

## Your Opinion Needed Now for Dairy 2014 Study

Thank you in advance for providing input for the National Animal Health Monitoring System (NAHMS) study of the U.S. Dairy Industry in 2014. To most effectively meet the needs of the dairy industry and its allied groups we are requesting your input to assist us in establishing the study's objectives. Please return this survey in the envelope provided or fax to: 970.491.1889.

**Please return as soon as possible!**

**1. Indicate your primary involvement with the dairy industry: (*Check one.*)**

- |                                                                 |                                                                         |
|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Dairy Producer ( _____ # milking cows) | <input type="checkbox"/> Federal or State government                    |
| <input type="checkbox"/> Veterinary practitioner / consultant   | <input type="checkbox"/> Allied Industry (Pharmaceutical company, etc.) |
| <input type="checkbox"/> Nutritionist                           | <input type="checkbox"/> Other (specify _____)                          |
| <input type="checkbox"/> University / extension                 |                                                                         |

**For each of the following sections, choose three items you would like to see the Dairy 2014 study focus on, with "1" being your top choice, "2" your second, and "3" your third.**

**2. Management Issues for specific focus in Dairy 2014 study: (*Rank your top three.*)**

- |                                                           |                                                                   |
|-----------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Animal identification            | <input type="checkbox"/> Herd Expansion                           |
| <input type="checkbox"/> Animal welfare                   | <input type="checkbox"/> Infectious disease diagnosis / treatment |
| <input type="checkbox"/> Antimicrobial use / resistance   | <input type="checkbox"/> Manure management                        |
| <input type="checkbox"/> Biosecurity / disease prevention | <input type="checkbox"/> Nutrition / feed management              |
| <input type="checkbox"/> Calf health / management         | <input type="checkbox"/> Odor management / air quality            |
| <input type="checkbox"/> Contract / custom heifer rearing | <input type="checkbox"/> Organic milk production                  |
| <input type="checkbox"/> Costs of disease / biosecurity   | <input type="checkbox"/> Quality assurance / residue avoidance    |
| <input type="checkbox"/> Cow comfort                      | <input type="checkbox"/> Reproductive health                      |
| <input type="checkbox"/> Cow longevity                    | <input type="checkbox"/> Stillbirths                              |
| <input type="checkbox"/> Employee training                | <input type="checkbox"/> Udder health                             |
| <input type="checkbox"/> Food safety                      | <input type="checkbox"/> Water quality                            |
| <input type="checkbox"/> Foreign animal diseases          | <input type="checkbox"/> Other (specify _____)                    |
| <input type="checkbox"/> Heifer management                |                                                                   |

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 .25 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.

**NAHMS 284  
March 2012**

EXP DATE  
XX/XXXX

3. (OPTIONAL) For each of the top three management issues chosen in Question 2, list two specific areas of interest:

<p>Example: Issue #1: <b>Udder health mastitis</b>      Specific areas of interest: a: <b>Mycoplasma</b></p>
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Specific areas of interest for top three issues:

Issue #1

a: \_\_\_\_\_

b: \_\_\_\_\_

Issue #2

a: \_\_\_\_\_

b: \_\_\_\_\_

Issue #3

a: \_\_\_\_\_

b: \_\_\_\_\_

4. Diseases, disorders, or pathogens for specific focus: (Rank your top three.)

- |                                                                   |                                                                                  |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Bovine leukosis virus (BLV, EBL)         | <input type="checkbox"/> Infectious bovine rhinotracheitis (IBR)                 |
| <input type="checkbox"/> Bovine viral diarrhea (BVD)              | <input type="checkbox"/> Lameness / hoof health                                  |
| <input type="checkbox"/> Brucellosis                              | <input type="checkbox"/> Leptospirosis                                           |
| <input type="checkbox"/> <i>Campylobacter</i>                     | <input type="checkbox"/> <i>Mycoplasma</i>                                       |
| <input type="checkbox"/> Calf diarrheal diseases                  | <input type="checkbox"/> <i>Mycobacterium paratuberculosis</i> (Johne's disease) |
| <input type="checkbox"/> <i>Clostridium perfringens</i> Type A    | <input type="checkbox"/> <i>Neospora</i>                                         |
| <input type="checkbox"/> Other <i>Clostridium</i> organisms       | <input type="checkbox"/> Respiratory disease                                     |
| <input type="checkbox"/> Cryptosporidiosis                        | <input type="checkbox"/> <i>Salmonella</i>                                       |
| <input type="checkbox"/> Cystic ovarian disease                   | <input type="checkbox"/> <i>Staph aureus</i>                                     |
| <input type="checkbox"/> <i>E. coli</i> (as a foodborne pathogen) | <input type="checkbox"/> Tuberculosis                                            |
| <input type="checkbox"/> External / internal parasites            | <input type="checkbox"/> Other (specify _____)                                   |

5. (OPTIONAL) For each of the top three diseases, disorders, or pathogens chosen in Question 4, list two specific areas of interest:

<p>Example: Disease#1: <b>BVD infected herd</b>      Specific areas of interest: a: <b>Percentage of</b></p>
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Specific areas of interest for top three diseases:

Disease #1

a: \_\_\_\_\_

b: \_\_\_\_\_

Disease #2

a: \_\_\_\_\_

b: \_\_\_\_\_

Disease #3

a: \_\_\_\_\_

b: \_\_\_\_\_

**6. Incentives offered to participating producers: (*Rank your top three.*)**

- Animal welfare audit
- Feed analysis
- Individual animal testing for disease agents (BVD, Johne's, etc)
- Soil or manure testing for nitrogen and phosphorus
- Testing for selected disease agents (environmental and bulk milk testing)
- Water quality testing
- Other \_\_\_\_\_

**7. Other Comments:**

**THANK YOU FOR YOUR INPUT!**

Visit the following website for more information about the NAHMS program:

<http://nahms.aphis.usda.gov>