



Animal and Plant Health Inspection Service

Veterinary Services

National Animal Health Monitoring System

2150 Centre Ave Bldg B Fort Collins, CO 80526

Form Approved OMB Number 0579-XXXX Expires

URBAN CHICKEN QUESTIONNAIRE

The purpose of this survey is to learn more about chickens living in urban areas. Your response is **confidential, anonymous**, and voluntary. Thank you for your help! You must own chickens and reside in one of the following zip codes to complete this survey: Zip code list here.

Additionally, if you live in a **single-family** home, it must be on less than 1 acre of land. If your chickens live in a community co-op there is no acreage limitation, but the co-op must be located in the above zip codes.

Section A: General Management

- How many of the following types of birds have you had at your home (or at the community co-op) during the previous 12 months?
 - Chickens: table egg breeds (e.g., Leghorn, Plymouth Rock, Rhode Island Red).... _____ head
 - Chickens: meat breeds (e.g., Cornish, Sex-links)..... _____ head
 - Chickens: game fowl (e.g., Kelso, Hatch, Claret) _____ head
 - Chicken: others (e.g., show/exhibition, Silkie, Sebright, Ancona)..... _____ head
 - Turkeys..... _____ head
 - Ducks/other water fowl (e.g., geese, swans) _____ head
 - Pigeons, doves, or game birds (e.g., quail, pheasant)..... _____ head
 - Guinea fowl _____ head
 - Pet birds (breeds not used for food and usually housed in cages in the home, e.g., parrots, cockatiels, parakeets, finches, canaries) _____ head
 - Other species of birds (specify: _____) _____ head
- What is the maximum number of **chickens** you have had at your home (or at the community co-op) at one time during the previous 12 months?..... _____ head
- Which of the following best describes the location where your **chickens** are kept? *[Check one only.]*
 - At a community co-op
 - At your home (single-family home on less than 1 acre)
 - At your home (multifamily dwelling [e.g., apartment or condo])
 - Other (specify: _____)
- Approximately how far (in miles) is this feed store from the location where you keep your chickens? _____ miles
- What is the approximate distance from the location where your chickens are kept to the nearest premises with poultry?..... _____ miles OR _____ feet Don't know
- Do any of your chickens **or other birds** have outside access and the ability to leave the property (even if they do not)? Yes No

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 0579-XXXX. The time required to complete this information collection is estimated to average 0.25 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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The remaining questions refer to chickens only.

7. How often do you house any chickens inside your home? ₁ Always ₂ Sometimes ₃ Never

8. During the **previous 3 months**, how often did you see the following animals or evidence of the following animals **in the chicken area**?

- a. Wild waterfowl (e.g., ducks, geese) ₁ Daily ₂ Weekly ₃ Monthly ₄ Rarely or Never
- b. Wild birds other than waterfowl ₁ Daily ₂ Weekly ₃ Monthly ₄ Rarely or Never
- c. Rodents (rats or mice) ₁ Daily ₂ Weekly ₃ Monthly ₄ Rarely or Never
- d. Wild animals other than rodents (e.g., feral cats, raccoons, foxes, skunks, possums, etc.) ... ₁ Daily ₂ Weekly ₃ Monthly ₄ Rarely or Never
- e. Neighbor's chickens and/or other birds ₁ Daily ₂ Weekly ₃ Monthly ₄ Rarely or Never
- f. Pet dogs or cats ₁ Daily ₂ Weekly ₃ Monthly ₄ Rarely or Never

9. Are any of the following rodent control methods used for the chicken area?

- a. Bait ₁ Yes ₃ No
- b. Traps/sticky tape ₁ Yes ₃ No
- c. Dogs/cats ₁ Yes ₃ No
- f. Other (specify: _____) ₁ Yes ₃ No

10. Did you have any of the following problems in your chickens during the **previous 3 months**?

- a. Diarrhea ₁ Yes ₃ No
- b. Respiratory (nasal/ocular discharge, cough/rattle/sneeze, "snicking") ₁ Yes ₃ No
- c. Neurologic (falling over, weakness, trembling) ₁ Yes ₃ No
- d. Weight loss ₁ Yes ₃ No
- e. Feed refusal/depression (droopy birds) ₁ Yes ₃ No
- f. Sudden decreased production (egg laying, hatchability, weight gain) ₁ Yes ₃ No
- g. Unexplained death loss ₁ Yes ₃ No
- h. External parasites (lice/mites) ₁ Yes ₃ No
- i. Lameness/leg problems ₁ Yes ₃ No
- j. Other (specify: _____) ₁ Yes ₃ No

11. During the **previous 12 months**, how many times did you take any chickens to a veterinarian? *[If none, enter 0.]*..... _____ times

12. Did your chickens receive any treatments, medications, or vaccines during the **previous 12 months**? ₁ Yes ₃ No

13. How important to you are the following sources of chicken 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. Feed store	<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. Internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

14. Do you feed your chickens table scraps? ₁ Yes ₃ No

Section B: Chicken Movement

1. How many **times** during the previous 12 months were additional chickens placed into your flock (not including those hatched on-site)? *[If none, enter 0.]*..... _____ times

[If Item 1 = ZERO, SKIP to Item 3.]

2. How many times did you obtain chickens from each of the following sources during the previous 12 months? *[If none, enter 0.]* For each source that was used, approximately how far (in miles) was the source from the location where you keep your chickens?

- a. Local hatchery _____ times _____ miles
- b. Private individual (e.g., friend, neighbor) _____ times _____ miles
- c. Poultry wholesaler or dealer _____ times _____ miles
- d. Fair or show _____ times _____ miles
- e. Feed or farm store _____ times _____ miles
- f. Mail order or Internet _____ times _____ miles
- g. Other (specify: _____) _____ times _____ miles

3. Did you sell or give away any live chickens during the previous 12 months? ₁ Yes ₃ No

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

4. How many times did you sell or give away chickens in each of the following ways during the previous 12 months? *[If none, enter 0.]* For each method, approximately how far (in miles) did the chickens travel to their destinations?
- a. Live-bird market _____ times _____ miles
 - b. Private individual (e.g., friend, neighbor) _____ times _____ miles
 - c. Poultry wholesaler or dealer _____ times _____ miles
 - d. Fair or show _____ times _____ miles
 - e. Feed or farm store _____ times _____ miles
 - f. Other (specify: _____) _____ times _____ miles
5. During the previous 12 months, how often did you take any of your chickens to a location (e.g., fair, show) where other birds were present and then return them to your flock? *[If none, enter 0.]* _____ times
6. During the previous 12 months, approximately how many times did you sell or give away any hatching or table eggs? *[If none, enter 0.]* _____ times

Section C: Biosecurity

1. How often do you require the following practices for people entering the chicken area?
- a. Use of footbath before entry ₁ Always ₂ Sometimes ₃ Never
 - b. Scrub boots/shoes before entry ₁ Always ₂ Sometimes ₃ Never
 - c. Wear disposable boot or shoe covers ₁ Always ₂ Sometimes ₃ Never
 - d. Wear dedicated clothing or change clothing before entering ₁ Always ₂ Sometimes ₃ Never
 - e. Wash hands before handling the chickens ₁ Always ₂ Sometimes ₃ Never
 - f. Wash hands after handling the chickens ₁ Always ₂ Sometimes ₃ Never
2. How many times did the following types of people enter your chicken area during the **previous 12 months**? *[If none, enter 0.]*
- a. Private veterinarian _____ times
 - b. University veterinarian or cooperative extension agent _____ times
 - c. Customer (private individual) purchasing birds, meat, eggs, or other bird products _____ times
 - d. Bird wholesaler, buyer, or dealer (including live-bird market owner) _____ times
 - e. Service person for facilities or equipment (e.g., meter reader, plumber, electrician, etc.) _____ times
 - f. Nonbusiness visitors (e.g., school groups, friends, or neighbors) _____ times

Section D: Slaughter and Death Loss

1. Were any of your chickens slaughtered or sold for slaughter for human consumption during the previous 12 months? ₁ Yes ₃ No

[If Item 1 = NO, SKIP to Item 3.]

2. During the previous 12 months, how many times were chickens slaughtered

in each of the following ways? [If none, enter 0.]

- a. Home slaughtered by yourself or family member _____ times
- b. Mobile slaughter facility that came to your house _____ times
If a mobile slaughter facility was used, how far did it travel to your chicken coop? . _____ miles
- c. Chickens transported to slaughter facility _____ times
- d. Other method (specify: _____) _____ times

3. Not counting birds slaughtered for human consumption, how many of your chickens died or were euthanized during the previous 12 months?..... _____ head

[If Item 3 = ZERO, SKIP to Section E.]

4. How many died from the following causes:

- a. Predators? _____ head
- b. Illness/disease? _____ head
- c. Injury? _____ head
- d. Old age? _____ head
- e. Other known cause? (specify: _____) _____ head
- f. Unknown cause? _____ head

5. Which of the following was the **primary** method of disposing of dead chickens?

[Check one only.]

- ₁ Incinerated
- ₂ Buried on premises
- ₃ Renderer picked up
- ₄ Carcass taken to renderer
- ₅ Composted
- ₆ Taken to a landfill or put in trash
- ₇ Fed to other animals or left for scavengers
- ₈ Other disposal method (specify: _____)

Section E: About You

1. On a scale of 1 to 5 with 1 being not important and 5 being extremely important, how important are the following reasons for you to have chickens?

[Check one number only in each row.]

	Not Important		→	Extremely Important	
	1	2	3	4	5
a. Family tradition	_____	_____	_____	_____	_____
b. Fun/hobby	_____	_____	_____	_____	_____
c. Income	_____	_____	_____	_____	_____
d. Food source	_____	_____	_____	_____	_____
e. Food quality (e.g., freshness, health)	_____	_____	_____	_____	_____
f. Concerns about animal welfare	_____	_____	_____	_____	_____
g. Concerns about the environment	_____	_____	_____	_____	_____
h. Lifestyle	_____	_____	_____	_____	_____
i. Social interactions (e.g., 4-H, clubs)	_____	_____	_____	_____	_____
j. Learning experience for kids	_____	_____	_____	_____	_____
k. Other reasons to have birds (specify: _____)	_____	_____	_____	_____	_____

2. How long (in months or years) have you or your family raised chickens? _____ months OR _____ years

3. Do any children under the age of 18 live in your household? ₁ Yes ₃ No

4. Do you or your family belong to any type of poultry or avian association (include 4-H, FFA)? ₁ Yes ₃ No

5. Have you heard of USDA’s “Biosecurity for the Birds” educational campaign? ₁ Yes ₃ No

Thank you for your time!