



Animal and
Plant Health
Inspection
Service

Veterinary
Services

Beef 2007-08 VS Second Visit (July 1 – August 15, 2008)



National Animal Health
Monitoring System

2150 Centre Ave Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-NEW

| | | | |
|--------------------|---------------------|---------------------|--------------|
| State FIPS: | Operation #: | Interviewer: | Date: |
| 2 digits | 4 digits | Initials | (mm/dd/yy) |

Arrival time at operation: _____

Be sure the Producer understands that in this questionnaire, the term “you” refers to how “this operation” conducts the management practices of the beef operation.

Indicate to the Producer that these questions (except where noted) refer to the cow-calf operation and do not include any dairy, stocker, or feedlot enterprise that is part of this operation.

From the General Beef Management Report, enter the response to the following questions:

- | | |
|--|-------|
| Page 2, Item 1a, total number of beef cows on hand as of October 1, 2007..... | _____ |
| Page 2, Item 8, beef calves born alive or expected to be born alive in 2007 | _____ |
| Page 4, Item 21d, total number of calves weaned or expected to be weaned in 2007 | _____ |

Section A—January-June Productivity

1. How many beef cows were on hand July 1, 2008 (include beef heifers that calved before July 1, 2008)? _____ head
2. How many beef replacement heifers were on hand July 1, 2008? _____ head
3. How many beef breeding cattle (replacement heifers, cows, and bulls) died or were lost from all causes in the first 6 months of 2008, January 1 through June 30? _____ head

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-NEW. The time required to complete this information collection is estimated to average 1.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

**NAHMS-204
JUL 2008**

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4. How many heifers and cows calved in the first 6 months of 2008, January 1 through June 30? Of these, _____ head
- a. How many were beef heifers? _____ head
- b. How many were beef cows? _____ head

[Total of Items 4a and 4b should equal Item 4.]

5. How many beef calves were born **alive** in the first 6 months of 2008, January 1 through June 30? Of these, _____ head
- a. How many calves born alive were to beef heifers? _____ head
- b. How many calves born alive were to beef cows? _____ head

[Total of Items 5a and 5b should equal Item 5.]

6. How many beef calves were born **dead** in the first 6 months of 2008, January 1 through June 30? Of these, _____ head
- a. How many calves born dead were to beef heifers? _____ head
- b. How many calves born dead were to beef cows? _____ head

[Total of Items 6a and 6b should equal Item 6.]

Section B—Herd Management and Sales Practices

1. In the next 2 years, will you purchase a bull or semen specifically for breeding heifers? ₁ Yes ₃ No

If Item 1 = NO, SKIP to Section C.

2. From List B1, below, select the codes that correspond to the factors that will be most important, second most important, and third most important to you in **selecting a bull or semen for breeding heifers to minimize calving difficulty**, and enter the codes below the code box.

| List B1—Bull-Selection Code, Item 2 | |
|--|--|
| 1 – Calving-ease EPD (expected progeny difference) | 6 – Appearance/shape/size of head-shoulder |
| 2 – Birth-weight EPD (expected progeny difference) | 7 – Anticipated mature bull size |
| 3 – Parents' EPDs (expected progeny differences) | 8 – Breed |
| 4 – Actual calving-ease score | 9 – Color |
| 5 – Actual birth weight | 10 – Cost |
| | 11 – Other (specify: _____) |

- a. Most important _____ code
- b. Second most important _____ code
- c. Third most important _____ code

Section C—Vaccination and Testing Practices

Brucellosis Vaccination Practices

| List C1—Brucellosis Vaccination Codes, Items 1a and 1b | |
|--|---|
| 1 – Do not vaccinate for brucellosis | 3 – Vaccinate only heifers kept for breeding |
| 2 – Vaccinate all heifers | 4 – Vaccinate only heifers <u>sold</u> for breeding |
| | 5 – Vaccinate <u>all</u> heifers intended for breeding (whether kept or sold) |

1. Which code from List C1 (above) best describes the brucellosis vaccination practices:
- a. Used currently for heifers? _____ code
- b. Used 5 years ago for heifers? _____ code

If Item 1a = 1, SKIP to Item 3.

2. How important are the following reasons for vaccinating your beef heifers for brucellosis?

[For each reason (Items 2a-d), put an "X" under the term that best applies.]

| | <u>Very Important</u> | <u>Somewhat Important</u> | <u>Not Important</u> | <u>No Opinion</u> |
|---|-----------------------|---------------------------|----------------------|-------------------|
| a. Tradition, habit | _____ | _____ | _____ | _____ |
| b. Reduce risk of disease | _____ | _____ | _____ | _____ |
| c. Required for interstate movement of owned cattle | _____ | _____ | _____ | _____ |
| d. Value of heifers/cows sold | _____ | _____ | _____ | _____ |

3. Do you believe **vaccinating** for brucellosis affects the sale price of heifers? ₁ Yes ₂ D/K ₃ No

If Item 3 = NO or DON'T KNOW, SKIP to Item 4.

- | | <u>Increased value</u> | <u>Decreased value</u> |
|---|------------------------|------------------------|
| a. How much does a heifer's value increase or decrease because she has been vaccinated? | + _____ \$/hd | OR - _____ \$/hd |

Johne's Disease Testing Practices

4. In the last **2 years**, have any cattle on this operation been tested for Johne's disease (*Mycobacterium paratuberculosis*) by blood or fecal testing? ₁ Yes ₃ No
5. On this operation in the last **10 years**, have any cattle been diagnosed with Johne's disease by:
- a. Positive fecal test? ₁ Yes ₃ No
- b. Positive blood test? ₁ Yes ₃ No
- c. Clinical diagnosis by veterinarian? ₁ Yes ₃ No

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6. In the past **5 years**, have you participated in any programs to either control disease in your herd or document the low-risk status of your herd with respect to Johne's disease?..... ₁ Yes ₃ No

If Item 6 = NO, SKIP to Item 8.

7. What type(s) of Johne's disease program(s) have you participated in?
- a. Self-designed program..... ₁ Yes ₃ No
- b. Official State/Federal program ₁ Yes ₃ No
- c. Other (specify: _____) ₁ Yes ₃ No

Bovine Tuberculosis (TB) Testing Practices

8. When was the most recent test of any of your cattle for bovine tuberculosis (TB)?
- ₁ Within the last year
- ₂ 1-2 years ago
- ₃ 3-5 years ago
- ₄ Have not tested in the last 5 years

If Item 8 = 4 (Have not tested in the last 5 years), SKIP to Section D.

9. When you last tested your cattle for TB, did you test your: (Select only one.)
- ₁ Entire herd?
- ₂ Calves only?
- ₃ Adult cattle only?
- ₄ Specific animals only? (specify: _____)

10. Did you test your cattle for TB for the following purposes:
- a. Herd accreditation? ₁ Yes ₃ No
- b. Movement requirement? ₁ Yes ₃ No
- c. Show or exhibition test requirement?..... ₁ Yes ₃ No
- d. State requirement?..... ₁ Yes ₃ No
- e. Veterinarian (nonregulatory, private practitioner) recommendation? ₁ Yes ₃ No
- f. Sale requirement? ₁ Yes ₃ No
- g. Other (specify: _____)? ₁ Yes ₃ No

If Item 10a = NO, SKIP to Section D.

11. Is your herd a bovine TB Accredited Herd? ₁ Yes ₃ No

Section D—Disease Control, Illness, and Deaths

1. My next questions are about cattle and calves that died or were lost. In the first 6 months of 2008, January 1 through June 30, of the **beef calves born alive**, how many died or were lost prior to weaning from all causes?
[Exclude calves born dead.] _____ #

If Item 1 = ZERO, SKIP to Item 2.

- a. How many of these (Item 1) **unweaned calves** died or were lost:
- (1) 24 hours or less after birth? _____ head
 - (2) More than 24 hours but less than 3 weeks after birth? _____ head
 - (3) 3 weeks or more after birth, but before weaning?..... _____ head
 - (4) *[Add Items 1a(1), 1a(2), and 1a(3). Total should equal Item 1.]*..... _____ head

2. In the first 6 months of 2008, January 1 through June 30, how many **beef breeding cattle** (replacement heifers, cows, and bulls) died or were lost from all causes? _____ head

If both Items 1 AND 2 = ZERO, SKIP to Office Use Only Section.

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3. How many of the deaths or losses of (Item 1) unweaned calves and/or (Item 2) beef breeding cattle in the first 6 months of 2008, January 1 through June 30, resulted primarily from the following causes?

| Cause | Unweaned Beef Calves | | Beef Breeding Cattle |
|--|---|-------------------|----------------------|
| | Less than 3 Weeks Old | 3 Weeks and Older | |
| Digestive problems (bloat, scours, parasites, enterotoxemia, acidosis, etc.) | | | |
| Respiratory problems (pneumonia, shipping fever, etc.) | | | |
| Metabolic problems (milk fever, grass tetany, etc.) | | | |
| Mastitis (cows only) | | | |
| Lameness or injury | | | |
| Calving-related/birth-related problems | | | |
| Other known diseases (specify: _____) | | | |
| Weather-related causes (lightning, drowning, chilling, etc.) | | | |
| Poisoning (nitrates, noxious feeds, noxious weeds, etc.) | | | |
| Predators (known or unknown) | | | |
| Theft (stolen) | | | |
| Other known causes (old age, etc.) (specify: _____) | | | |
| Unknown causes | | | |
| <i>[Add number by cause. Total should equal Item 1 or 2.]</i> | <i>Add both columns to get total for unweaned calves.</i> | | |

Office Use Only

| | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|----------------------------------|
| State FIPS: _____ 2-digits | Operation #: _____ 4-digits | Interviewer: _____ Initials | Date: _____ (mm/dd/yy) |
|--------------------------------------|---------------------------------------|---------------------------------------|----------------------------------|

1. Total time for interview (include time to discuss the program and complete the questionnaire). If more than one data collector present, enter the combined time..... _____ min VITIME

2. Total travel time (round trip). If more than one data collector present, enter the combined time..... _____ min VTTIME

3. Data collector(s): *[Enter the number for each category.]*
 _____ Federal VMO _____ Federal AHT _____ State personnel _____ Other (specify) VVMO/VAHT/VST/VOTH

4. Enter response code 99 if questionnaire is completed or enter one code of 0-7 that best describes the reason why the owner is not participating..... _____ code VRCO

 99 = Survey completed
 00 = Producer not contacted by VMO
 01 = Poor time of year or no time
 02 = Does not want anyone on operation
 03 = Bad experience with government veterinarians
 04 = Does not want to do another survey or divulge information
 05 = Told NASS they did not want to be contacted
 06 = Ineligible (no beef cows)
 07 = Other reason (explain below)

5. Producer data quality..... ₁ Good to Excellent ₂ OK ₃ Poor VPDQ

6. Check the appropriate response for each type of biological sampling the Producer agreed to:
₁ Ear notches (BVD)
₂ Fecal (pathogens)
₃ Fecal (parasites)

7. Which of the following best describes the respondent's position with this operation? _____ code VPOS
 1 = Owner
 2 = Manager
 3 = Family member (other than owner or manager)
 4 = Other hired employee
 5 = Other (specify: _____) VPOSOTH

8. How often did the producer consult written (e.g., ledger, pocket diary, calendar) or computerized records to answer questions for which records might have been helpful in giving accurate and complete information?
₁ Never
₂ Occasionally (one to three times)
₃ Frequently (four or more times) _____ code VPOS

Comments regarding this questionnaire or operation:

VMO or AHT Signature: _____

State/Operation #: _____

TO BE COMPLETED BY THE COORDINATOR:

Field data quality ₁ Good to Excellent ₂ OK ₃ Poor VFDQ