₃ No
 B. Private individual (e.g., neighbor).....B325 ₁ Yes ₃ No
 C. Feed or farm store.....B326 ₁ Yes ₃ No
 D. Fair or show.....B327 ₁ Yes ₃ No
 E. Live bird market.....B328 ₁ Yes ₃ No
 F. Flea or farmers' market.....B329 ₁ Yes ₃ No
 G. Auction market.....B330 ₁ Yes ₃ No
 H. Mail order or internet.....B331 ₁ Yes ₃ No
 I. Other (specify: _____) B332A.....B332 ₁ Yes ₃ No
9. If birds were sold or given away in the last 12 months, did any birds go to the following locations:
- A. within your county?B333 ₁ Yes ₃ No
 B. outside your county but in your State?.....B334 ₁ Yes ₃ No
 C. outside your State but in the U.S.?B335 ₁ Yes ₃ No
 D. outside the U.S.?.....B336 ₁ Yes ₃ No
10. How many times in the last 12 months did you take any of your birds to a location, for example, fair, show, etc., where other birds were present and then you returned your birds to your premises?B337 _____ times

If 0, skip to #13.

11. Were any of these trips:
- A. in your county?B338 ₁ Yes ₃ No
 B. outside your county but in your State?.....B339 ₁ Yes ₃ No
 C. outside your State but in the U.S.?B340 ₁ Yes ₃ No
 D. outside the U.S.?.....B341 ₁ Yes ₃ No
12. Were the birds always, sometimes, or never isolated or quarantined before they were put back with other birds on your premises?.....B342
- ₁ Always isolated ₂ Sometimes isolated
₃ Never isolated ₄ No other birds on premises
13. In the last 3 months, did you visit a location that had live birds, such as a market, feed store with birds, fair, or neighbor's premises? (Only answer for the person primarily responsible for the birds.)B343 ₁ Yes ₃ No
- If **Yes**, did you take any of the following biosecurity measures before re-entering your own bird area after returning from the location with other birds?
- A. Change clothesB344 ₁ Yes ₃ No
 B. Change boots or shoes (or foot covers).....B345 ₁ Yes ₃ No
 C. Wash handsB346 ₁ Yes ₃ No
 D. Shower.....B347 ₁ Yes ₃ No
 E. Take other precautions (specify: _____) B348A.....B348 ₁ Yes ₃ No

14. In the last 12 months, did you transport any birds for any reason using your own vehicle or one under your control?.....B349 ₁ Yes ₃ No

If Yes,

A. Have you ever seen feathers, droppings, or feather down escape the transport vehicle while en route?B350 ₁ Yes ₃ No

B. What was the average miles traveled per trip? (Check one only.)B351

₁ 1 to 5 miles ₂ 6 to 149 miles ₃ 150 miles or more

C. Were any of the trips overnight?.....B352 ₁ Yes ₃ No

D. What type of travel containers (shipping crates) were used? (Check one only.)B353

₁ Wooden or fine screen ₂ Special recyclable with airflow cardboard

₃ Both types ₄ Other (specify: _____)

15. In the last 12 months, did you transport any birds by air including U.S. Mail?B354 ₁ Yes ₃ No

If Yes,

A. How often did you use new (never used before) shipping crates?B355

₁ Always ₂ Often ₃ Sometimes ₄ Rarely/Never

B. Did you reuse crates that had been used for birds that were delivered to you?B356 ₁ Yes ₃ No

If Yes, did you disinfect the shipping crates before reusing?B357 ₁ Yes ₃ No

16. Do you destroy (e.g. burn) bedding material from birds that arrive at your premises?...B358 ₁ Yes ₃ No

If No, do you reuse the bedding as bedding for birds?.....B359 ₁ Yes ₃ No

Section 4. Carcass and Litter Disposal

1. Not counting birds slaughtered for human consumption, approximately how many of your birds died or were destroyed in the last 12 months? (Estimate if not sure.).....B401 _____ birds

If 0, skip to #3.

2. Which of the following is the **primary** method of disposing of the dead birds? (Check one only.)B402

₁ Incinerate

₆ Taken to a landfill

₂ Bury on premises

₇ Put in trash (picked up)

₃ Renderer picked up

₈ Fed to other animals

₄ Carcass taken to renderer

₉ Other disposal methods (specify: _____) B402A

₅ Compost

3. Which one of the following best describes how you dispose of used poultry litter and manure? (Check one only.)B403

₁ Place in manure shed/compost

₅ Haul away (sell or give away)

₂ Leave in an outdoor pile

₆ Other disposal methods (specify: _____) B403A

₃ Spread on field/garden at this location

₄ Taken to a landfill or put in trash

₇ Do not have enough litter/manure to deal with

Section 5. About You

1. On a scale of 1 to 10 with 1 being not important and 10 being extremely important, how important are the following reasons to you for why you have birds?

	<i>Not important</i>					<i>Extremely important</i>					
	1	2	3	4	5	6	7	8	9	10	
A. Family tradition, always had birds	1	2	3	4	5	6	7	8	9	10	B501
B. Fun/hobby	1	2	3	4	5	6	7	8	9	10	B502
C. Extra income	1	2	3	4	5	6	7	8	9	10	B503
D. Food	1	2	3	4	5	6	7	8	9	10	B504
E. Lifestyle (want the ambiance or personal satisfaction of having birds around)	1	2	3	4	5	6	7	8	9	10	B505
F. Clubs such as 4H or poultry/avian organizations (social interactions)	1	2	3	4	5	6	7	8	9	10	B506
G. Other reasons to have birds (specify: _____) B507A	1	2	3	4	5	6	7	8	9	10	B507

2. What State do you live in?B508 _____ state
3. Are you a member of a UGBA State affiliate?B509 Yes No
4. How many years have you or your family raised birds on this premises?B510 _____ years
5. Does anyone in this household work for a commercial poultry production facility or poultry processing facility?B511 Yes No
6. Have you participated in a survey like this in the past 6 months?B512 Yes No
7. How many minutes did it take you to complete this questionnaire?B515 _____ min

Thank you for your time and help.
If you would like more information about our program and this survey,
you can visit our web site at www.aphis.usda.gov/vs/ceah/cnahs