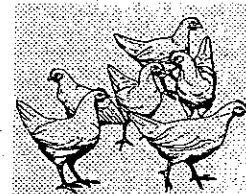


Animal and Plant Health Inspection Service

Veterinary Services

Poultry '04 Small Production and Backyard Flock Questionnaire



National Animal Health Monitoring System

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

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

State:	Commercial ID	Premises Type ID:	Date:
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(radius drawn around) 1st column of Summary Sheet
-- code for this type of unit

DATA COLLECTOR: DON'T FORGET TO ANSWER THIS QUESTION:

- A. Is this premises: ₁ a single family home (4 units or less)?
₂ an apartment? *(Check 1 only)*
₃ a home in a trailer/mobile home park?

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 (for example, Leghorn, Plymouth Rock, Rhode Island Red)..... | _____ head |
| B. Chickens: meat breeds (for example Cornish, Sex-links)..... | _____ head |
| C. Chickens: game fowl (for example, Kelso, Hatch, Claret)..... | _____ head |
| D. Chicken: others (show/exhibition) (for example Silkie, Sebright, Ancona)..... | _____ head |
| E. Turkeys..... | _____ head |
| F. Ducks..... | _____ head |
| G. Other water fowl (e.g., geese, swan)..... | _____ head |
| H. Pigeons or doves..... | _____ head |
| I. Ratites (e.g., ostrich, emu)..... | _____ head |
| J. Game birds (e.g., quail, pheasant)..... | _____ head |
| K. Guinea fowl..... | _____ head |
| L. Pet birds (breeds not normally used for food and usually housed in cages in the home, like parrots, cockatiels, parakeets, finches, and canaries)..... | _____ head |
| M. Other species of birds (specify: _____)..... | _____ head |
| Total number of birds on your premises today..... | _____ total |

2. In miles or feet, approximately how far is your premises to the nearest:

- | | | |
|--|-------------|-----------------|
| A. feedstore?..... | Feet: _____ | OR Miles: _____ |
| B. auctions where birds are sold?..... | Feet: _____ | OR Miles: _____ |
| C. flea markets or swap meets where birds are sold?..... | Feet: _____ | OR Miles: _____ |
| D. live bird market?..... | Feet: _____ | OR Miles: _____ |

3. How many commercial operations are within 1 mile?..... #

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-xxxx. The time required to complete this information collection is estimated to average .50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

NAHMS-165
April 2004
4/9/04

The remaining questions refer to all other birds EXCEPT pet birds (definition of pet bird in #1L above)

4. Do the birds you keep on your premises have access to:
- A. the ground outside? ₁ Yes ₃ No
 - B. neighboring premises? ₁ Yes ₃ No
5. Are any birds you keep on your premises kept in the following housing types?
- A. Outdoors, confined to your property (including tethered birds) ₁ Yes ₃ No
 - B. Outdoors, able to leave property ₁ Yes ₃ No
 - C. Inside such as in a barn or coop ₁ Yes ₃ No
- If YES,
- C1. Are birds turned out to outdoors? ₁ Yes ₃ No
- C2. How are indoor birds housed? ₁ Cages ₂ Pens ₃ Other (specify _____)
6. Do the birds have contact with the following types of animals?
- A. Owner's dogs or cats ₁ Yes ₃ No
 - B. Neighbor's dogs or cats ₁ Yes ₃ No
 - C. Neighbor's poultry ₁ Yes ₃ No
 - D. Wild birds ₁ Yes ₃ No
 - F. Pigs ₁ Yes ₃ No
 - G. Cattle/sheep/goats ₁ Yes ₃ No
 - H. Other animals (specify: _____) ₁ Yes ₃ No
7. Do raccoons, foxes, skunks, or possums get in or near the bird area? 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
9. Are any of the following rodent control methods used for the bird area?
- A. Bait ₁ Yes ₃ N
 - B. Traps / sticky tape ₁ Yes ₃ N
 - C. Cats ₁ Yes ₃ N
 - D. Dogs ₁ Yes ₃ N
 - E. Professional exterminator ₁ Yes ₃ N
 - F. Other (specify type: _____) ₁ Yes ₃ N
10. In the last year, did you use veterinarian services for any bird(s) for any reason? ₁ Yes ₃ No
11. Where do you get most of your birds' medication? (If no medications used, check all No.)
- A. Mail order or internet ₁ Yes ₃ No
 - B. Farm or feed store ₁ Yes ₃ No
 - C. Make own ₁ Yes ₃ No
 - D. Veterinarian ₁ Yes ₃ No
 - E. Other suppliers (specify: _____) ₁ Yes ₃ No

12. Has your flock been vaccinated in the last year for the following diseases?

	All Birds Vaccinated	Some Birds Vaccinated	No Birds Vaccinated	Don't know if any birds were vaccinated
A. Newcastle disease.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. Marek's disease.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. Laryngotracheitis (LT).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. Pox.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. Infectious bronchitis (IBV).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
F. Infectious bursal disease (IBD).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
G. Other diseases.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

(specify other diseases: _____)

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

A. Injectable vitamins.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
B. Coccidiosis prevention or treatment.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
C. Antibiotics for disease treatment.....	<input checked="" type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
D. Other medications (specify: _____)	<input checked="" type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No

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

A. Diarrhea.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
B. Respiratory (nasal/ocular discharge, cough/sneeze, "snicking", swollen sinuses).....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
C. Neurologic (incoordination, weakness).....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
D. Weight loss.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
E. Feed refusal/depression (droopy birds).....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
F. Sudden decreased production (egg laying, hatchability, no weight gain).....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
G. Unexplained death loss.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
H. Other (specify: _____)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No

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

	Very Important	Somewhat Important	Not Important
A. Veterinarian (private practitioner).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
B. Extension service.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C. Other producers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Internet.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Magazine/journals.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Medical supplier/salesperson.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
G. Feedstore.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Biosecurity

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

- ₁ Boots or shoes dedicated solely for 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 require that dedicated clothing or a change of clothing be put on before you or anyone else enters the bird area? ₁ Yes ₃ No

3. Do you require that hands be washed:
- A. before handling the birds? ₁ Yes ₃ No
- B. after handling the birds? ₁ Yes ₃ No
4. Are visitors such as neighbors, repairmen, meter readers, allowed in the bird area? ₁ Yes ₃ No
- A. If YES, are visitors asked about contact with other birds before allowed in area? .. ₁ Yes ₃ No

Bird Movement

1. Were fertilized eggs for hatching brought onto the premises in the last year? ₁ Yes ₃ No
2. How many times in the last year were additional birds placed into your flock? times last yr
(if none, enter 0)

If 0 birds introduced in last year, skip to #7

3. Did you bring in any of the following age groups of birds?
- A. Day-old chicks ₁ Yes ₃ No
- B. Young stock ₁ Yes ₃ No
- C. Adult birds ₁ Yes ₃ No
4. Were new birds usually separated or quarantined from the rest of the flock upon arrival? ₁ Yes ₃ No
- ₂ No other birds present

If Yes, how many days do you usually separate or quarantine the birds? days

5. Did any of the new birds introduced in the last year come from:
- A. within your county ₁ Yes ₃ No
- B. outside your county but within your state? ₁ Yes ₃ No
- C. outside your state but within the U.S. ₁ Yes ₃ No
- D. outside the U.S. ₁ Yes ₃ No

6. Did all, some, or none of the new birds come with a health certificate? (Check 1 only)
- ₁ All ₂ Some ₃ None

7. Did you obtain stock or sell (or give away) stock in the last year?
- | | | |
|--|--|--|
| | BUYING stock | SELLING stock |
| | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |

IF YES, where do you get and sell/give away your stock?

- | | | | | |
|--|---|--|---|--|
| A. Local commercial hatchery | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| B. Private individual (e.g., neighbor) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| C. Feed or farm store | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| D. Fair or show | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| E. Live bird market | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| F. Flea or farmer's market | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| G. Auction market | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| H. Mail order or internet | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| I. Poultry dealer or wholesaler | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| J. Other (specify: _____) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

8. If birds were sold or given away in the last year, did any birds go to the following locations?
- A. within your county? ₁ Yes ₃ No
 - B. outside your county but within your state? ₁ Yes ₃ No
 - C. outside your state but within the U.S. ₁ Yes ₃ No
 - D. outside the U.S. ₁ Yes ₃ No

9. How many times in the last year did you take any of your birds to a location, for example, fair or show, where other birds were present and then you returned your birds to your premises? times last yr

If 0, skip to #12

10. Were any of these trips:
- A. within your county? ₁ Yes ₃ No
 - B. outside your county but within your state? ₁ Yes ₃ No
 - C. outside your state but within the U.S. ₁ Yes ₃ No
 - D. outside the U.S. ₁ Yes ₃ No

11. Were the birds always, sometimes, or never isolated or quarantined before they were re-commingled with other birds on your premises?

₁ Always isolate ₂ Sometimes isolate ₃ Never isolate ₄ No other birds on premises

12. In the last 3 months, did you visit a location that had live birds, such as a market, feedstore with birds, fair, or neighbors premises? ₁ Yes ₃ No

If YES, did you take any of the following biosecurity measures before re-entering your own bird area?

- A. Change clothes ₁ Yes ₃ No
- B. Change boots or shoes (or foot covers) ₁ Yes ₃ No
- C. Wash hands ₁ Yes ₃ No
- D. Shower ₁ Yes ₃ No
- E. Take other precautions (specify _____) ₁ Yes ₃ No

Carcass and Litter Disposal

1. Not counting birds slaughtered for human consumption, how many of your birds died or were destroyed in the last year? head

If 0, skip to #3.

2. Which of the following is the **primary** method of disposing of the dead birds? (Check 1 only)

- ₁ Incinerate
- ₂ Bury on premises
- ₃ Render picked up
- ₄ Carcass taken to renderer
- ₅ Compost
- ₆ Taken to a landfill or put in trash
- ₇ Fed to other animals
- ₈ Other disposal methods (specify: _____)

3. Which of the following best describes how you dispose of used bird litter and manure? (Check 1 only)

- ₁ Place in manure shed/composted
- ₂ Leave in an outdoor pile
- ₃ Spread on field/garden at this location
- ₄ Taken to a landfill or put in trash
- ₅ Haul away (sell or give away)
- ₆ Other disposal methods (specify: _____)
- ₇ Do not have enough litter/manure to deal with

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	1	2	3	4	5	6	7	8	9	10
B. Fun/Hobby	1	2	3	4	5	6	7	8	9	10
C. Income	1	2	3	4	5	6	7	8	9	10
D. Food source	1	2	3	4	5	6	7	8	9	10
E. Lifestyle	1	2	3	4	5	6	7	8	9	10
F. Social interactions (e.g., 4H, clubs)	1	2	3	4	5	6	7	8	9	10
G. Other reasons to have birds (specify: _____)	1	2	3	4	5	6	7	8	9	10

2. How many years have you or your family raised birds on this premises? years
3. Does anyone in this household work for a commercial poultry production or processing facility? ₁ Yes ₃ No
4. Do you belong to any type of poultry or avian association? ₁ Yes ₃ No
5. How many minutes did it take to complete this questionnaire? minutes

DRAFT