



Inspection Service

Veterinary Services

National Animal Health Monitoring System 2150 Centre Ave Bldg B Fort Collins, CO 80526

Form Approved OMB Number xxxx Expiration date: xxxx

# Small-Scale Livestock Operations Questionnaire

Please help us by completing this questionnaire and mailing it in the accompanying business-reply envelope within 1 week of receiving.

Your responses are confidential and voluntary; however, we need your information to understand important agriculture issues and to make regional and national estimates as accurate as possible. Thank you for your help!

## Section A—Livestock Inventory

Important: In this survey, the word livestock is meant to include cattle, poultry, goats, sheep, swine, horses, other equine, aquaculture and other farm animals raised for home use or sale.

- |   | If checked, what was the highest number of head you had at any one time in the past 12 months? |
|---|--|
| 1. Were any of the following livestock on your operation during the past 12 months? (Check all that apply.) |  |
| a. Beef cattle..... <input type="checkbox"/>  | _____ head   |
| b. Dairy cattle..... <input type="checkbox"/>   | _____ head   |
| c. Swine..... <input type="checkbox"/>  | _____ head   |
| d. Sheep..... <input type="checkbox"/>  | _____ head   |
| e. Goats..... <input type="checkbox"/>  | _____ head   |
| f. Chickens and other poultry..... <input type="checkbox"/>   | _____ head   |
| g. Horses and other equine..... <input type="checkbox"/>  | _____ head   |
| h. Other livestock species:<br>(specify: _____) ..... <input type="checkbox"/>                              | _____ head   |
| i. Other livestock species:<br>(specify: _____)..... <input type="checkbox"/>                               | _____ head   |

If you did not have livestock residing on this operation in the past 12 months, go to Section J.

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 .33 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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2. Of the animals checked in Item 1, which one do you consider the primary livestock raised on your operation?  
(Enter letter A through I from first page)..... \_\_\_\_\_ letter

**The remaining questions in this Section refer to the primary livestock indicated in Item 2.**

3. During the past 12 months, were any new livestock (of the PRIMARY livestock species from item 2) brought onto your operation? Yes No
4. During the past 12 months, were any livestock (of the PRIMARY livestock species from item 2) moved off and **returned** to your operation (e.g., taken to fair or bred elsewhere)?..... Yes No

**If both Items 3 and 4 = No, skip to Section B.**

For the next two questions, "isolate" means to prevent nose-to-nose contact and to prevent the sharing of feed, drinking water, and equipment with other animals of the same species already present.

5. During the past 12 months, did you rarely, sometimes, or always isolate, for a set period of time, the new or returning livestock?
- Rarely     Sometimes     Always

**If Item 5 = Always, skip to Section B.**

6. Which of the following are reasons you sometimes or rarely isolate incoming or returning animals? (Check all that apply.)
- I do not have a separate enclosure or extra equipment for isolating animals
  - I trust the source of the new animals, or the place from which the animals are returning
  - I have inadequate labor or time to implement isolation
  - I don't believe isolation is beneficial or prevents disease
  - Other reasons (specify: \_\_\_\_\_)

## **Section B—Crop Inventory**

1. Were any of the following crops grown on your operation during the past 12 months? (Check all that apply.)
  - a. Wheat.....
  - b. Corn, barley, oats, or rye.....
  - c. Hay .....
  - d. Cotton and/or cotton seed.....
  - e. Tobacco.....
  - f. Soybeans.....
  - g. Oil-bearing crops and/or oilseeds.....
  - h. Vegetables and/or melons.....
  - i. Fruits, berries, and/or tree nuts.....
  - j. Other crops (specify: \_\_\_\_\_).....
  - k. Other crops (specify: \_\_\_\_\_).....
2. Of the crops checked in Item 1, which one do you consider the primary crop on your operation? (Enter letter A through K from above)..... \_\_\_\_\_ letter
3. What is the total acreage of your operation?..... \_\_\_\_\_ acres
4. How many acres are used for crops?..... \_\_\_\_\_ acres

## **Section C—Marketing**

1. Which of the following best describes the total dollar value of agricultural products sold from this operation in 2010? (Check one only.)
  - Less than \$10,000
  - \$10,000 to \$49,999
  - \$50,000 to \$99,999
  - \$100,000 to \$249,999
  - \$250,000 to \$499,999
  - \$500,000 or more

2. Do you market any of your products using the following statements or labels?

- |   |     |    |     |
|---|-----|----|-----|
| a. Naturally raised livestock.....  | Yes | No | N/A |
| b. No animal by-products fed.....   | Yes | No | N/A |
| c. USDA certified organic.....  | Yes | No | N/A |
| d. Organic, but not certified.....  | Yes | No | N/A |
| e. Grass-fed livestock (finished on grass not feedlot).....   | Yes | No | N/A |
| f. Pasture-raised livestock (access to pastures).....   | Yes | No | N/A |
| If yes, please list specific assurances offered to customers:<br>_____  |     |    |     |
| g. Cage-free egg layers .....   | Yes | No | N/A |
| h. Certified humane (e.g., American Humane Association, Humane Farm Animal Care program, Animal Welfare Institute)..... | Yes | No | N/A |
| i. Promoting conservation (land preservation, eco-friendly).....  | Yes | No | N/A |

3. In your opinion, do the following farm characteristics lead to healthier farm animals? To healthier consumers?

	Healthier animals?	Healthier consumers?
--	--------------------	----------------------

- |   |     |    |     |    |
|---|-----|----|-----|----|
| a. Livestock raised without hormones, antibiotics, additives, and/or preservatives      | Yes | No | Yes | No |
| b. USDA certified organic   | Yes | No | Yes | No |
| c. Organic, not certified   | Yes | No | Yes | No |
| d. Grass-fed livestock (finished on grass not feedlot)                                  | Yes | No | Yes | No |
| e. Pasture-raised livestock   | Yes | No | Yes | No |
| f. Cage-free egg layers   | Yes | No | Yes | No |
| g. Small-scale farms (under \$250,000 in gross sales of agricultural products per year) | Yes | No | Yes | No |

4. In the past 12 months, what percentage of this operation's animals or animal products were marketed through the following channels?

	% Animals and/or Animal Products
--	----------------------------------

- |  |         |
|--|---------|
| a. Auction or sales barn.....  | _____ % |
| b. Direct to private individual or consumer (e.g., farmer's market, Community-Supported Agriculture (CSA), private sales)..... | _____ % |
| c. Broker / wholesaler / distributor .....   | _____ % |
| d. Direct to health food / specialty food stores (e.g., Whole Foods, co-op store) .....  | _____ % |
| e. Direct to restaurants / institutions (farm to school).....  | _____ % |
| f. As a member of a cooperative distribution channel (farmer-owned)  | _____ % |
| g. Other (specify _____).....  | _____ % |
| h. Total (add items a-g, must equal 100%).....   | 100%    |

5. Of the marketing channels listed in Item 4, which one do you consider to be the most profitable? (Enter letter A through G from above)..... \_\_\_\_\_ letter

6. Do you use the internet to market any of your products? ..... Yes No

If yes, which of the following do you use to market products? (Check all that apply.)

- Website for farm business
- Email messages
- On-line farm directory (a list of local farms on a website)
- Facebook
- On-line message board (e.g., Craigslist)
- Other (specify: \_\_\_\_\_)

## Section D—Reasons for Farming

1. Please rate the importance to you of the following reasons for farming:	How Important?		
	Not	Somewhat	Very
a. Family tradition / heritage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintain farm for future generations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Source of income.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tax benefits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Products for personal consumption.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Lifestyle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Concerns about the environment or food quality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Learning experience for children, clubs such as 4H, or as a hobby.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other reasons for farming (specify: _____).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you expect to continue farming for the next 5 years?..... Yes No

a. If no, which of the following best describes your plans after leaving farming? (Check one only)

- Retirement
- Change to a different job/career
- Other (specify \_\_\_\_\_)

3. The following question asks about factors you might consider when deciding whether or not to continue farming.

How important is each of the following factors in your decision to continue or to leave farming in the next 5 years?

		How Important?		
	Not	Somewhat	Very	
a. Cost of farm expenses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Prices you get for your products.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Stability of prices you get for your products .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Access to markets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Interest rates on debt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Access to operating loans.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Lack of interest from future generations (no farm successor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Opportunity to sell land for non-farm purpose (e.g., urban development, preservation project).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Difficulty finding off-farm employment to supplement income .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Burden of government regulations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Other factors? (specify _____).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Please tell us if there are other barriers affecting your farm's survival:
- 

## Section E—Distance to Resources

1. Do you use any of the following for slaughtering livestock?

- a. Mobile slaughter facility that comes to your operation?..... Yes No N/A
- b. Live animals transported to the slaughter facility?..... Yes No N/A

If yes, what is the farthest one-way distance to the slaughter facility? \_\_\_\_\_ miles

2. Do you transport your animals or products to sell them?  
(e.g., meat, wool, crops, animals) .....

Yes No

If yes, what is farthest one-way distance you travel?..... \_\_\_\_\_ miles

3. Do you use any of the following to obtain feed for your livestock?

a. Home-grown feed? ..... Yes No

b. Feed transported / shipped by supplier? ..... Yes No

If yes, what is the farthest one-way distance feed is transported?... \_\_\_\_\_ miles

c. Transport feed to operation myself..... Yes No

If yes, what is the farthest one-way distance you travel?..... \_\_\_\_\_ miles

4. Does anyone in your household, including yourself, earn income from an off-farm job? ..... Yes No

**If Item 4 = No, skip to section F**

5. What industry(s) do they or you work in? (Check all that apply.)

- Management
- Business & financial operations
- Computer & Mathematical
- Architecture & engineering
- Life, physical, & social science
- Community & social services
- Legal
- Education, training, & library
- Arts, design, entertainment, sports, & media
- Healthcare practitioners & technical
- Healthcare support
- Protective service
- Food preparation & serving related
- Building & grounds cleaning & maintenance
- Personal care & service
- Sales & related occupations
- Office & administrative support
- Farming, fishing, and forestry
- Construction & extraction
- Installation, maintenance, & repair
- Production
- Transportation & material moving
- Military specific
- Other: \_\_\_\_\_

6. What is the farthest one-way distance anyone travels to their off-farm job? \_\_\_\_\_ miles

## **Section F— Use of Veterinarians**

1. How many miles away is the nearest veterinarian that works with your type(s) of livestock? (Check one only.)

- 29 miles or less
- 30 - 99 miles
- 100 - 299 miles
- 300 miles or more
- No veterinarian available for my type of livestock

2. Did you use a veterinarian for your livestock in the past 12 months?... Yes No

**If Item 2 = Yes, skip to Section G.**

3. If you **did not** use a veterinarian, what were the reasons for not using a veterinarian?  
(Check all that apply.)
- Too expensive
  - No veterinarian available in my area, or veterinarian too far away
  - I provide my own health care for my animals
  - No disease or other need for veterinarian
  - Other reasons (specify: \_\_\_\_\_)

## Section G—General Management

1. In the past 12 months, have you used non-traditional health services for your livestock, such as holistic, natural or homeopathic treatments?      Yes      No  
If yes, specify: \_\_\_\_\_
2. In the past 12 months, did your livestock or poultry ever share a pasture with livestock or poultry from other operations?.....      Yes      No      N/A
3. Do you have a fence around the entire perimeter of your livestock area that keeps out livestock from other operations?.....      Yes      No

**If Item 3 = No, skip to Item 5.**

4. Is there anywhere along this perimeter that your livestock has nose-to-nose contact with the same-species of livestock from other operations?      Yes      No
5. If you had livestock on your operation you suspected of having a foreign animal disease (a disease not known to be present in the United States, such as foot-and-mouth disease), how likely are you to directly contact the following resources?.....
- |  |   | Extremely<br>Unlikely |   |   | Extremely<br>Likely |
|--|---|-----------------------|---|---|---------------------|
| a. Extension agent/university.....     | 1 | 2                     | 3 | 4 | 5                   |
| b. State Veterinarian's office.....    | 1 | 2                     | 3 | 4 | 5                   |
| c. U.S. Department of Agriculture..... | 1 | 2                     | 3 | 4 | 5                   |
| d. Private veterinarian.....           | 1 | 2                     | 3 | 4 | 5                   |
| e. Other (specify: _____).....         | 1 | 2                     | 3 | 4 | 5                   |



## Section H—Federal Livestock Compensation

Both USDA and State Veterinarians are responsible for controlling a specific set of regulated diseases, such as tuberculosis. If a herd becomes infected and is removed and euthanized to prevent disease spread, Federal law provides compensation (indemnity) to the producer based upon “fair-market value” of the animals lost.

1. Have you previously heard of Federal compensation (indemnity) as described above?..... Yes No

The remaining questions in this section ask for **your opinion** about how the Federal government should compensate farmers for animals removed or euthanized to prevent disease spread.

2. In your opinion, which of the following should be used to determine the fair-market value for a production animal removed or euthanized to prevent the spread of a regulated disease? (Check one only.)
- The market price of healthy young breeding replacement stock.
  - The market price of healthy animals of similar age, weight, and purpose on a similar farm.
  - The current market price of the diseased animals.

For the next question, biosecurity is defined as “Management practices that reduce the chance that infectious disease will be carried onto the farm by animals or people.” Examples of these practices include: limiting new animal sources; isolating new animals for a period of time; testing new animals for disease; controlling fence-line contact with outside animals; and monitoring and controlling human and vehicle traffic on the farm.

3. Which of the following statements do you agree with more? (Check one only.)
- The government should take into account a livestock owner’s biosecurity practices when determining compensation.
  - The government should pay full compensation regardless of a livestock owner’s biosecurity practices.

## Section I—About you

1. Would it help your farm business if you had more information or training in the following areas?

- |  |     |    |     |
|--|-----|----|-----|
| a. Biosecurity.....  | Yes | No | D/K |
| b. Marketing of products .....   | Yes | No | D/K |
| c. Managing the business.....  | Yes | No | D/K |
| d. Hiring and managing labor.....  | Yes | No | D/K |
| e. Tax-related issues.....   | Yes | No | D/K |
| f. Animal health/diseases.....   | Yes | No | D/K |
| g. Government programs and regulations.....  | Yes | No | D/K |
| h. Rules governing interstate or international movement<br>of animals or products..... | Yes | No | D/K |
| i. How to transfer the farm to the next generation.....                                | Yes | No | D/K |
| j. Other areas (specify _____)...  | Yes | No | D/K |

2. How would you prefer to receive training or additional information? (Check all that apply.)

- Through local extension office
- Presentation by expert
- Written publication
- Internet
- Other (specify: \_\_\_\_\_)

3. Please estimate how many hours per month you spend to comply with local, State, or Federal health and environmental regulations?..... \_\_\_\_\_ hrs/mo.

4. Which of the following best describes this farm? (Check one only - These farm categories were developed by the USDA.)

- Limited resource farm (Farm sales less than \$100,000 and household income below the poverty level)
- Retirement farm (the principal operator is retired)
- Residential / lifestyle farm (the principal operator's primary occupation is something OTHER than farming)
- Farming occupation (farming is the principal operator's primary occupation)
- Other (Specify: \_\_\_\_\_)

5. Which of the following describes the age of the primary operator who is involved with this operation's day-to-day decisions?

- Less than 25 years old
- 25 to 44 years
- 45 to 64 years
- 65 years old or more

a. Is this person male or female?..... Male Female

6. If another person is involved with the operation's day-to-day decisions which of the following describes the person's age? (Leave blank if not applicable)

- Less than 25 years old
- 25 to 44 years
- 45 to 64 years
- 65 years old or more

a. Is this person male or female?..... Male Female

## Section J—Conclusion

Thank you for your time. Please write in today's date and the time it took you to complete this survey. Return this Questionnaire in the enclosed envelope.

Date: \_\_\_\_\_ Time to Complete: \_\_\_\_\_ In minutes

OFFICE USE ONLY

Response		Respondent		Mode		Enum.	Eval.	Office Use for POID	
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-e-mail 7-Fax 8-CAPI 19-Other	9903	098	100	789	
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								407	408
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