



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

Poultry 2010 Breeder Questionnaire

Please complete a separate Breeder Farm Questionnaire for each Primary Breeder farm or Multiplier farm selected to participate in the Breeder Farm phase of the study. Please note that sections D and F may need to be completed by someone who is familiar with the health status of the farm.

Goals:

1. Describe breeder farm level biosecurity practices to inform disease transmission models and provide information to make bird/product movement decisions during disease incidents.
2. Identify critical biosecurity practices for exclusion of *Mycoplasma* or other diseases.

Definitions:

Farm: A premises with one or more poultry house(s) under common management.

Flock: A group of birds housed together in one house and managed as a unit.

Primary breeder flock: A breeding flock that produces chicks that will become breeding birds (grandparent and above).

Multiplier (parent) flock: A breeding flock that produces chicks that will become broilers and table egg layers.

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**NAHMS-236
May 2010**

Section A. Farm Information

1. What type of farm is this? *[Check one only.]*
- ₁ Primary breeder—broiler (meat-type) breeders
 - ₂ Primary breeder—layer (egg-type) breeders
 - ₃ Multiplier/parent—broiler (meat-type) breeders
 - ₄ Multiplier/parent—layer (egg-type) breeders

[If Item 1 = 2, 3 or 4 then SKIP to Item 3.]

2. If this is a primary breeder farm, does this farm contain:
- a. Pedigree (Elite/foundation)? ₁ Yes ₃ No
 - b. Great grandparent (GGP)? ₁ Yes ₃ No
 - c. Grandparent (GP)? ₁ Yes ₃ No
3. Is this farm company-owned or under contract? *[Check one only.]*
- ₁ Company-owned
 - ₂ Contract
4. Who owns the birds on this farm? *[Check one only.]*
- ₁ Breeder company
 - ₂ Broiler company
 - ₃ Table egg company
 - ₄ Other (specify: _____)
5. Which of the following perimeter controls are characteristics of the farm?
- a. Fencing surrounding the farm ₁ Yes ₃ No
 - b. Signs posted (e.g., no trespassing) ₁ Yes ₃ No
 - c. Gated entrance ₁ Yes ₃ No
6. Which **best** describes the road surface on this farm that vehicles coming onto the operation drive on? *[Check one only.]*
- ₁ Hard top/asphalt
 - ₂ Gravel
 - ₃ Dirt
 - ₄ Other (specify: _____)

7. For each type of vehicle in the following list, indicate which procedures are required when the vehicle visits this farm.
[Check all procedures that apply.]

	Procedure			
	Recorded in vehicle log	Tires sprayed before entering farm	Tires sprayed before leaving farm	Must park at least 100 ft from bird houses
a. Feed delivery vehicle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Vehicle for moving birds onto operation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Vehicle for moving birds off operation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Vehicle for removing eggs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Vehicle of service tech or vet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Vehicle(s) for catch crews/vaccination crews	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
<input type="checkbox"/> No catch or vaccination crews				

8. Which of the following **best** describes how eggs are gathered on this farm? *[Check one only.]*

- ₁ Hand only
₂ Belt only
₃ Both hand and belt

9. Which of the following **best** describes how floor eggs are handled?

	Sent to hatchery	Sent to breaker	Discarded
a. Clean eggs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Dirty eggs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Broken eggs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

10. Which of the following **best** describes the birds' drinking water supply for this farm?
[Check one only.]

- ₁ Surface water
₂ Well water
₃ Municipal water system
₄ Other (specify: _____)

[If Item 10 = 3, SKIP to Item 12.]

11. Is drinking water sanitized (chlorination, peroxide, etc.)? ₁ Yes ₃ No

12. At the completion of a flocks' laying cycle is litter:
- a. Reused by another flock? ₁ Yes ₃ No
 If YES, how many flocks typically use the same litter? _____ flocks
 - b. Stored on farm? ₁ Yes ₃ No
 If YES, distance to nearest poultry house _____ feet
 - c. Applied to land on this farm? ₁ Yes ₃ No
 - d. Moved off farm? ₁ Yes ₃ No
13. Is litter/manure from another farm applied to land on this farm? ₁ Yes ₃ No
- If YES,
- a. Litter/manure from another farm, same company..... ₁ Yes ₃ No
 - b. Litter/manure from another farm, different company ₁ Yes ₃ No

Section B. House Information

1. How many bird houses are on this farm? _____ houses
2. How many of these houses are:
- a. Less than 5 years old? _____ houses
 - b. 5 to 9 years old?..... _____ houses
 - c. 10 to 19 years old?..... _____ houses
 - d. 20 years old or older? _____ houses
 - e. **Total** [should equal Item 1.]..... _____ houses
3. How many of these houses have:
- a. Locks on the doors?..... _____ houses
 - b. An anteroom that personnel must enter through that separates "outside area" from "inside area"?..... _____ houses
 - c. A warning sign at house door? _____ houses
4. Which **best** describes the ground surface immediately surrounding the poultry houses (**excluding** vehicle approach and loading area)? [Check one only.]
- ₁ Gravel or hard surface
 - ₂ Dirt
 - ₃ Short grass
 - ₄ Tall grass or brush

5. How frequently are the following procedures performed?

	After every Flock	After two flocks	After three or more flocks	Never
a. Wash feeders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Disinfect feeders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Wash water tanks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Disinfect water tanks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Flush water lines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Disinfect water lines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Dry clean walls/ceilings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Houses washed down and disinfected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Clean fans, ventilation system, cool cells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

6. What is the usual down time between flocks? _____ days

Section C. Animals

1. How many of the following birds are on this farm today:

- a. Pullets? _____ head
- b. Laying hens? _____ head
- c. Young roosters? _____ head
- d. Breeding roosters? _____ head

2. Which of the following **best** describes the bird age grouping on this farm?
[Check one only.]

- ₁ Multi-age, same house
- ₂ Different ages, different houses
- ₃ Whole farm, one age

3. For the last completed laying flock, what was the:

- a. Age of hens when they were placed (weeks)? _____ weeks
- b. Number of hens placed? _____ hens
- c. Total number of hens that died (cumulative mortality)
for the life of the flock? _____ hens
- d. Number of deaths that occurred at or before 60 weeks of age? _____ hens
- e. Number of times flock was molted? _____ times
- f. Age removed (weeks)? _____ weeks

4. Which of the following **best** describes this farm's usual spent hen disposal method?
[Check one only.]

- ₁ Processing
- ₂ Rendering
- ₃ Composting
- ₄ Burial
- ₅ Live bird market
- ₆ Other (specify: _____)

5. Which of the following **best** describes this farm's usual carcass (daily mortality) disposal method? *[Check one only.]*

- ₁ Rendering
- ₂ Composting on-site
- ₃ Burial on-site
- ₄ Incineration on-site
- ₅ Other (specify: _____)

6. Are the following types of animals on this farm?

- | | | |
|---------------------------------------|---|--|
| a. Cattle | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Pigs | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Other livestock | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Pet birds | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Other pets (dogs, cats, etc.)..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

7. On a scale of 1 – 5 (1 = never, 5 = daily), during the last 3 months, how frequently were the following animals seen in the poultry houses?

- | | Never | | | Daily | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Rodents | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. Wild birds | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. Cats | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. Dogs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. Wild mammals (raccoon, opossum, etc.)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

8. During the previous 12 months, were any of the following methods of rodent control used on this operation?

- | | | |
|---------------------------------|---|--|
| a. Chemicals or bait | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Traps or sticky tape..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Cats | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Exterminator | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Other (specify: _____) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

9. During the previous 12 months, were any of the following methods of insect control used on this operation?
- | | | |
|--|---|--|
| a. Insecticide sprays..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Sticky tape..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Parasites (e.g., insect parasitic nematodes)..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Fly baits | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Other (specify: _____) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

Section D. Bird Health and Vaccination

1. Using a scale of severe, moderate, minor, or no problem, rate this farm's problem with the following diseases for the last completed flock:

	Severe	Moderate	Slight	None
a. <i>Mycoplasma synoviae</i> (MS)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. <i>Mycoplasma gallisepticum</i> (MG)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Infectious laryngotracheitis (ILT)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Newcastle disease?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Infectious bronchitis?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Infectious coryza?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Marek's disease?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Coccidiosis?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Avian influenza (AI)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. <i>E. coli</i> peritonitis?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Other? (specify: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

2. When did this farm last experience any cases of the following diseases:

	<12 mo	1 to 3 yr	>3 yr	Never
a. <i>Mycoplasma synoviae</i> (MS)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. <i>Mycoplasma gallisepticum</i> (MG)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Infectious laryngotracheitis (ILT)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Newcastle disease?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Infectious bronchitis?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Infectious coryza?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Marek's disease?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Coccidiosis?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Avian influenza (AI)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. <i>E. coli</i> peritonitis?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Other? (specify: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

3. How many times was the last completed flock tested for the following diseases, and how many times was there at least one positive test result?
 [If not tested, enter 0.]

	Times Tested	Times positive
a. Pullorum-typhoid	_____	_____
b. <i>Mycoplasma synoviae</i> (MS)	_____	_____
c. <i>Mycoplasma gallisepticum</i> (MG)	_____	_____
d. Avian influenza (AI)?	_____	_____

4. Does this farm participate in the following NPIP programs:

a. Pullorum-typhoid	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
b. <i>Mycoplasma synoviae</i> (MS)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
c. <i>Mycoplasma gallisepticum</i> (MG)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
d. Avian influenza	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No

5. How many times are the following vaccines given to breeding hens **before** they enter the laying house (e.g., as pullets) and **after** entering the layer house (in lay)?

	As pullets	In lay
a. Infectious laryngotracheitis (ILT)	_____	_____ times
If given, what type of vaccine was used:		
<input type="checkbox"/> Chick embryo	<input type="checkbox"/> Tissue culture	<input type="checkbox"/> Vector
<input type="checkbox"/> Other		
b. <i>Mycoplasma synoviae</i> (MS)	_____	_____ times
c. <i>Mycoplasma gallisepticum</i> (MG)	_____	_____ times
d. Cholera	_____	_____ times
e. Newcastle disease	_____	_____ times
f. Infectious bronchitis	_____	_____ times
g. <i>Salmonella</i>	_____	_____ times
h. Infectious bursal disease (IBD)	_____	_____ times
If given,		
What type of vaccine was used?		
<input type="checkbox"/> Killed (Inactivated)	<input type="checkbox"/> Live	<input type="checkbox"/> Modified Live
<input type="checkbox"/> Recombinant	<input type="checkbox"/> Other	
What type of delivery system was used?		
<input type="checkbox"/> Spray	<input type="checkbox"/> Water	<input type="checkbox"/> Individual Injection
<input type="checkbox"/> <i>In ovo</i>	<input type="checkbox"/> Other	
i. Avian encephalomyelitis	_____	_____ times
j. <i>E. coli</i>	_____	_____ times
k. Chicken anemia virus	_____	_____ times
l. Reovirus	_____	_____ times
m. Coccidiosis	_____	_____ times
n. Other (specify: _____)	_____	_____ times

6. Does this farm keep records of the following information:
- a. Vaccinations? ₁ Yes ₃ No ₄ Not given
 - b. Morbidity (illness)? ₁ Yes ₃ No
 - c. Mortality?..... ₁ Yes, daily ₂ Yes, not daily ₃ No
 - d. Feed consumption?..... ₁ Yes, daily ₂ Yes, not daily ₃ No
 - e. Egg production? ₁ Yes, daily ₂ Yes, not daily ₃ No

Section E. People

1. Does the producer or do any other employees:
- a. Live on-site? ₁ Yes ₃ No
 - b. Work at another commercial poultry production or processing facility? ₁ Yes ₃ No
2. What is the primary language spoken by the:
- a. Producer?..... ₁ English ₂ Spanish ₃ Other (specify: _____)
 - b. Employees? ₁ English ₂ Spanish ₃ Other (specify: _____)
3. Does this farm:
- a. Have written biosecurity protocols? ₁ Yes ₃ No
 - b. Conduct formal employee biosecurity training? ₁ Yes ₃ No
4. Did any of the following types of people visit this farm during the previous 12 months?

	Col 1		If Col 1 = YES, did visitor enter poultry housing?	
a. Federal/State veterinarian or animal health worker	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
b. Extension agent or university veterinarian	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
c. Private or company veterinarian	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
d. Company service person	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
e. Nutritionist or feed company consultant	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
f. Catch crew	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
g. Vaccination crew	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
h. Customer (private individual)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
i. Wholesaler, buyer, or dealer	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
j. Renderer	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
k. Feed delivery personnel	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
l. Other business visitors (including other producers and service personnel)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
m. Other nonbusiness visitors (including neighbors, friends, and school field trips)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No

5. How often are visitors who enter the poultry houses recorded in a visitor log? ₁ Always ₂ Sometimes ₃ Never

6. Are the following measures always, sometimes, or never required for producer/employees, catch/vaccination crews, and visitors who enter the poultry housing area?

[If no catch or vaccination crews, leave column blank.]

	Producer/ Employees	Catch/ Vacc Crews	Visitors
a. Shower	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never
b. Different personnel for different houses	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	NA
c. Change of clothing (disposable)	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never
d. Change of clothing (washable)	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never
e. Change shoes or foot cover	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never
f. Foot bath (liquid)	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never
g. Foot bath (dry)	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never
h. Scrub footwear (bucket and brush)	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never
i. Not be around other poultry (at least 24 hours)	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never
j. Cannot own poultry or birds	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never

7. Do the catch crews or vaccination crews catch birds for other companies?

a. Catch crews ₁ Yes ₃ No ₄ NA (no catch crews)

b. Vaccination crews ₁ Yes ₃ No ₄ NA (no vaccination crews)

Section F. Movement/Transport

1. Where are the replacement pullets for this farm raised? *[Check one only.]*
 - ₁ On this farm
If on this farm, what is the distance from pullet house(s) to the nearest laying house? _____ feet
 - ₂ On a different farm site, same company (including contract)
 - ₃ On a farm from another company

2. How many different farms supply pullets (or chicks if pullets raised on farm) to this farm?..... _____ farms

3. What is the average distance pullets (or chicks if pullets raised on farm) are transported to the farm?..... _____ miles

4. Which of the following **best** describes the vehicle **most often** used to bring pullets/chicks onto this farm during the previous 12 months? *[Check one only.]*
 - ₁ Vehicle dedicated to this farm only
 - ₂ Vehicle dedicated to this company only
 - ₃ Vehicle also used on other companys' farms or independent farms
 - ₄ Other (specify: _____)

5. Which of the following **best** describes the procedures for placing pullets in laying houses? *[Check one only.]*
 - ₁ Whole farm all in/all out
[Include here if it takes a couple weeks to populate farm, but birds are not introduced to an existing flock.]
 - ₂ All in/all out by house
[Include here if it takes a couple weeks to fill barn, but birds are not introduced to an existing flock.]
 - ₃ Pullets added to existing flock(s)
 - ₄ Other (specify: _____)

6. Are males raised with pullets (and moved to the farm together), or raised on a separate farm? *[Check one only.]*
 - ₁ Males always raised on same farm as pullets
 - ₂ Males always raised on different farm from pullets
 - ₃ Males sometimes raised on same farm as pullets and sometimes on different farm from pullets

7. During the previous 12 months, how many times did this operation introduce spiking males to stimulate breeding activity? _____ times

[If Item 7 = 0, SKIP to Item 11.]

8. What was the source of spiking males?
- a. Excess males from young flocks on same farm ₁ Yes ₃ No
- b. Other farms, same company..... ₁ Yes ₃ No
- c. Other farms, different company ₁ Yes ₃ No
9. If spiking males came from other farms [Item 8b or 8c = Yes] which of the following practices are in place?
- a. Routine testing of source farm for health status (e.g., *Mycoplasma* or other tests) ₁ Yes ₃ No
- b. Testing of males before placing on farm (e.g., *Mycoplasma* or other tests) ₁ Yes ₃ No
- c. Quarantine of males before introducing to laying flock..... ₁ Yes ₃ No
10. If spiking males came from other farms [Item 8b or 8c = Yes] what was the average distance spiking males were transported to the farm? _____ miles
11. Which of the following **best** describes the vehicle **most often** used to remove birds from this farm during the previous 12 months (e.g., transport birds to slaughter or market)? [Check one only.]
- ₁ Vehicle is dedicated to this farm only
- ₂ Vehicle is dedicated to your company only
- ₃ Vehicle is also used on other company's farms or independent farms
- ₄ Other (specify: _____)
12. How many times per week are eggs transported to the hatchery? _____ times/week
13. What is the distance to the hatchery that hatches eggs from this farm? _____ miles
14. Which of the following **best** describes the vehicle **most often** used to transport eggs from this farm to the hatchery during the previous 12 months? [Check one only.]
- ₁ Vehicle dedicated to this farm only
- ₂ Vehicle dedicated to this company only
- ₃ Vehicle also used on other companys' farms or independent farms
- ₄ Other (specify: _____)
15. Does the hatchery that hatches eggs from this farm also hatch eggs from:
- a. Other farms within the same company? ₁ Yes ₃ No
- b. Other farms from different company? ₁ Yes ₃ No

16. Which of the following **best** describes how flats are usually handled? *[Check one only.]*

- ₁ Disposable
- ₂ Returned to same farm
- ₃ May go to other farms, same company only
- ₄ May go to other farms, other companies
- ₅ No flats used

[If Item 16 = 1, SKIP to Item 18.]

[If Item 16 = 5, SKIP to Item 20.]

17. Are flats usually cleaned and disinfected before leaving hatchery and returning to a farm? ₁ Yes ₃ No

18. Are buggies used to roll flats onto the trucks used at different premises? ₁ Yes ₃ No

[If Item 18 = NO, SKIP to Item 20.]

19. Are buggies cleaned and disinfected between farms? ₁ Yes ₃ No

20. Which of the following **best** describes how racks are usually handled? *[Check one only.]*

- ₁ Returned to same farm
- ₂ May go to other farms, same company only
- ₃ May go to other farms, other companies
- ₄ No racks used

[If Item 20 = 4, SKIP to Item 22.]

21. Are racks usually cleaned and disinfected before leaving hatchery and returning to a farm? ₁ Yes ₃ No

22. Which of the following **best** describes the vehicle **most often** used to transport shavings to this farm during the previous 12 months? *[Check one only.]*

- ₁ Vehicle dedicated to this farm only
- ₂ Vehicle dedicated to this company only
- ₃ Vehicle also used on other companys' farms or independent farms
- ₄ Other (specify: _____)

23. During the previous 12 months, how often did this farm share any outside tools, equipment, or machinery other than racks and flats (e.g., tractors, feeding equipment, litter spreaders, trailers) with: ***[Exclude equipment for cleanout or bird movement in/out.]***

- a. Another farm, same company? ₁ At least monthly ₂ Less than monthly ₃ Never
- b. Another farm, different company? ₁ At least monthly ₂ Less than monthly ₃ Never

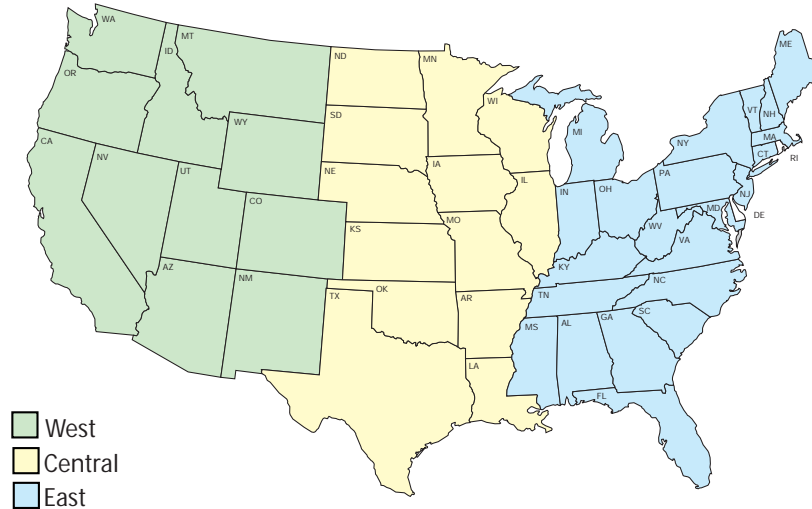
[If both Items 23a and 23b = NEVER, SKIP to Section G.]

24. Is shared equipment/machinery washed and disinfected before being brought onto the farm? ₁ Yes ₃ No

Section G. Area Information

1. In which region is this farm located (see map)? ₁ West ₂ Central ₃ East

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2. Enter code for density of poultry in this farm's county:..... _____ code
 (See supplemental form for a list of counties and corresponding density codes.)

- ₁ 1 = < 0.25 birds per square mile
- ₂ 2 = 0.25 to 1 birds per square mile
- ₃ 3 = 1 to 100 birds per square mile
- ₄ 4 = 100 to 2000 birds per square mile
- ₅ 5 = more than 2000 birds per square mile

3. What is the approximate distance (in either feet or miles) from this farm to the nearest:
- a. Water body where wild water fowl congregate? _____ feet OR _____ miles
 - b. Premises with commercial poultry that contracts with this company?..... _____ feet OR _____ miles
 - c. Premises with commercial poultry, different company?..... _____ feet OR _____ miles
 - d. Premises with backyard/hobby/fighting poultry?..... _____ feet OR _____ miles
 - e. Live poultry market/poultry flea market? _____ feet OR _____ miles
 - f. Processing/rendering facility _____ feet OR _____ miles

4. Approximately how many of the following types of premises are within a 1-mile radius of this farm?
- a. Commercial poultry farm that contracts with this company? _____ premises
 - b. Commercial poultry farm, different company? _____ premises
 - c. Backyard/hobby/fighting poultry? _____ premises
 - d. Premises with pigs? _____ premises
5. Have you seen free-ranging backyard poultry within 100 feet of this farm in the last 12 months? ₁ Yes ₃ No
6. What is the shortest distance from any of the poultry houses to the nearest:
- a. Road? _____ feet
 - b. Farmland on which litter or manure is spread?..... _____ feet