

## INTERVIEW INFORMATION

1. a. Name of herd: \_\_\_\_\_  
Other name(s): \_\_\_\_\_  
Operation Number to link to subsequent survey(s): \_\_\_\_\_
  - b. CAPIN: \_\_\_\_\_ Natl. ID: \_\_\_\_\_ GPS (decimal degrees) Lat \_\_\_\_\_ Long \_\_\_\_\_
  - c. Address (where cattle are located): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
  - d. Other addresses (where cattle from this herd are located; include class of animal and numbers):  
\_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
  - e. Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_
  - f. Email address (optional): \_\_\_\_\_
  - g. Contact (1) Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Contact (2) Name: \_\_\_\_\_ Contact #: \_\_\_\_\_
2. Date of Interview: \_\_\_\_\_ Interviewer: \_\_\_\_\_
  3. Respondent: \_\_\_\_\_ Title: \_\_\_\_\_

***This page should be removed and kept by the coordinator in each state.***

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**NAHMS-300  
NOV 2014**

# NAHMS DAIRY HERD MANAGEMENT QUESTIONNAIRE

## Section A—Cattle Inventory

1. How many dairy cows, whether dry or in milk, are on this operation today?  
*[Include dairy heifers that have calved.]*..... D101 \_\_\_\_\_ head
  - a. How many of these were milked today? ..... D102 \_\_\_\_\_ head
  - b. What is your average milk production per cow per day? ..... D103/D103a \_\_\_\_\_ lb OR \_\_\_\_\_ gal
  - c. How many dairy cows were milked on this operation **3 years ago**? ..... D104 \_\_\_\_\_ head
  - d. How many dairy cows were milked on this operation **5 years ago**? ..... D105 \_\_\_\_\_ head
  
2. Cattle inventory (today):
  - a. Lactating cows ..... \_\_\_\_\_
  - b. Dry cows ..... + \_\_\_\_\_
  - c. Pregnant heifers ..... + \_\_\_\_\_
  - d. Weaned but not pregnant heifers ..... + \_\_\_\_\_
  - e. Preweaned heifers ..... + \_\_\_\_\_
  - f. Breeding bulls ..... + \_\_\_\_\_
  - g. Other (specify: \_\_\_\_\_) ..... + \_\_\_\_\_
  - h. Total ..... = \_\_\_\_\_
  
3. What percentage of the (Question 1) **dairy cows** on the operation today are:
  - a. Holstein? ..... D106 \_\_\_\_\_ %
  - b. Jersey? ..... D107 + \_\_\_\_\_ %
  - c. Ayrshire? ..... D108 + \_\_\_\_\_ %
  - d. Brown Swiss? ..... D109 + \_\_\_\_\_ %
  - e. Guernsey? ..... D110 + \_\_\_\_\_ %
  - f. Other, including mixed dairy breeds? (specify: \_\_\_\_\_) D111OTH..... D111 + \_\_\_\_\_ %

**Total =100%**
  
4. How many of the following types of **dairy heifers** do you have on the operation today?  
*[Enter 0 if no cattle of the specific type.]*

	<b># head today</b>
a. Preweaned dairy heifers ..... D112	_____
b. Weaned but not pregnant dairy heifers ..... D113	+ _____
c. Pregnant dairy heifers ..... D114	+ _____
d. Total dairy replacement heifers on site <i>[sum of Questions 3a–3c]</i> ..... D115	= _____
Of these (Question 3d) <b>dairy replacement heifers</b> , what percentage were:	
i. Born and raised on this operation? ..... D116	_____ %
ii. Born on this operation and raised off this operation? ..... D117	+ _____ %
iii. Born off this operation? ..... D118	+ _____ %
<b>Total</b>	<b>=100%</b>

5. How many of the following types of **dairy bulls, dairy beef, and beef cattle** do you have on the operation today? *[Enter 0 if no cattle of the specific type.]*
- a. Preweaned dairy bulls (intended for breeding) ..... D119 + \_\_\_\_\_
  - b. Weaned dairy bulls up to 1 year old (intended for breeding) ..... D120 + \_\_\_\_\_
  - c. Dairy bulls 1 year and older (intended or used for breeding)..... D121 + \_\_\_\_\_
  - d. Preweaned beef and dairy-beef calves (including heifers, steers, and bulls) ..... D122 + \_\_\_\_\_
  - e. Weaned beef and dairy-beef calves up to 1 year old (including heifers, steers, and bulls)..... D123 + \_\_\_\_\_
  - f. Beef and dairy-beef cattle 1 year and older ..... D124 + \_\_\_\_\_
  - g. **Total dairy bulls, dairy-beef, and beef cattle** *[sum of Questions 4a–4f]*..... D125 = \_\_\_\_\_
6. **Total the responses to Questions 3d and 4g.**  
Then the total number of cattle on this operation today is: ..... D126 \_\_\_\_\_  
(Verify this total is correct.)
7. What percentage of the original herd's cattle were?
- a. Inherited ..... \_\_\_\_\_ %
  - b. Purchased ..... \_\_\_\_\_ %
  - c. Other (specify: \_\_\_\_\_) ..... \_\_\_\_\_ %
- Total 100%
8. How long has the current herd been at this location? ..... \_\_\_\_\_ years

### Section B—Identification and Record Keeping Practices

1. What percentage of this operation's cattle has the following types of identification?  
*[Answer all that apply.]*

Identification	Percent			
	Lactating cows	Dry cows	Heifers $\geq 12$ mo	Heifers $< 12$ mo
a. Bangle (ear) tags				
b. RFID tags				
c. Leg bands				
d. Collars				
e. Brand				
f. Other (specify)				

2. Which identification method is primarily used for management and record-keeping purposes? ..... \_\_\_\_\_

3. What type(s) of record-keeping system(s) does this operation use to track individual animals?

- a. Handwritten records, such as a ledger or notebook ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Dairy Herd Improvement Association (DHIA) ..... <sub>1</sub> Yes <sub>3</sub> No
- c. Off-farm computer record system other than DHIA ..... <sub>1</sub> Yes <sub>3</sub> No
- d. On-farm computer record system ..... <sub>1</sub> Yes <sub>3</sub> No
- e. Other systems (specify: \_\_\_\_\_) ..... <sub>1</sub> Yes <sub>3</sub> No
- f. None ..... <sub>1</sub> Yes <sub>3</sub> No

If Question 3c or 3d = Yes,

g. What off-farm (Question 3c) or on-farm (Question 3d) computer record system is primarily used? *[Check one only.]*

- <sub>1</sub> Dairy Comp 305
- <sub>2</sub> PC Dart
- <sub>3</sub> DHI Plus
- <sub>4</sub> Other (specify: \_\_\_\_\_)

h. Is official ID (brucellosis tags, etc.) entered into computer system for individual animals? ..... <sub>1</sub> Yes <sub>3</sub> No

### Section C—Cattle Movement Practices

1. Were any cattle brought onto this operation in the last 12 months?  
*[Include purchased, leased, or borrowed cattle but exclude calves raised off-site.]* D201  Yes  No

**[If Question 1 = No, SKIP to Question 3.]**

2. For cattle brought onto the operation (excluding calves raised off site), complete the following table.

Source code for Question 2	
1 = Dairy operation	5 = Livestock dealer
2 = Beef operation	6 = Heifer-raising operation
3 = Feedlot	7 = Youth project (4-H/FFA)
4 = Market/auction	8 = Other (specify: _____ ) D202OTH

	Cattle class	Brought on?	On average during the last 12 months, how many times per month did you bring animals on site*	In the last 12 months, average number head brought on site per month	Source	Name and State of source(s)	Tested for TB before arrival?
a.	Preweaned calves (dairy or beef)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D202	D211	D221	D231	D240	<input type="checkbox"/> <sub>1</sub> All <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> None D249
b.	Weaned dairy heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D203	D212	D222	D232	D241	<input type="checkbox"/> <sub>1</sub> All <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> None D250
c.	Pregnant dairy heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D204	D213	D223	D233	D242	<input type="checkbox"/> <sub>1</sub> All <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> None D251
d.	Fresh dairy heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D205	D214	D224	D234	D243	<input type="checkbox"/> <sub>1</sub> All <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> None D252
e.	Lactating dairy cows	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D206	D215	D225	D235	D244	<input type="checkbox"/> <sub>1</sub> All <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> None D253
f.	Dry dairy cows	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D207	D216	D226	D236	D245	<input type="checkbox"/> <sub>1</sub> All <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> None D254
g.	Beef heifers or cows	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D208	D217	D227	D237	D246	<input type="checkbox"/> <sub>1</sub> All <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> None D255
h.	Beef bulls	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D209	D218	D228	D238	D247	<input type="checkbox"/> <sub>1</sub> All <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> None D256
i.	Dairy bulls	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D210	D219	D229	D239	D248	<input type="checkbox"/> <sub>1</sub> All <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> None D257
j.	Total		D220	D230			

3. Excluding calves raised off-site, did any cattle leave this operation for any purpose (show, sale, petting zoo, etc.) in the last 12 months and then return to this operation?..... D258 <sub>1</sub> Yes <sub>3</sub> No

4. Were any bull or heifer calves sold or raised off-site in the last 12 months? ..... D259 <sub>1</sub> Yes <sub>3</sub> No

**[If Question 4 = No, SKIP to Section D.]**

5. In the last 12 months, how many bull calves and heifer calves were sold or raised off-site? ..... D260/D261
- |  |                    |                      |
|--|--------------------|----------------------|
|  | _____ #            | _____ #              |
|  | <b>Bull calves</b> | <b>Heifer calves</b> |
6. Of the calves in Question 5, what percentage were:  
(Check the box to designate destination of bulls and heifers)
- |   |                    |                      |
|---|--------------------|----------------------|
|   | <b>Bull calves</b> | <b>Heifer calves</b> |
| a. Raised off-site with retained ownership? ..... D262/D269 | _____ %            | _____ %              |
| b. Heifers sold and then bought back? ..... D263/D270       | NA                 | _____ %              |
| c. Sold to a calf ranch? ..... D264/D271                    | _____ %            | _____ %              |
| d. Sold through auction? ..... D265/D272                    | _____ %            | _____ %              |
| e. Sold through a dealer? ..... D266/D273                   | _____ %            | _____ %              |
| f. Sold directly to another dairy? ..... D267/D274          | _____ %            | _____ %              |
| g. Other? (specify: _____) D268/D275                        | _____ %            | _____ %              |
| <b>Total</b>  | <b>=100%</b>       | <b>=100%</b>         |
7. At what age do the majority of dairy heifers leave the operation? ..... D276/d276a
- |  |             |    |              |
|--|-------------|----|--------------|
|  | _____       | OR | _____        |
|  | <b>Days</b> |    | <b>Weeks</b> |
8. At the time the majority of dairy heifers **leave the operation**, are they: [Check one only.] D277
- <sub>1</sub> Preweaned?
- <sub>2</sub> Weaned but not pregnant?
- <sub>3</sub> Pregnant?
- <sub>4</sub> Other? (specify: \_\_\_\_\_) D277OTH
9. How many miles are the dairy heifers transported **to the off-site rearing facility**? D278 \_\_\_\_\_ miles
10. In the last 12 months, what percentage of dairy heifer calves were transported **off your operation** by the following?
- |  |              |
|--|--------------|
| a. Picked up by personnel from the heifer-raising operation ..... D279 | _____ %      |
| b. Delivered by this dairy operation ..... D280                        | + _____ %    |
| c. Delivered by private/contract hauler ..... D281                     | + _____ %    |
| d. Other (specify: _____) D282OTH ..... D282                           | + _____ %    |
| <b>Total</b>   | <b>=100%</b> |
11. In the last 12 months, were dairy heifers transported **off your operation** by the following?
- |  |   |  |
|--|---|--|
| a. Stock trailer ..... D283  | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| b. Straight or bobtail truck ..... D284                              | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| c. Semi trailer ..... D285   | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| d. Other type of trailer/vehicle (specify: _____) D286OTH ..... D286 | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
12. In the last 12 months, how many times per week, per month, or per year were dairy heifers transported **off your operation**? ..... D287/D287a/D287b
- |  |             |    |              |    |             |
|--|-------------|----|--------------|----|-------------|
|  | _____       | OR | _____        | OR | _____       |
|  | <b>Week</b> |    | <b>Month</b> |    | <b>Year</b> |

13. Do the dairy heifers ever leave the State during the off-site rearing? .....D288 <sub>1</sub> Yes <sub>3</sub> No  
If Yes, which State(s)..... D289 \_\_\_\_\_

14. Which of the following best describes the off-site rearing facility? ..... D290  
[Check one only.]

- <sub>1</sub> Dairy heifers are sent to a single rearing facility and do not have any contact with cattle from other operations.
- <sub>2</sub> Dairy heifers are sent to multiple rearing facilities and do not have any contact with cattle from other operations.
- <sub>3</sub> Dairy heifers are sent to a single rearing facility and have contact with cattle from other operations.
- <sub>4</sub> Dairy heifers are sent to multiple rearing facilities and have contact with cattle from other operations.
- <sub>5</sub> Other (specify: \_\_\_\_\_)D290OTH

15. Do bull or steer calves ever return from the raising facility? ..... D291 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> NA

16. In the last 12 months, what percentage of dairy heifer calves were transported **to this operation** by the following?

- a. Delivered to your operation by the heifer-raising operation personnel ..... D292 \_\_\_\_\_ %
  - b. Picked up by your operation's personnel ..... D293 + \_\_\_\_\_ %
  - c. Picked up by private/contract hauler ..... D294 + \_\_\_\_\_ %
  - d. Other (specify: \_\_\_\_\_)D295OTH ..... D295 + \_\_\_\_\_ %
- Total** **=100%**

17. In the last 12 months, were dairy heifers transported **to this operation** by the following?

- a. Stock trailer ..... D296 <sub>1</sub> Yes <sub>3</sub> No
- b. Straight or bobtail truck ..... D297 <sub>1</sub> Yes <sub>3</sub> No
- c. Semi trailer ..... D298 <sub>1</sub> Yes <sub>3</sub> No
- d. Other type of trailer/vehicle (specify: \_\_\_\_\_)D299OTH ..... D299 <sub>1</sub> Yes <sub>3</sub> No

18. In the last 12 months, how many times per week, per month, or per year were dairy heifers transported **to this operation**? ..... D300/D300a/D300b

\_\_\_\_\_ OR \_\_\_\_\_ OR \_\_\_\_\_  
**Week** **Month** **Year**

19. Which of the following best describes how frequently heifer transport vehicles owned, leased, or contracted by this operation to transport heifers **from your operation** were washed/rinsed out in the last 12 months? *[Check one only.]* D301
- <sub>1</sub> After every shipment
  - <sub>2</sub> After 2 to 3 shipments
  - <sub>3</sub> After 4 to 5 shipments
  - <sub>4</sub> After more than 5 shipments
  - <sub>5</sub> Other (specify: \_\_\_\_\_)D301OTH
  - <sub>6</sub> Not applicable—this operation’s vehicles not used to transport heifers
  - <sub>7</sub> Unknown or no standard procedure

**[If Question 19 = 6 or 7, SKIP to Question 21.]**

20. Did washing/rinsing of vehicles usually include a disinfectant? ..... D302 <sub>1</sub> Yes <sub>3</sub> No

21. Which of the following best describes how frequently heifer transport vehicles owned, leased, or contracted by this operation to transport heifers **to your operation** were washed/rinsed out in the last 12 months? *[Check one only.]* D303
- <sub>1</sub> After every shipment
  - <sub>2</sub> After 2 to 3 shipments
  - <sub>3</sub> After 4 to 5 shipments
  - <sub>4</sub> After more than 5 shipments
  - <sub>5</sub> Other (specify: \_\_\_\_\_)D303OTH
  - <sub>6</sub> Not applicable—this operation’s vehicles not used to transport heifers
  - <sub>7</sub> Unknown or no standard procedure

**[If Question 21 = 6 or 7, SKIP to Question 23.]**

22. Did washing/rinsing of vehicles usually include a disinfectant? ..... D304 <sub>1</sub> Yes <sub>3</sub> No

23. In the last 12 months, were this operation’s vehicles used to transport dairy cattle also used to transport other types of cattle or cattle from other operations? ..... D305 <sub>1</sub> Yes <sub>3</sub> No

24. At what age do dairy heifers return **to this operation** after being raised off site (months)? ..... D306 \_\_\_\_\_ months

25. At the time dairy heifers arrive or return **to this operation** after being raised off-site, are they: *[Check one only.]* D307
- <sub>1</sub> Weaned but not pregnant?
  - <sub>2</sub> Pregnant?
  - <sub>3</sub> Recently fresh?
  - <sub>4</sub> Other? (specify: \_\_\_\_\_)D305OTH



**If heifers are raised off-site, return to this operation, and then leave to be raised off-site at another location, complete the following. If not, skip to Question 43.**

26. At what age do the majority of dairy heifers leave the operation for the second time? ..... D306/D306a \_\_\_\_\_ OR \_\_\_\_\_  
Weeks Months

27. At the time the majority of dairy heifers **leave the operation** for the second time, are they: *[Check one only.]*..... D307  
1 Weaned but not pregnant?  
2 Pregnant?  
3 Other? (specify: \_\_\_\_\_)D307OTH

28. How many miles are the dairy heifers transported **to the second off-site rearing facility?** D308 \_\_\_\_\_ miles

29. In the last 12 months, what percentage of dairy heifer calves were transported **to the second off-site raising facility** by the following?  
a. Picked up by personnel from the heifer-raising operation ..... D309 \_\_\_\_\_ %  
b. Delivered by this dairy operation..... D310 + \_\_\_\_\_ %  
c. Delivered by private/contract hauler ..... D311 + \_\_\_\_\_ %  
d. Other (specify: \_\_\_\_\_)D312OTH ..... D312 + \_\_\_\_\_ %  
**Total =100%**

30. In the last 12 months, were dairy heifers transported **off your operation to the second off-site raising facility** by the following?  
a. Stock trailer ..... D313 1 Yes 3 No  
b. Straight or bobtail truck ..... D314 1 Yes 3 No  
c. Semi trailer ..... D315 1 Yes 3 No  
d. Other type of trailer/vehicle (specify: \_\_\_\_\_)D316OTH ..... D316 1 Yes 3 No

31. In the last 12 months, how many times per week, per month, or per year were dairy heifers transported **to the second off-site raising facility?** .....D317/D317a/D317b \_\_\_\_\_ OR \_\_\_\_\_ OR \_\_\_\_\_  
Week Month Year

32. Do the dairy heifers ever leave the State during the second off-site rearing? .....D318 1 Yes 3 No  
If Yes, which State(s)..... D319 \_\_\_\_\_

33. Which of the following best describes the second off-site rearing facility? ..... D320  
*[Check one only.]*  
1 Dairy heifers are sent to a single rearing facility and do not have any contact with cattle from other operations.  
2 Dairy heifers are sent to multiple rearing facilities and do not have any contact with cattle from other operations.  
3 Dairy heifers are sent to a single rearing facility and have contact with cattle from other operations.  
4 Dairy heifers are sent to multiple rearing facilities and have contact with cattle from other operations.  
5 Other (specify: \_\_\_\_\_)D320OTH

34. In the last 12 months, what percentage of dairy heifer calves were transported **to this operation** from the second off-site rearing facility by the following?
- a. Delivered to your operation by the heifer-raising operation personnel ..... D321 \_\_\_\_\_ %
  - b. Picked up by your operation's personnel ..... D322 + \_\_\_\_\_ %
  - c. Picked up by private/contract hauler ..... D323 + \_\_\_\_\_ %
  - d. Other (specify: \_\_\_\_\_) D324OTH ..... D324 + \_\_\_\_\_ %
- Total** **=100%**

35. In the last 12 months, were dairy heifers transported **to this operation** from the second off-site rearing facility by the following?
- a. Stock trailer ..... D325 <sub>1</sub> Yes <sub>3</sub> No
  - b. Straight or bobtail truck ..... D326 <sub>1</sub> Yes <sub>3</sub> No
  - c. Semi trailer ..... D327 <sub>1</sub> Yes <sub>3</sub> No
  - d. Other type of trailer/vehicle (specify: \_\_\_\_\_) D328OTH ..... D328 <sub>1</sub> Yes <sub>3</sub> No

36. In the last 12 months, how many times per week, per month, or per year were dairy heifers transported from the second off-site rearing facility **to this operation**? D329/D329a/D329b
- Week**      OR       **Month**      OR       **Year**

37. Which of the following best describes how frequently heifer transport vehicles owned, leased, or contracted by this operation to transport heifers **from your operation** to the second off-site rearing facility were washed/rinsed out in the last 12 months? [Check one only.] D330
- <sub>1</sub> After every shipment
  - <sub>2</sub> After 2 to 3 shipments
  - <sub>3</sub> After 4 to 5 shipments
  - <sub>4</sub> After more than 5 shipments
  - <sub>5</sub> Other (specify: \_\_\_\_\_) D330OTH
  - <sub>6</sub> Not applicable—this operation's vehicles not used to transport heifers
  - <sub>7</sub> Unknown or no standard procedure

**[If Question 37 = 6 or 7, SKIP to Question 39.]**

38. Did washing/rinsing of vehicles usually include a disinfectant? ..... D331 <sub>1</sub> Yes <sub>3</sub> No

39. Which of the following best describes how frequently heifer transport vehicles owned, leased, or contracted by this operation to transport heifers from the second off-site rearing facility **to your operation** were washed/rinsed out in the last 12 months? [Check one only.] D332
- <sub>1</sub> After every shipment
  - <sub>2</sub> After 2 to 3 shipments
  - <sub>3</sub> After 4 to 5 shipments
  - <sub>4</sub> After more than 5 shipments
  - <sub>5</sub> Other (specify: \_\_\_\_\_) D332OTH
  - <sub>6</sub> Not applicable—this operation's vehicles not used to transport heifers
  - <sub>7</sub> Unknown or no standard procedure

**[If Question 39 = 6 or 7, SKIP to Question 41.]**

40. Did washing/rinsing of vehicles usually include a disinfectant? ..... D333 <sub>1</sub> Yes <sub>3</sub> No

41. At what age do dairy heifers return **to this operation** after being raised at the second off-site rearing facility (months)?..... D334 \_\_\_\_\_ months

42. At the time dairy heifers arrive or return **to this operation** after being raised at the second off-site rearing facility, are they: *[Check one only.]* D335

<sub>1</sub> Weaned but not pregnant?

<sub>2</sub> Pregnant?

<sub>3</sub> Recently fresh?

<sub>4</sub> Other? (specify: \_\_\_\_\_)D335OTH

43. Comments on cattle movement/purchases: D336

## Section D—Breeding Management Practices

1. What percentage of heifers and cows were bred by the following methods in the last 12 months?

	Heifers	Cows
a. Artificial insemination ..... D401/D403	_____ %	_____ %
b. Natural cover (bull breeding)..... D402/D404	+ _____ %	+ _____ %
<b>Total</b>	<b>≥100%</b>	<b>≥100%</b>

**[If Question 1b = 0 for heifers and cows (no natural breeding), SKIP to Question 4.]**

2. What percentage of bulls used for breeding were:

a. Home raised? .....D405	_____ %	
b. Purchased? .....D406	+ _____ %	
c. Leased? .....D407	+ _____ %	
d. Borrowed? .....D408	+ _____ %	
e. Other? (specify: _____)D409OTH .....D409	+ _____ %	
<b>Total</b>		<b>=100%</b>

3. If Question 2c or 2d is greater than 0, were leased or borrowed bulls:

a. Sent back to the owner? ..... D410	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>3</sub> No
b. Marketed? ..... D411	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>3</sub> No
c. Other? (specify: _____)D412OTH ..... D412	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>3</sub> No

4. Are cows ever bred off-site? ..... D413 <sub>1</sub> Yes <sub>3</sub> No

**[If Question 4 = No, SKIP to Question 6.]**

5. For cows bred off-site:

a. How often are cows taken off-site for breeding? .....D414	_____ times/yr
b. What percent of cows are bred off-site per year? .....D415	_____ %
c. Where are cows taken off-site? (specify name and location: _____)D416	

6. Comments on purchased/leased cattle: D417

## Section E—Housing

1. Of the housing types listed below, which was the primary housing type used in the last 12 months for each of the following class of cattle while on this operation?

Housing type codes for Question 1	
1 = Individual outside hutch/pen	7 = Freestall with access to dry lot
2 = Individual inside hutch/pen—warm (heated) calf barn	8 = Dry lot/multiple animal outside area (excludes pasture)
3 = Individual inside hutch/pen—cold (nonheated) calf barn	9 = Bedded pack/open shed
4 = Tie stall or stanchion	10 = Multiple animal inside area/barn
5 = Pasture	11 = Other (specify: _____) D501OTH
6 = Freestall	12 = Not housed on this operation

**Code**

- a. Preweaned dairy heifers ..... D501 \_\_\_\_\_
- If preweaned heifers were housed, which of the following describe the procedure used for hutches?
- i. Not cleaned..... D501a      <sub>1</sub> Yes    <sub>3</sub> No
- ii. Turned upside down ..... D501b      <sub>1</sub> Yes    <sub>3</sub> No
- iii. Pressure washed / scrubbed ..... D501c      <sub>1</sub> Yes    <sub>3</sub> No
- iv. Disinfected ..... D501d      <sub>1</sub> Yes    <sub>3</sub> No
- v. Moved to a new location..... D501e      <sub>1</sub> Yes    <sub>3</sub> No
- vi. Allowed to completely dry..... D501f      <sub>1</sub> Yes    <sub>3</sub> No
- vii. Other? (specify: \_\_\_\_\_) D501gOTH ..... D501g      <sub>1</sub> Yes    <sub>3</sub> No
- b. Weaned dairy heifers ..... D502 \_\_\_\_\_
- c. Pregnant dairy heifers ..... D503 \_\_\_\_\_
- d. Lactating cows ..... D504 \_\_\_\_\_
- e. Dry cows ..... D505 \_\_\_\_\_

2. Were the following classes of cattle ever allowed on pasture in the last 12 months? If Yes, did they have contact with cattle not owned by this operation?

	Pasture	Contact with other cattle
a. Weaned heifers ..... D506/ D506a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
b. Pregnant heifers ..... D507/ D507a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
c. Lactating cows ..... D508/ D508a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
d. Dry cows ..... D509/ D509a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No

If pastured, where was the pasture located? \_\_\_\_\_

3. Did this operation use a hospital pen for **weaned** dairy heifers in the last 12 months?..... D510    <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA—raised off-site
4. Did this operation use a hospital pen for **pregnant** dairy heifers in the last 12 months?..... D511    <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA—raised off-site
5. Which of the following describes how post-weaned cattle are grouped:
- a. By age post-weaning? .....D512    <sub>1</sub> Yes    <sub>3</sub> No
- b. By size? ..... D512a    <sub>1</sub> Yes    <sub>3</sub> No
- c. By sex? .....D512b    <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA—no bulls/steers
- d. Other? (specify: \_\_\_\_\_) D512c OTH .....D512c    <sub>1</sub> Yes    <sub>3</sub> No
6. How would you best characterize the surface moisture of the ground or flooring **lactating** cows **stand** on most of the time in summer and winter seasons? *[Enter one code only for each season.]*
- (1) Usually dry
- (2) Wet about half the time
- (3) Almost always wet, but no standing water
- (4) Usually standing water or slurry ..... D513/D514    \_\_\_\_\_ code    \_\_\_\_\_ code  
**Summer**                      **Winter**
7. During the summer months, were the following heat abatement methods provided to **lactating** and **dry** cows?
- |   | <b>Lactating</b>   | <b>Dry</b>   |
|---|--|--|
| a. Covered structure (e.g., freestall, barn)..... D515/D521 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| a. Shade (other than covered structure)..... D516/D522      | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| b. Sprinklers or misters..... D517/D523                     | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| c. Fans..... D518/D524                                      | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| d. Tunnel ventilation ..... D519/D525                       | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| e. Other (specify: _____)D520OTH/D526OTH... D520/D526       | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
8. During the last 12 months, which of the following bedding types were used for **lactating** and **dry** cows?
- |   | <b>Lactating</b>   | <b>Dry</b>   |
|---|--|--|
| (1) Straw and/or hay..... D527/D538                     | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (2) Sand..... D528/D539                                 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (3) Sawdust/wood products..... D529/D540                | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (4) Composted/dried manure ..... D530/D541              | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (5) Rubber mats ..... D531/D542                         | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (6) Rubber tires ..... D532/D543                        | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (7) Shredded newspaper..... D533/D544                   | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (8) Mattresses ..... D534/D545                          | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (9) Corn cobs and stalks ..... D535/D546                | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (10) Waterbeds..... D536/D547                           | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (11) Other (specify: _____)D537OTH/D548OTH .. D537/D548 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |

9. Enter the number of the bedding type (1-11) from Question 8 above that was used **primarily** during the last 12 months for both **lactating** and **dry** cows?  
 (Enter **99** if no bedding used.) ..... D549/D550
- \_\_\_\_\_ code  
**Lactating**                      \_\_\_\_\_ code  
**Dry**

### Section F—Calf Management

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1. What percentage of calvings occurred in the following areas:
- |  |              |
|--|--------------|
| a. Close-up pen?.....D601  | _____ %      |
| b. Multiple animal maternity area/pen (group calving)?.....D602            | + _____ %    |
| c. Individual animal area/pen cleaned between each calving?.....D603       | + _____ %    |
| d. Individual animal area/pen cleaned after two or more calvings?.....D604 | + _____ %    |
| e. Individual animal area/pen that is not cleaned?..... D604a              | + _____ %    |
| f. Other? (specify: _____)D605OTH .....D605                                | + _____ %    |
| <b>Total</b>   | <b>=100%</b> |
2. How soon after birth on average are dairy heifer calves separated from their dams? [Check one only.] D606
- <sub>1</sub> Prior to nursing
- <sub>2</sub> After nursing but less than 6 hours
- <sub>3</sub> 6 hours to less than 12 hours
- <sub>4</sub> 12 to 24 hours
- <sub>5</sub> More than 24 hours
3. What percentage of calves on this operation were given colostrum from the following sources in the last 12 months?
- |   |              |
|---|--------------|
| a. Individual cow colostrum (unpasteurized)..... D607   | _____ %      |
| b. Individual cow colostrum (pasteurized)..... D608   | _____ %      |
| c. Pooled cow colostrum (unpasteurized)..... D609   | _____ %      |
| d. Pooled cow colostrum (pasteurized)..... D610   | _____ %      |
| e. Commercial colostrum replacer (e.g., Acquire, Secure, etc.) ..... D611                     | _____ %      |
| f. No colostrum fed ..... D612  | _____ %      |
| <b>Total</b> [will be > 100% if individual calves received more than one source of colostrum] | <b>≥100%</b> |
4. If pasteurized colostrum was fed, what temperature and length of time (in minutes) was used to pasteurize the colostrum? .....D613/D614
- \_\_\_\_\_                      \_\_\_\_\_  
**Temperature**                      **Time**

5. Which of the following do you use to monitor the effectiveness of the pasteurization process for colostrum?
- a. Post-pasteurization cultures on at least a monthly basis..... D615 <sub>1</sub> Yes <sub>3</sub> No
  - b. Alkaline phosphate testing (ALP) on at least a monthly basis..... D616 <sub>1</sub> Yes <sub>3</sub> No
  - c. Equipment maintenance on at least a biannual basis ..... D617 <sub>1</sub> Yes <sub>3</sub> No
  - d. Time and temperature recorder ..... D618 <sub>1</sub> Yes <sub>3</sub> No
  - e. Other (specify: \_\_\_\_\_)D619OTH ..... D619 <sub>1</sub> Yes <sub>3</sub> No
6. Did this operation have an excess of colostrum? ..... D620 <sub>1</sub> Yes <sub>3</sub> No
- If Yes,
- a. Was excess colostrum sold or given to a calf ranch? ..... D621 <sub>1</sub> Yes <sub>3</sub> No  
If Yes, which calf ranch? \_\_\_\_\_ D622
  - b. Was excess colostrum sold or given to another dairy operation? ..... D623 <sub>1</sub> Yes <sub>3</sub> No  
If Yes, which dairy operation? \_\_\_\_\_ D624
  - c. Was excess colostrum sold or given to another type of operation (e.g., goat)? ..... D625 <sub>1</sub> Yes <sub>3</sub> No  
If Yes, which operation? \_\_\_\_\_ D626
7. Were any preweaned heifers housed on this operation in the last 12 months? ..... D627 <sub>1</sub> Yes <sub>3</sub> No

**[If Question 7 = No (preweaned heifers not housed), SKIP to Section G.]**

8. In the last 12 months, what percentage of preweaned dairy heifer calves received the following liquid diets prior to weaning?
- a. Nonmedicated milk replacer ..... H628 \_\_\_\_\_ %
  - b. Medicated milk replacer ..... H629 + \_\_\_\_\_ %
  - c. Unpasteurized saleable or non-saleable (waste) milk ..... H630 + \_\_\_\_\_ %
  - d. Pasteurized saleable or non-saleable (waste) milk ..... H631 + \_\_\_\_\_ %
  - e. Other (specify: \_\_\_\_\_)H632OTH ..... H632 + \_\_\_\_\_ %
- Total [will be >100% if individual calves received more than one diet] ≥100%**

9. If pasteurized milk was fed, what temperature and length of time (in minutes) was the milk treated? ..... D633/D634
- Temperature** \_\_\_\_\_ **Time** \_\_\_\_\_

10. Which of the following do you use to monitor the effectiveness of the pasteurization process for milk?
- a. Post pasteurization cultures on at least a monthly basis..... D635 <sub>1</sub> Yes <sub>3</sub> No
  - b. Alkaline phosphate testing (ALP) on at least a monthly basis..... D636 <sub>1</sub> Yes <sub>3</sub> No
  - c. Equipment maintenance on at least a biannual basis ..... D637 <sub>1</sub> Yes <sub>3</sub> No
  - d. Time and temperature recorder ..... D638 <sub>1</sub> Yes <sub>3</sub> No
  - e. Other (specify: \_\_\_\_\_)D639OTH ..... D639 <sub>1</sub> Yes <sub>3</sub> No



11. In the last 12 months, how many times per day was milk or milk replacer routinely fed to calves? *[Check one only.]* H640
- <sub>1</sub> Once daily
- <sub>2</sub> Twice daily
- <sub>3</sub> Three times daily
- <sub>4</sub> Other (specify: \_\_\_\_\_) D640OTH
12. In the last 12 months, how much milk or milk replacer (in quarts) was routinely fed to each calf **at each feeding**? ..... D641 \_\_\_\_\_ quarts
13. Which percent of calves were fed milk or milk replacer using the following equipment?
- a. Bottle ..... D642a + \_\_\_\_\_ %
- b. Bucket ..... D642b + \_\_\_\_\_ %
- c. Other (specify: \_\_\_\_\_) D642cOTH ..... D642c + \_\_\_\_\_ %
- Total** *[will be >100% if individual calves fed via multiple methods]* ..... **≥100%**
14. Which best describes how the milk feeding equipment chosen above was managed in the last 12 months? *[Check one only.]* D643
- <sub>1</sub> Rinsed with water **after each feeding**
- <sub>2</sub> Rinsed with water once daily
- <sub>3</sub> Cleaned and disinfected **after each feeding**
- <sub>4</sub> Cleaned and disinfected once daily
- <sub>5</sub> Cleaned and disinfected less often than daily
- <sub>6</sub> Cleaned and disinfected after the dairy heifers were weaned and moved
- <sub>7</sub> Other (specify: \_\_\_\_\_) D643OTH
15. Did this operation have an excess of waste milk? ..... D644 <sub>1</sub> Yes <sub>3</sub> No
- If Yes,
- a. Was excess waste milk sold or given to a calf ranch? ..... D645 <sub>1</sub> Yes <sub>3</sub> No
- If Yes, which calf ranch? \_\_\_\_\_ D646
- b. Was excess waste milk sold or given to another dairy operation? ..... D647 <sub>1</sub> Yes <sub>3</sub> No
- If Yes, which dairy operation? \_\_\_\_\_ D648
- c. Was excess waste milk sold or given to another type of operation (e.g., goat)? ..... D649 <sub>1</sub> Yes <sub>3</sub> No
- If Yes, which operation? \_\_\_\_\_ D650
16. In the last 12 months, what was the average age (in days) of dairy heifers when they were first offered:
- a. Water? ..... D651 \_\_\_\_\_ days
- b. Starter grain or other concentrates? ..... D652 \_\_\_\_\_ days
- c. Hay or other roughages? ..... D653 \_\_\_\_\_ days

17. In the last 12 months, what was the average age in weeks at weaning for dairy heifers? .....D654 \_\_\_\_\_ weeks

18. Are bull calves managed similar to heifer calves? ..... D655 <sub>1</sub> Yes <sub>3</sub> No  
 If No, describe the differences (weaned earlier, etc.) ..... D656

### Section G—Feeding Practices

1. During the last 12 months, did this operation feed **any** of the following feeds (including in heifer rations), and if Yes, were any of the feeds acquired from an outside source?

	<b>Fed</b>	<b>Acquired</b>
a. Alfalfa hay/haylage ..... D701/D724	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
b. Corn silage..... D702/D725	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
c. Clover as forage or pasture ..... D703/D726	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
d. Whole cottonseed ..... D704/D727	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
e. Cottonseed meal or hulls ..... D705/D728	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
f. Whole soybeans or soybean meal ..... D706/D729	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
g. Bakery byproducts ..... D707/D730	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
h. Brewery byproducts ..... D708/D731	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
i. Corn ..... D709/D732	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
j. Barley..... D710/D733	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
k. Wheat (not silage) ..... D711/D734	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
l. Oats (not silage) ..... D712/D735	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
m. Green chop ..... D713/D736	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
n. Feather/poultry meal..... D714/D737	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
o. Fish meal ..... D715/D738	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
p. Fat/tallow ..... D716/D739	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
q. Porcine meat and bone meal..... D717/D740	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
r. Blood meal..... D718/D741	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
s. Raisin stems ..... D719/D742	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
t. Orange pulp ..... D720/D743	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
u. Carrots or carrot pulp..... D721/D744	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
v. Dog food waste ..... D722/D745	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
w. Almond hulls ..... D723/D746	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No

2. Other feeds fed but not listed above:

- |    |                       | <b>Acquired</b>  |
|----|-----------------------|--|
| a. | _____ D747/D753 ..... | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| b. | _____ D748/D754 ..... | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| c. | _____ D749/D755 ..... | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| d. | _____ D750/D756 ..... | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| e. | _____ D751/D757 ..... | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| f. | _____ D752/D758 ..... | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |

3. In the last 12 months, did this operation use medicated feed in rations for any weaned or pregnant dairy heifers to prevent disease or promote growth? ..... D759 <sub>1</sub> Yes <sub>3</sub> No

4. In the last 12 months, did this operation normally use the following preventive practices for heifers or cows?

	<b>Preventive practice</b>	<b>Heifers</b>	<b>Cows</b>	
a.	Dewormers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D760/D767
b.	Coccidiostats in feed (e.g., Deccox®)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No		D761
c.	Ionophores in feed (e.g., Rumensin®, Bovatec®)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D762/D768
d.	Vitamin A-D-E (injectable or feed additive)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D763/D769
e.	Selenium (injectable or feed additive)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D764/D770
f.	Probiotics	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D765/D771
g.	Anionic salts		<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D772

5. Which of the following best describes how frequently in the last 12 months leftover feed (weigh backs) from older cattle were fed back to younger heifers? [Check one only.] D773

- <sub>1</sub> Routinely (daily or weekly)
- <sub>2</sub> Rarely (less than once per month)
- <sub>3</sub> Never

6. Which of the following best describes how frequently in the last 12 months leftover feed (weigh backs) from lactating cows were fed back to dry cows? [Check one only.] D774

- <sub>1</sub> Routinely (daily or weekly)
- <sub>2</sub> Rarely (less than once per month)
- <sub>3</sub> Never

7. In the last 12 months, did any cows ever drink from: **How many times per year are water sources drained and cleaned?**

- |    |   |  |       |
|----|---|--|-------|
| a. | A single cup/bowl waterer used by multiple cows? D775/D775a   | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | _____ |
| b. | A water tank or trough (covered or uncovered)? ... D776/D776a | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | _____ |
| c. | A lake, pond, stream, river, etc.? ..... D777                 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | N/A   |
| e. | Another source? (specify: _____) D778OTH ... D778/D778a       | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | _____ |

8. In the last 12 months, what percentage of cattle received water from the following water sources?

- a. Ground water (well)..... D780 \_\_\_\_\_ %
  - b. Surface water (ponds, lakes, streams) ..... D781 + \_\_\_\_\_ %
  - c. Municipal water supply..... D782 + \_\_\_\_\_ %
- Total [will be >100% if more than one water source] ≥100%**

### Section H—Biosecurity Practices

1. Which of the following animals were on this operation, or on adjacent (fenceline contact possible) operations in the last 12 months?

	<b>Animal type</b>	<b>On this operation</b>	<b>On adjacent operation(s) (fence-line contact possible)</b>	
a.	Dairy cattle		<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D815
b.	Beef cattle	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D802/D816
c.	Mexican-origin cattle (e.g., steers and rodeo stock)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D803/D817
d.	Chickens or other poultry	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D804/D818
e.	Horses, donkeys, mules, etc.	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D805/D819
f.	Pigs (domestic)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D806/D820
g.	Sheep	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D807/D821
h.	Goats	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D808/D822
i.	Dogs (domestic or feral)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D809/D823
j.	Cats (domestic or feral)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D810/D824
k.	Captive deer or elk	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D811/D825
l.	Llamas, alpacas	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D812/D826
m.	Bison	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D813/D827
n.	Other (specify: _____)D814OTH/D828OTH	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	D814/D828

2. In the last 12 months, how frequently were the following wild animals and/or signs of wild animals (scat, tracks, etc.) observed **on this operation**?

- a. Deer..... D829      <sub>1</sub> Never   <sub>2</sub> Less than monthly   <sub>3</sub> At least monthly
- b. Coyotes, foxes ..... D830      <sub>1</sub> Never   <sub>2</sub> Less than monthly   <sub>3</sub> At least monthly
- c. Raccoons ..... D831      <sub>1</sub> Never   <sub>2</sub> Less than monthly   <sub>3</sub> At least monthly
- d. Opossums ..... D832      <sub>1</sub> Never   <sub>2</sub> Less than monthly   <sub>3</sub> At least monthly
- e. Skunks ..... D833      <sub>1</sub> Never   <sub>2</sub> Less than monthly   <sub>3</sub> At least monthly
- f. Feral pigs ..... D834      <sub>1</sub> Never   <sub>2</sub> Less than monthly   <sub>3</sub> At least monthly
- g. Other wild animals ..... D835      <sub>1</sub> Never   <sub>2</sub> Less than monthly   <sub>3</sub> At least monthly  
(specify: \_\_\_\_\_)D835OTH

**[If Question 2a = Never see deer, SKIP to Question 4.]**

3. How frequently were deer observed in the cattle housing areas, pastures, or lots? ..... D836      <sub>1</sub>Never   <sub>2</sub> Less than monthly   <sub>3</sub> At least monthly

4. In the last 12 months, were cattle tested for any diseases prior to or after arrival at your operation? ..... D837      <sub>1</sub> Yes   <sub>3</sub> No

If Yes, were they tested for the following diseases:

- a. Bovine viral diarrhea—persistently infected animals (BVD-PI)?..... D838      <sub>1</sub> Yes   <sub>3</sub> No
- b. Johne's? ..... D839      <sub>1</sub> Yes   <sub>3</sub> No
- c. Brucellosis? ..... D840      <sub>1</sub> Yes   <sub>3</sub> No
- d. Tuberculosis? ..... D841      <sub>1</sub> Yes   <sub>3</sub> No
- e. Bovine leukosis virus (BLV)? ..... D842      <sub>1</sub> Yes   <sub>3</sub> No
- f. Bluetongue? ..... D843      <sub>1</sub> Yes   <sub>3</sub> No
- g. Other? (specify: \_\_\_\_\_)D844OTH ..... D844      <sub>1</sub> Yes   <sub>3</sub> No

5. At **any** time in the past, has this herd been confirmed to have the following?

- a. Cattle (reactors) removed for bovine tuberculosis (*M. bovis*)? ..... D845      <sub>1</sub> Yes   <sub>2</sub> DK   <sub>3</sub> No
- b. Environmental *Mycobacterium*? ..... D846      <sub>1</sub> Yes   <sub>2</sub> DK   <sub>3</sub> No
- c. Johne's disease? ..... D847      <sub>1</sub> Yes   <sub>2</sub> DK   <sub>3</sub> No

6. In the last 12 months, how often did this operation use the same equipment to handle manure, feed cattle, or move dead cattle (using the same loader and changing buckets between handling feed and manure constitutes using the same equipment)? [Check one only.]

D848

- <sub>1</sub> Routinely (daily or weekly)
- <sub>2</sub> Rarely (less than once per month)
- <sub>3</sub> Never

**[If Question 6 = Never, SKIP to Question 8.]**

7. If routinely or rarely used to handle manure and feed, was the equipment including the bucket rinsed/disinfected between uses? ..... D849      <sub>1</sub> Yes   <sub>3</sub> No

8. In the last 12 months, did this operation share any equipment with other livestock operations or manure hauler (e.g., tractors, feeding equipment, manure spreaders, trailers, etc.)? ..... D850 <sub>1</sub> Yes <sub>3</sub> No  
If Yes, was the equipment disinfected prior to use on this operation? ..... D851 <sub>1</sub> Yes <sub>3</sub> No

11. Have you purchased or received cattle from a TB-affected herd in the past 10 years? ..... <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't know  
12. Has your herd ever been affected with TB? ..... <sub>1</sub> Yes <sub>3</sub> No  
If YES, what year? ..... \_\_\_\_\_ year

**[If Question 12 = Yes, SKIP to Question 14.]**

13. Has your herd ever been TB tested? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Question 13 = No, SKIP to Question 16.]**

14. What year was your herd last tested for TB? ..... \_\_\_\_\_ year  
15. Why was the herd tested for TB? [Check one only.]  
<sub>1</sub> Trace from slaughter  
<sub>2</sub> Trace from affected herd  
<sub>3</sub> Area test  
<sub>4</sub> Don't remember  
<sub>5</sub> Other (specify: \_\_\_\_\_)

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### Section I—Employee Practices

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1. In the last 12 months, how many of this operation's personnel (unpaid and paid labor) had duties that included feeding or caring of cattle? ..... D901 \_\_\_\_\_  
2. In the last 12 months, how many of this operation's personnel had direct contact with cattle on another operation (include personnel who owned cattle housed at another location)? ..... D902 \_\_\_\_\_  
3. In the last 12 months, were any personnel required to be tested for tuberculosis (TB)? ..... D903 <sub>1</sub> Yes <sub>3</sub> No  
4. At any time in the past, have any employees been confirmed with TB? ..... D904 <sub>1</sub> Yes <sub>2</sub> DK <sub>3</sub> No  
5. In the last 12 months, did this operation inquire whether newly hired employees had worked on TB-infected herds? ..... D905 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> NA  
6. In the last 12 months, did this operation enforce a policy of no consumption of raw milk products by employees? ..... D906 <sub>1</sub> Yes <sub>3</sub> No

**[If no preweaned dairy heifer calves on the operation, SKIP to Question 9.]**

7. Does this operation have separate employees dedicated to preweaned calves and adult cows? ..... D907 <sub>1</sub> Yes <sub>3</sub> No  
8. In the last 12 months, did personnel usually wear

latex or nitrile gloves when handling/feeding  
preweaned dairy heifers? ..... D908 <sub>1</sub> Yes <sub>3</sub> No

9. In the last 12 months, did personnel routinely feed  
younger cattle before feeding older cattle? ..... D909 <sub>1</sub> Yes <sub>3</sub> No

10. In the last 12 months, did personnel routinely treat/manage  
younger cattle before older cattle ..... D910 <sub>1</sub> Yes <sub>3</sub> No

11. In the last 12 months, did personnel routinely manage  
healthy cattle before treating sick cattle? ..... D911 <sub>1</sub> Yes <sub>3</sub> No

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**Section J—Permanent Removals and Deaths**

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1. In the last 12 months, what were the average number of bulls and cows per month  
that were permanently removed from this operation? *[Do not include cattle you have  
retained ownership of that are sent off-site to be raised or cattle that died .]*

a. Bulls.....D1001 \_\_\_\_\_ head/month

b. Cows .....D1002 \_\_\_\_\_ head/month

2. In the following table, describe the percent, type, and destination of permanently removed adult cattle during the last 12 months. *[Do not include cattle that died.]*

Destination of cattle	Sales?	Percent sold that were bulls	Percent sold that were cows	Total	Name of buyer/destination
a. Sold and sent directly to another dairy	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D1003	D1008	D1013	100%	D1018
b. Sold at sale yards	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D1004	D1009	D1014	100%	D1019
c. Sent directly to slaughter	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D1005	D1010	D1015	100%	D1020
d. Sold to dealer/broker	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D1006	D1011	D1016	100%	D1021
e. Sent elsewhere (specify _____) D1007OTH	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No D1007	D1012	D1017	100%	D1022

3. In the last 12 months, what percentage of the following classes of cattle died? For cattle that died, what was the primary method of disposal?

Disposal method code for Question 3	
1 = Renderer	4 = Landfill
2 = Bury	5 = Burn/incinerate
3 = Compost	6 = Other (specify: _____) D1002OTH

	Died		Code
a. Newborn or Preweaned heifers .....D1023/D1031	_____ %		_____
b. Weaned heifers .....D1024/D1028/D1032	_____ %	<input type="checkbox"/> <sub>999</sub> Not housed on-site	_____
c. Pregnant heifers .....D1025/D1029/D1033	_____ %	<input type="checkbox"/> <sub>999</sub> Not housed on-site	_____
d. Lactating/dry cows .....D1026/D1034	_____ %		_____
e. Breeding bulls .....D1027/D1030/D1035	_____ %	<input type="checkbox"/> <sub>999</sub> Not housed on-site	_____

4. Were any cattle that died in the last 12 months necropsied to determine the cause of death ..... D1036 <sub>1</sub> Yes <sub>3</sub> No

**[If Question 4 = NO, SKIP to Interviewer notes/comments.]**

5. What percentage of each of the following classes of cattle were necropsied?
- |   |         |  |
|---|---------|--|
| a. Newborn or Preweaned heifers ..... D1037 | _____ % |  |
| b. Weaned heifers ..... D1038               | _____ % | <input type="checkbox"/> <sub>999</sub> Not housed on-site |
| c. Pregnant heifers ..... D1039             | _____ % | <input type="checkbox"/> <sub>999</sub> Not housed on-site |
| d. Lactating/dry cows ..... D1040           | _____ % |  |
| e. Breeding bulls ..... D1041               | _____ % | <input type="checkbox"/> <sub>999</sub> Not housed on-site |



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State FIPS: _____ 2-digits	Operation #: _____ 4-digits	Interviewer: _____ Initials	Date: ____/____/____ (mm/dd/yy)
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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 VITIME

2. Total travel time (round trip). If more than one data collector present, enter the combined time..... \_\_\_\_\_ min VTTIME

3. Data collector(s): (Enter the number for each category.)  
 \_\_\_\_ Federal VMO    \_\_\_\_ Federal AHT    \_\_\_\_ State personnel    \_\_\_\_ Other (specify)    VVMO/VAHT/VST/VOTH

4. Enter response code 99 if questionnaire is completed or enter one code of 0-7 that best describes the reason why the owner is not participating..... \_\_\_\_\_ code VRCO

- 99 = Survey completed
- 00 = Producer not contacted by VMO
- 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 dairy cows)
- 07 = Other reason (explain below)

5. Producer data quality..... 1 Good to Excellent    2 OK    3 Poor    VPDQ

6. Did the Producer use written or computerized records to assist in answering this survey? ..... 1 Yes    3 No    VREC

7. Which of the following best describes the respondent's position with this operation?..... \_\_\_\_\_ code VPOS

- 1 = Owner
- 2 = Manager
- 3 = Family member (other than owner or manager)
- 4 = Other hired employee
- 5 = Other (specify: \_\_\_\_\_)VPOSOTH

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    VFDQ