



Animal and
Plant Health
Inspection
Service

Veterinary
Services

2009 GOAT VS Initial Visit



National Animal Health
Monitoring System

2150 Centre Ave Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number xxxx-xxxx
Expiration date: xxx

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 goat operation.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 xxxx-xxxx. 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-219
JUL 2009**

Section A—Inventory

1. How many goats and kids were on hand on September 1, 2009?
 - a. Kids (less than 1 year old)..... _____ head
 - b. Goats (1 year old or older) _____ head
 - c. **Total** [Add Items 1a-b.]..... _____ head

2. How many of these goats and kids were (report based on **primary use** regardless of breed):
 - a. Meat goats? _____ head
 - b. Milk goats? _____ head
 - c. Angora/fiber goats? _____ head
 - d. Other goats? (specify: _____) _____ head
 - e. **Total** [Add Items 2a-d; should equal Item 1c.]..... _____ head

Section B—Herd Additions

1. During the previous 12 months, were any goats added to this operation (exclude kids born on the operation)? ₁ Yes ₃ No

[If Item 1 = NO, SKIP to Section C.]

2. Did you require the following be performed on these newly added goats (other than kids born on the operation) either prior to arrival or after arrival but before commingling with the rest of your herd?

	<u>Done prior to arriving at this operation</u>	<u>Done at this operation before commingling</u>
a. Veterinarian examination	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Any vaccinations	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Foot trim	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Medicated footbath.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Deworm (internal parasites).....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
f. External parasite treatment.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
g. Inspect goats for abscesses or scars from previous abscesses	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
h. Other (specify: _____)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

3. Before bringing goats onto the farm, did this operation require individual animal testing for:
 - a. CAE (caprine arthritis and encephalitis)?..... ₁ Yes ₃ No
 - b. Johne's? ₁ Yes ₃ No
 - c. Brucellosis?..... ₁ Yes ₃ No

- d. Q fever? ₁ Yes ₃ No
- e. Caseous lymphadenitis (blood test)? ₁ Yes ₃ No
- f. Other? (specify: _____) ₁ Yes ₃ No
4. During the previous 12 months, did this operation intentionally purchase goats from herds that were test-negative for:
- a. CAE (caprine arthritis and encephalitis)? ₁ Yes ₃ No
- b. Johne's? ₁ Yes ₃ No
- c. Brucellosis? ₁ Yes ₃ No
- d. Q fever? ₁ Yes ₃ No
- e. Caseous lymphadenitis? ₁ Yes ₃ No
- f. Scrapie? ₁ Yes ₃ No
- g. TB? ₁ Yes ₃ No
- h. Other? (specify: _____) ₁ Yes ₃ No

[If Item 4 all = NO, SKIP to Section C.]

5. How did you usually confirm the disease status of the source herd?
- a. Required statement from seller ₁ Yes ₃ No
- b. Required statement from veterinarian ₁ Yes ₃ No
- c. Required laboratory results ₁ Yes ₃ No
- d. Other (specify: _____) ₁ Yes ₃ No

Section C—Preventive Practices

Now I have some questions about **preventive practices** you **normally** use. I'll ask about preventive practices for **adult goats 1 year of age and older** and for **kids less than 1 year of age**.

1. Does this operation **normally** use:
- | | <u>Goats</u> | | <u>Kids</u> | |
|---|---|--|---|--|
| a. Coccidiostats in feed to prevent coccidia? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Vitamins A-D-E (injection or in feed)? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Selenium (injection or in feed)? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Copper (injection or in water/feed or oral bolus)? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Ionophores in feed to promote growth (e.g., Rumensin [®] , Deccox [®])? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| f. Probiotics (e.g., <i>Lactobacillus</i> , <i>Bifidobacterium</i>)? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| g. Goat mineral block? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| h. Other mineral block (e.g., cow)? (specify: _____) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
2. During the previous 12 months, how often did this operation test any goats for:

	<u>Once</u>	<u>More than once</u>	<u>Did not test</u>
a. CAE?	_____	_____	_____
b. Johne's?	_____	_____	_____
c. Brucellosis?	_____	_____	_____
d. CL?	_____	_____	_____
e. Scrapie?	_____	_____	_____
f. TB?	_____	_____	_____

3. During the previous 12 months, were **any** of your goats or kids vaccinated? ₁ Yes ₃ No

[If Item 3 = NO, SKIP to Item 8.]

4. Do you know which diseases your goats were vaccinated against during the previous 12 months? ₁ Yes ₃ No

[If Item 4 = NO, SKIP to Item 8.]

5. Were the following vaccines used in **any** goats or kids during the previous 12 months? *[Optional: If the producer gives you the specific vaccine product used, please write it here **in addition to** completing Items 7a-j: _____.]*

- a. Enterotoxemia (overeating disease, bloody scours, pulpy kidney disease, *Clostridium* type C & D)? ₁ Yes ₃ No
 If YES, how frequently are animals vaccinated for enterotoxemia?
₁ Three to four times a year
₂ Twice a year
₃ Annually
₄ Less often than annually
- b. Tetanus? ₁ Yes ₃ No
- c. Other clostridial diseases (blackleg, malignant edema, sorehead)? ₁ Yes ₃ No
- d. Caseous lymphadenitis (boils, CL, abscesses)? ₁ Yes ₃ No
- e. Vibriosis or chlamydia (abortions, enzootic, EAE, *Campylobacter*)? ₁ Yes ₃ No
- f. Foot rot? ₁ Yes ₃ No
- g. *Leptospirosis*? ₁ Yes ₃ No
- h. Rabies? ₁ Yes ₃ No
- i. *Pasteurella/Mannheimia* (pneumonia)? ₁ Yes ₃ No
- j. Sore mouth? ₁ Yes ₃ No
- k. Other? (specify: _____) ₁ Yes ₃ No

[If Item 5j (Sore mouth vaccine) = NO, SKIP to Item 8.]

6. Which of the following sore mouth vaccines was used most recently?
₁ Colorado Serum Company

- Texas Agrilife
- Other (specify: _____)

7. Who vaccinated goats for sore mouth during the previous 12 months, and did they wear gloves when vaccinating?

	<u>Gave vaccine</u>	<u>If YES, wore gloves</u>
a. Veterinarian.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ D/K <input type="checkbox"/> ₃ No
b. Farm worker(s).....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ D/K <input type="checkbox"/> ₃ No
c. Producer.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

8. If a new sore mouth vaccine became available for goats, how important would the following items be to you for deciding whether to use the new sore mouth vaccine?

	<u>Very important</u>	<u>Somewhat important</u>	<u>Not important</u>
a. Price.....	_____	_____	_____
b. Ease of administration.....	_____	_____	_____
c. Can be used in NON infected herds to prevent disease	_____	_____	_____
d. Does not cause disease.....	_____	_____	_____
e. Recommended by veterinarian.....	_____	_____	_____

9. Do you believe there is a need for a new sore mouth vaccine?..... ₁ Yes ₃ No

10. Does this operation participate in any of the following kinds of Johne's disease control or certification programs?

- a. A unique program developed specifically for this operation ₁ Yes ₃ No
- b. A State-sponsored program..... ₁ Yes ₃ No
- c. Other (specify: _____) ₁ Yes ₃ No

11. Did you keep the following production records during the previous 12 months?

- a. Vaccinations..... ₁ Yes ₃ No
- b. Antibiotic treatments..... ₁ Yes ₃ No
- c. Cost of treatments..... ₁ Yes ₃ No
- d. Birth weights..... ₁ Yes ₃ No
- e. Weaning weights..... ₁ Yes ₃ No
- f. Disease occurrence ₁ Yes ₃ No
- g. Results from tested animals..... ₁ Yes ₃ No
- h. Number of kids born..... ₁ Yes ₃ No
- i. Number of kids weaned ₁ Yes ₃ No
- j. Number of kid deaths..... ₁ Yes ₃ No
- k. Reasons for kid deaths ₁ Yes ₃ No
- l. Reasons for culling..... ₁ Yes ₃ No

Section D—Parasite Control

1. Does this operation use the FAMACHA[®] card/eye color (anemia) score for goats or kids? ₁ Yes ₃ No

[If Item 1 = NO, SKIP to Item 4.]

2. Do you use the FAMACHA card to:
- a. Identify or cull worm-susceptible goats or kids? ₁ Yes ₃ No
- b. Selectively deworm goats or kids (e.g., only goats with certain scores are dewormed)? ₁ Yes ₃ No
- c. Other? (specify: _____) ₁ Yes ₃ No
3. What benefits have you seen from using FAMACHA?
- a. Healthier herd..... ₁ Yes ₃ No
- b. Recognizing problems other than worms more than before ₁ Yes ₃ No
- c. Savings on deworming ₁ Yes ₃ No
- d. Other (specify: _____) ₁ Yes ₃ No
4. Did you treat any goats or kids for internal parasites during the previous 12 months (with medications or natural/alternative dewormers)? ₁ Yes ₃ No

[If Item 4 = NO, SKIP to Item 13.]

5. When you last dewormed goats or kids on this operation, what percentage of the herd received a dewormer?..... _____ %
6. Did you use the following products to treat goats or kids for internal parasites during the previous 12 months? *[For help categorizing specific products into anthelmintic class, see the Anthelmintic Reference Card.]*
- a. Avermectins (Ivomec[®]–ivermectin, Dectomax[®]–doramectin) ₁ Yes ₃ No
- b. Milbemycins (Cydectin[®]/Quest[®]–moxidectin) ₁ Yes ₃ No
- c. Benzimidazoles (Panacur[®]/Safeguard[®]–fenbendazole, Valbazen[®]–albendazole, Synanthic[®]–oxfendazole)..... ₁ Yes ₃ No
- d. Tetrahydropyrimidines (Rumatel[®]–morantel, Strongid[®]–Pyrantel)..... ₁ Yes ₃ No
- e. Imidathiazoles (Levasole[®]/Tramisol[®]–levamisole)..... ₁ Yes ₃ No
- f. High tannin concentrate plants (e.g., lespedeza) ₁ Yes ₃ No
- g. “Natural” or alternative dewormer products (e.g., diatomaceous earth, botanicals, herbs, cayenne pepper, copper oxide wire particles) (specify: _____) ₁ Yes ₃ No
- h. Other (specify: _____) ₁ Yes ₃ No
7. Did you do any of the following as part of your deworming program during the previous 12 months?
- a. Rotate dewormer types ₁ Yes ₃ No
- b. Deworm every animal in the herd ₁ Yes ₃ No
- c. Deworm only some animals..... ₁ Yes ₃ No

- d. Give a combination of two or more dewormer drugs at once ₁ Yes ₃ No
- e. Use a higher does of dewormer in goats than the dose recommended for sheep ₁ Yes ₃ No
- f. Rotate pastures ₁ Yes ₃ No
- g. Select for resistant animals, or cull worm-susceptible animals..... ₁ Yes ₃ No

8. Which of the following do you use **primarily** to decide when to treat your goats for internal parasites (worms)? *[Check one only.]*

- ₁ When the goats look rough
- ₂ Fecal consistency (diarrhea)
- ₃ On a regular schedule (e.g., seasonally, annually)
- ₄ Based on fecal tests
- ₅ Based on FAMACHA card system/eye anemia score
- ₆ Bottlejaw
- ₇ Other (specify: _____)

9. How important to you are the following reasons for choosing the deworming product used?

	<u>Very important</u>	<u>Somewhat important</u>	<u>Not important</u>
a. Price	_____	_____	_____
b. Tradition	_____	_____	_____
c. Efficacy.....	_____	_____	_____
d. Recommended by others.....	_____	_____	_____
e. Ease of application or administration.....	_____	_____	_____
f. Other reason (specify: _____)	_____	_____	_____

10. How important to you are the following as sources for deworming information?

	<u>Very important</u>	<u>Somewhat important</u>	<u>Not important</u>
a. Veterinarian.....	_____	_____	_____
b. Other producer or goat owner.....	_____	_____	_____
c. Sales representative	_____	_____	_____
d. Extension/university personnel	_____	_____	_____
e. Magazines/journals/club or 4-H publications (articles and/or ads)	_____	_____	_____
f. Other source (specify: _____)	_____	_____	_____

11. How involved would you say your veterinarian is regarding the:

	<u>Highly involved</u>	<u>Somewhat involved</u>	<u>Not involved</u>	<u>No veterinarian</u>
a. Diagnosis of parasite infections?	_____	_____	_____	_____

- b. Decisions about parasite treatments? _____
12. How important to you are the following for determining the effectiveness of your deworming program?
- | | <u>Very important</u> | <u>Somewhat important</u> | <u>Not important</u> |
|--|-----------------------|---------------------------|----------------------|
| a. Achieve expected performance (e.g., growth, milk production)..... | _____ | _____ | _____ |
| b. Appearance/overall health of goats | _____ | _____ | _____ |
| c. Fecal consistency (no diarrhea) | _____ | _____ | _____ |
| d. Laboratory testing | _____ | _____ | _____ |
| e. FAMACHA card system/eye anemia score..... | _____ | _____ | _____ |
| f. Other (specify: _____) | _____ | _____ | _____ |
13. Did you use the following fecal tests for parasite resistance on your operation during the previous 12 months?
- a. Fecal egg count reduction..... ₁ Yes ₃ No
- b. DrenchRite[®] (resistance panel to dewormers) ₁ Yes ₃ No
- c. Other (specify: _____) ₁ Yes ₃ No
14. Which of the following best describes your opinion on the effectiveness of natural deworming products (e.g., diatomaceous earth, botanicals, herbs) in reducing worm burdens in goats? *[Check one only.]*
- ₁ Completely ineffective
- ₂ Minimally effective
- ₃ Somewhat effective
- ₄ Very effective
- ₅ No opinion
15. During the previous 12 months, have you used a pour-on product or topical spray for fly and/or lice control? ₁ Yes ₃ No

Section E—Kidding Management

Now I have some questions about kidding management and kid care.

1. How many kids were born alive on this operation during the previous 12 months?
- a. Buck kids _____ head
- b. Doe kids _____ head
- c. **Total** *[Add Items 1a-b.]* _____ head

[If Item 1c = ZERO, SKIP to Section G.]

2. How frequently did you clean manure and waste bedding from kidding areas during the last kidding season? *[Check one only.]*
- ₁ After each doe

- ₂ Several times during the kidding season
- ₃ Once, at the end of kidding season
- ₄ Never
3. During the last kidding season, how did you dispose of placentas or aborted fetuses?
[Check one only.]
- ₁ Left in field/birthing area
- ₂ Burned/incinerated
- ₃ Composted
- ₄ Rendered
- ₅ Disposed of in landfill/dump
- ₆ Buried
- ₇ Other (specify: _____)
4. During the previous 12 months, did you use the kidding area/pen as a sick pen? ₁ Yes ₃ No
5. During kidding, were first-time kidders physically separated from goats that have had more than one full-term birth? ₁ Yes ₃ No
6. During the previous 12 months, did you provide high-energy supplements to your does during the following time periods:
- a. Prior to breeding? ₁ Yes ₃ No
- b. Last day of pregnancy? ₁ Yes ₃ No
- c. First 6 to 8 weeks of lactation? ₁ Yes ₃ No

Section F—Kid Care

1. During the previous 12 months, did this operation feed any unweaned kids:
- a. Colostrum from dam (either nursing or by hand)? ₁ Yes ₃ No
- b. Pooled goat colostrum? ₁ Yes ₃ No
- c. Commercial colostrum product? ₁ Yes ₃ No
- d. Commercial milk replacer product? ₁ Yes ₃ No
- e. Cow milk? ₁ Yes ₃ No
2. During the previous 12 months, did this operation store excess colostrum? ₁ Yes ₃ No
3. What is the average age (days) of unweaned kids when they are first offered:
- a. Water? _____ days
- b. Starter grain? _____ days
- c. Hay or other cut roughage? _____ days
- d. Pasture/browse? _____ days

- e. Minerals? _____ days
- f. Other? (specify: _____) _____ days
4. How many of the kids born alive during the previous 12 months:
- a. Were polled (naturally hornless)? _____ head
- b. Would develop horns naturally? _____ head
- c. **Total** [should equal Item 1c, Section B, p 2]..... _____ head
5. Did you dehorn or disbud any kids on this operation during the previous 12 months? ₁ Yes ₃ No

[If Item 5 = NO, SKIP to Item 10.]

6. Of the (Item 4b) kids expected to have horns, what percentage were or will be **dehorned** or **disbudded** on this operation? [Exclude kids dehorned or disbudded elsewhere.]..... _____ %
7. What was the average age of kids when they were dehorned or disbudded on this operation? [Enter one response in days, weeks, or months.]..... _____
_____ Days _____ Weeks _____ Months
8. Which of the following best describes the **primary** method of dehorning or disbudding used on this operation for kids during the previous 12 months? [Check one only.]
- ₁ Caustic paste
- ₂ Electric dehorner/debudder, hot iron
- ₃ Spoons or gouges
- ₄ Saws, barnes, or keystone (guillotine)
- ₅ Rubber band (elastrator band)
- ₆ Other (specify: _____)
9. When kids were dehorned or disbudded, were analgesics or anesthesia routinely used on this operation during the previous 12 months?..... ₁ Yes ₃ No
10. What percentage of the **buck kids** born on this operation during the previous 12 months were or will be castrated? _____ %

[If Item 10 = ZERO, SKIP to Section G.]

11. What was the average age of kids when they were castrated on this operation during the previous 12 months? [Enter one response in days, weeks, or months.]..... _____
_____ Days _____ Weeks _____ Months
12. Which of the following best describes the primary method of castration used on this operation during the previous 12 months? [Check one only.]
- ₁ Remove testicles with a blade
- ₂ Clamp/burdizzo (e.g., crush cords)
- ₃ Rubber band (elastrator band)

₄ Other (specify: _____)

Section G—Goat and Herd Health

1. How many does were in milk during the previous 12 months (include all does whether nursing or being milked)? [Count each doe only once, even if she kidded twice in the 12 month period.] _____ head

[If Item 1 = ZERO, SKIP to Item 5.]

2. How many does (Item 1) had clinical mastitis (presence of abnormal milk and/or inflamed udder) during the previous 12 months? [Enter number of head, or Don't know.] _____ head Don't know

[If Item 2 = ZERO or DON'T KNOW, SKIP to Item 5.]

3. Of the does with clinical mastitis, how many were:
- a. Less than 3 years old? _____ head
 - b. 3 to 5 years old? _____ head
 - c. 6 years or older? _____ head
 - d. **Total** [should equal Item 2] _____ head

4. How was mastitis **usually** diagnosed on this operation during the previous 12 months? [Check one only.]

- ₁ California mastitis test (CMT) or somatic cell count (SCC)
- ₂ Visual observation of udder and/or milk
- ₃ Culture of milk
- ₄ Other (specify: _____)

5. During the previous 12 months, have any does in your herd experienced abortions or stillbirths? ₁ Yes ₃ No

[If Item 5 = NO, SKIP to Item 7.]

6. Were any of these abortions or stillbirths due to the following diseases (suspected or confirmed)?

	Caused abortions/ stillbirths during the previous 12 months?	If YES, was it diagnosed by either a veterinarian or a lab?
a. <i>Campylobacter</i>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. <i>Chlamydia</i>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. <i>Listeria</i>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Q fever	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Toxoplasmosis	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

f. Other (specify: _____) ₁ Yes ₃ No ₁ Yes ₃ No

7. Have you or any of your family members or employees ever been infected with Q fever?..... ₁ Yes ₂ Don't know ₃ No

If YES, was it diagnosed by a doctor or a lab?..... ₁ Yes ₃ No

8. Indicate if, during the **3 years** prior to this interview, any of the following were present (suspected or confirmed) in your herd:

	In the herd during the previous 3 years?	If YES, was it diagnosed by either a veterinarian or a lab?
a. Brucellosis?.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Caprine arthritis encephalitis (CAE)?.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Caseous lymphadenitis (boils, CL, abscesses)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Johne's (paratuberculosis)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Scrapie?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
f. Tuberculosis (TB)?.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
g. Q fever?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
h. Sore mouth (orf, contagious ecthyma)?.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

[If Item 8h = NO, SKIP to Section H.]

9. How many goats and kids in your herd had sore mouth (suspected or confirmed) during the previous 12 months?
[If none, enter 0.]..... _____ head Don't know

[If Item 9 = ZERO or DON'T KNOW, SKIP to Section H.]

How many of those died? [should be less than or equal to Item 9]..... _____ head

Section H—Dairy Producers Only

1. During the previous 12 months, did you milk any goats to produce milk or milk products for human consumption? ₁ Yes ₃ No

[If Item 1 = NO, SKIP to Section I.]

2. What is the current average **annual** milk production per doe? _____ lb

3. During the previous 12 months, what was the average length of the dry period for does on this operation? _____ days

4. During the previous 12 months, did this operation participate in a:

a. Dairy Herd Improvement Association (DHIA) program?..... ₁ Yes ₃ No

b. Quality assurance program (a program to improve milk product quality through assessments and monitoring)? ₁ Yes ₃ No

5. Were any of the following milk tests performed on this operation during the previous 12 months?
- a. Individual goat milk culture..... ₁ Yes ₃ No
 - b. Individual goat somatic cell count ₁ Yes ₃ No
 - c. Pooled milk culture (bulk tank, bucket, etc.) ₁ Yes ₃ No
 - d. Pooled milk somatic cell count (SCC) (bulk tank, bucket, etc.) ₁ Yes ₃ No
- If Item 5d = YES, what was the most recent count? _____ cells/ml

6. During the previous 12 months, did you purchase any does over 6 years of age to add to your milking string?..... ₁ Yes ₃ No

7. During the previous 12 months, did your operation milk any dairy **cows**? ₁ Yes ₃ No

[If Item 7 = NO, SKIP to Item 9.]

8. Were goats and cows milked in the same facilities? ₁ Yes ₃ No

9. Who milked the majority of the goats on this farm during the previous 12 months?
[Check one only.]

- ₁ Owner/operator
- ₂ Family member(s) of owner
- ₃ Hired worker(s) (nonfamily member)

10. Did milkers routinely wear gloves when milking goats in the milking string during the previous 12 months? ₁ Yes ₃ No

11. Which of the following best describes how teats were **usually** prepared **prior to milking** during the previous 12 months in both summer and winter seasons?

[Enter one code only for each season.]

- a. Udder wash solution, disinfectant solution, or teat dip
- b. Water only
- c. Wiped with dry cloth
- d. No preparation
- e. Other (specify: _____)

Summer **Winter**

12. Which of the following best describes how teats were **dried** prior to milking during the previous 12 months in both summer and winter seasons?

[Enter one code only for each season.]

- a. Not applicable—teats not wet prior to milking
- b. Single-use cloth or paper towel
- c. Multiple-use cloth or paper towel
- d. Other (specify: _____)

Summer **Winter**

13. Which of the following best describes **postmilking** procedures regarding teat disinfection during the previous 12 months in both summer and winter seasons?

[Enter one code only for each season.]

- a. Dip teats with labeled postdip product
- b. Dip teats with nonlabeled/homemade solution
- c. Spray teats with commercial postdip product
- d. None
- e. Other (specify: _____)

_____ Summer _____ Winter

14. Which of the following describes how frequently you used an intramammary therapy/infusion at dry off for goats during the previous 12 months? *[Check one only.]*

- ₁ Always
- ₂ Sometimes
- ₃ Never

15. During the previous 12 months, were goats with clinical mastitis usually milked:

- a. Using a separate milking unit from healthy goats? ₁ Yes ₃ No
- b. In a separate string from healthy goats? ₁ Yes ₃ No
- c. At the end of milking in the milking unit? ₁ Yes ₃ No

16. How frequently are milkers trained on milking procedures? *[Check one only.]*

- ₁ No milker training
- ₂ Trained as new employees only
- ₃ 1 to 2 times per year for all milkers
- ₄ 3 or more times per year for all milkers
- ₅ Other (specify: _____)

[If Item 16 = 1 (No milker training), SKIP to Item 18.]

17. Which of the following training methods are used for milkers?

- a. Video ₁ Yes ₃ No
- b. Discussion/lecture ₁ Yes ₃ No
- c. On-the-job training ₁ Yes ₃ No
- d. Other training (specify: _____) ₁ Yes ₃ No

18. Currently, does your operation milk goats in any particular order? ₁ Yes ₃ No

[If Item 18 = NO, SKIP to Section I.]

19. Which of the following **best** describes the order in which goats are milked? *[Check one only.]*

- ₁ Based on age
- ₂ Based on health
- ₃ Based on production level
- ₄ Other (specify: _____)

Section I—Biosecurity

1. During the previous 12 months, did you maintain a closed herd (no goats added to your operation from sources outside this operation)? ₁ Yes ₃ No
If YES, how many years has your herd been closed?..... _____ years

The next several questions pertain to cleaning and disinfection of equipment used on this operation. Disinfection refers to the use of a chemical solution (e.g., Betadine, Nolvasan, bleach, detergents) to destroy disease-causing organisms.

2. During the previous 12 months, did you chemically disinfect the equipment used after each goat was:
- a. Dehorned/disbudded? ₁ Yes ₃ No ₄ NA
 - b. Castrated?..... ₁ Yes ₃ No ₄ NA
 - c. Tattooed? ₁ Yes ₃ No ₄ NA
 - d. Tagged? ₁ Yes ₃ No ₄ NA
 - e. Other? (specify: _____) ₁ Yes ₃ No ₄ NA
3. During the previous 12 months, were any goats given any injections? ₁ Yes ₃ No

[If Item 3 = NO, SKIP to Item 5.]

4. On average, how many goats were injected with the same needle before the needle was changed? _____ head

[If Item 4 = 1, SKIP to Item 5.]

Was the needle chemically disinfected between animals? ₁ Yes ₃ No

5. During the previous 12 months, did this operation share any equipment with other livestock owners (e.g., tractors, feeding equipment, manure spreaders, trailers, shearers, dehorner)? ₁ Yes ₃ No

[If Item 5 = NO, SKIP to Item 7.]

6. Was shared equipment cleaned prior to use? ₁ Yes ₃ No

If YES, which of the following **best** describes this operation's cleaning procedures? *[Check one only.]*

- ₁ Wash equipment with water or steam only
- ₂ Chemically disinfect only
- ₃ Wash equipment and chemically disinfect
- ₄ Other (specify: _____)

7. During the previous 12 months, how often did this operation use the same equipment to handle both manure and goat feed? *[Check one only.]*

- ₁ Routinely
- ₂ Rarely
- ₃ Never

If **Item 7 = 1 or 2**, which **best** describes cleaning procedures usually used on equipment after handling manure and prior to handling feed?
[Check one only.]

- ₁ Wash equipment with water or steam only
- ₂ Chemically disinfect only
- ₃ Wash equipment and chemically disinfect
- ₄ Other (specify: _____)
- ₅ No procedures done

8. During the previous 12 months, were any of the following methods used to dispose of manure?
- a. Applied to land owned, rented, or leased by this operation ₁ Yes ₃ No
 - b. Applied to land not owned, rented, or leased by this operation ₁ Yes ₃ No
 - c. Sold or received other compensation ₁ Yes ₃ No
 - d. Given away ₁ Yes ₃ No
 - e. Composted..... ₁ Yes ₃ No

Section J—Goat Diseases

1. Before this study, were you aware that the following **clinical signs** are associated with scrapie in goats?
- a. Scratching and rubbing against fixed objects ₁ Yes ₃ No
 - b. Loss of coordination (staggering) and gait abnormalities ₁ Yes ₃ No
 - c. Weight loss despite retention of appetite ₁ Yes ₃ No
 - d. Lip smacking ₁ Yes ₃ No
 - e. Trembling, falling down, and convulsing when startled ₁ Yes ₃ No
2. Prior to this study were you aware that the following measures can be helpful in preventing scrapie from entering a herd?
- a. Obtain new acquired breeding does from scrapie-negative herds..... ₁ Yes ₃ No
 - b. Test incoming goats if they are acquired from producers that also breed blackface sheep (e.g., Suffolk), Southdown sheep, Montadale sheep, or club lambs ₁ Yes ₃ No
 - c. Use a single farm source for goats ₁ Yes ₃ No
 - d. Maintain a closed herd (no goats added to your herd from sources outside this operation)..... ₁ Yes ₃ No
 - e. Avoid commingling with sheep, particularly during lambing ₁ Yes ₃ No
 - f. Avoid grazing goats on land previously used for sheep ₁ Yes ₃ No
 - g. Clean and disinfect kidding areas after kidding ₁ Yes ₃ No
 - h. Other measures not included above (specify: _____) ... ₁ Yes ₃ No
3. Before this study, were you aware that the following **clinical signs** are associated with sore mouth (orf) in goats?

- a. Blisters..... ₁ Yes ₃ No
 - b. Crusty scabs ₁ Yes ₃ No
 - c. Sores on the lips, muzzle, and/or in mouth..... ₁ Yes ₃ No
 - d. Sores on lower legs..... ₁ Yes ₃ No
 - e. Sores on the teats ₁ Yes ₃ No
 - f. Difficulty drinking/feeding ₁ Yes ₃ No
4. Prior to this study were you aware that the following measures can be helpful in preventing Johne's disease in a herd?
- a. Obtain new acquired breeding does and bucks from Johne's-negative herds ₁ Yes ₃ No
 - b. Test all incoming ruminants ₁ Yes ₃ No
 - c. Use a single source of goats (not sale barn) ₁ Yes ₃ No
 - d. Maintain a closed herd (all replacements are from this operation; no contact with goats from other operations)..... ₁ Yes ₃ No
 - e. Do not expose kids to feces of infected does ₁ Yes ₃ No
 - f. Routinely test herd for Johne's ₁ Yes ₃ No
 - g. Pasteurize milk and colostrum before feeding to kids ₁ Yes ₃ No
 - h. Other measures (specify: _____) ₁ Yes ₃ No

Section K—Death Losses

1. Between July 1, 2008, and June 30, 2009, how many goats and kids were lost or stolen and how many died or were euthanized from all causes? *[Exclude kids born dead and slaughtered goats.]*

	<u>Goats</u>	<u>Kids</u>
a. Lost/stolen.....	_____	_____ head
b. Died.....	_____	_____ head

[If BOTH Item 1b Died = ZERO, SKIP to Administrative Data Section.]

2. How many goats and kids died or were euthanized because of:

	<u>Goats</u>	<u>Kids</u>
a. Predators?.....	_____	_____
b. Digestive problems (e.g., bloat, scours, parasites, enterotoxemia acidosis, etc.)?	_____	_____
c. Respiratory problems (e.g., pneumonia, shipping fever, etc.)?	_____	_____
d. Metabolic problems (e.g., milk fever, twin kid disease, pregnancy toxemia, etc.)?.....	_____	_____
e. Other known diseases (e.g., mastitis, footrot, boils, etc.)? (specify: _____)	_____	_____
f. Weather-related causes (e.g., chilling, drowning, lightning, etc.)?	_____	_____

g. Kidding problems?	_____	_____
h. Old age?.....	_____	_____
i. Poisoning/toxicity (e.g., nitrate poisoning, noxious feeds/weeds, etc.)?	_____	_____
j. Other known causes? (specify: _____)	_____	_____
k. Unknown causes?.....	_____	_____
l. Totals [should equal Items 1b.]	_____	_____
3. Of the goats and kids that died or were euthanized between July 1, 2008, and June 30, 2009, how many were disposed of by each of the following methods?		
	<u>Goats</u>	<u>Kids</u>
a. Landfill or municipal dump	_____	_____
b. Incineration (burned)	_____	_____
c. Burial on premises	_____	_____
d. Rendering.....	_____	_____
e. Composting	_____	_____
f. Leaving for scavengers (e.g., coyotes, bears, vultures)	_____	_____
g. Other (specify: _____)	_____	_____
h. Totals [should equal Items 1b]	_____	_____

Administrative Data Section

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 SITIME
2. Check box indicating how questionnaire was administered ₁ Telephone ₂ In person SADM
3. Total travel time (round trip), if applicable. If more than one data collector present, enter the combined time..... _____ min STTIME
4. Data collector(s): *[Enter the number for each category.]*
 _____ Federal VMO _____ Federal AHT _____ State personnel _____ Other (specify) SVMO/SAHT/SST/SOTH
5. Enter response code 99 if questionnaire is completed or enter one code of 00-07 that best describes the reason why the owner is not participating..... _____ code SRCO

- 99 = Survey completed
- 00 = Inaccessible after five contact attempts
- 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)

Contact attempt history			
Date (mm/dd)	Time (am/pm)	Action	Outcome
1/22	4:30 pm	Phone call	Left msg on machine
CDATE	CTIME	CACTION	COUTCOME

6. Producer data quality..... ₁ Good to Excellent ₂ OK ₃ Poor SPDQ
7. Which of the following best describes the respondent's position with this operation? _____ code SPOS
 1 = Owner
 2 = Manager
 3 = Family member (other than owner or manager)
 4 = Other hired employee
 5 = Other (specify: _____))SPOSOTH
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 SCONS

Comments regarding this questionnaire or operation:

VMO or AHT Signature: _____

TO BE COMPLETED BY THE COORDINATOR:

- Field data quality ₁ Good to Excellent ₂ OK ₃ Poor SFDQ