



United States Department of Agriculture

GENERAL DAIRY MANAGEMENT QUESTIONNAIRE

January 2014



Animal and Plant Health Inspection Service
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Fort Collins, CO 80526-8117

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Office Use Only

0001

BEGINNING TIME [MILITARY].....

0002

INTRODUCTION

[Rephrase in your own words.]

We would like to ask you some questions about your dairy operation. To understand important issues in the dairy industry, we need to obtain information about the health status of your dairy cattle, any health problems they may have had, as well as about productivity and management.

Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes. Response is **voluntary**. However, your report is needed to make regional and national estimates as accurate as possible.

You may find it easier to answer some of the questions if you have your records available.

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 0579-0205. The time required to complete this information collection is estimated to average 1 hour 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.

SECTION 1 – INVENTORY, RECORD KEEPING & PRODUCTIVITY

1. **Enumerator Note:** Were any dairy cows (IC 352) reported on the **Cattle** or **Milk Report**?

^{xxx} Yes – Continue No – Go to Section 10

Instructions: If the respondent completed the **Cattle Report**:

- **Transfer** items 2 – 6
- **Ask** items 7 – 11

OR

If the respondent **only** completed the **Milk Report**:

- **Transfer** items 2 – 4
- **Ask** items 5 – 11

2. The number of dairy cows on hand January 1 (IC 352) from the Cattle or Milk Report: **Head**
352

3. The number of dairy cows milked on this operation on January 1 (IC 349) from the Cattle or Milk Report:
349

4. The amount of milk produced (IC 502 or IC 501) on January 1 from the Cattle or Milk Report:
502 **Gallons** **OR** 501 **Pounds**

5. How many bulls weighing 500 pounds or more were on hand January 1, 2014? **Head**
353

6. How many heifers weighing 500 pounds or more for dairy cow replacement were on hand January 1, 2014?
355

7. Of the (item 2) dairy cows on hand January 1, how many were:

a. Lactating cows?	xxx
b. Dry cows?	xxx
+	

8. Of the (item 5) bulls weighing 500 pounds or more on hand January 1, how many were dairy bulls used for breeding?
xxx

9. Of the dairy replacement heifers on hand on January 1, how many were:

a. Preweaned?	xxx
+	
b. Weaned but not pregnant?	xxx
+	
c. Pregnant?	xxx
+	

10. So the total dairy inventory on hand January 1, 2014 was?
[Add Items 7a + 7b + 8 + 9a + 9b + 9c and verify the total.] **TOTAL =** xxx

11. Of the (item 9) **dairy replacement heifers**, what percent were:

- a. Born and raised on this operation?
- b. Born on this operation and raised off this operation?
- c. Born off this operation?

TOTAL =

Percent

XXXX	%
XXXX	%
XXXX	%

+
+

100%

12. During 2013, what was the average price per head in your locality for:

- a. Dairy replacement heifers weighing 500 pounds or more?
- b. Springing dairy heifers?
- c. Milk cows for dairy herd replacement?

Dollars per Head

557 \$
XXXX \$
514 \$

13. Of the (item 2) dairy cows on this operation January 1, 2014, what percent were:

- a. Holstein?
- b. Jersey?
- c. Ayrshire?
- d. Brown Swiss?
- e. Guernsey?
- f. Other, including mixed dairy breeds? (Specify: ^{xxxx} _____)

TOTAL =

Percent

XXXX	%
XXXX	%
XXXX	%
XXXX	%
XXXX	%
XXXX	%

+
+
+
+
+

100%

14. Of the (item 2) dairy cows, what percent are registered with a breed association (purebred)?

Percent

XXXX	%
------	---

15. In order to track the inventory changes during 2013, how many:

- a. Lactating and dry cows were present on **January 1, 2013?**
- b. Natural additions added to the milking herd during 2013? (Include heifers raised offsite)
- c. Purchased/leased additions added to the milking herd during 2013?
- d. Adult cows were permanently removed from the herd during 2013? (Exclude cows that died)
- e. Adult cows died during 2013?
- f. Total lactating and dry cows were present on **January 1, 2014?** (should = Item 2)

Head

XXXX
XXXX
XXXX
XXXX
XXXX
XXXX

+
+
-
-
=

16. How many cows did this operation milk 5 years ago?

Head

XXXX
XXXX

17. How many cows does this operation anticipate milking in 5 years?

SECTION 1 – INVENTORY, RECORD KEEPING & PRODUCTIVITY

18. During 2013, did this operation participate in any of the following types of quality assurance programs to improve product quality through assessments and monitoring?

- xxxx a. State sponsored program? 1 Yes 3 No
- xxxx b. Local milk cooperative/processor sponsored program? 1 Yes 3 No
- xxxx c. National industry sponsored program? 1 Yes 3 No
- xxxx d. Other program? (Specify: xxxxx _____) 1 Yes 3 No
- No
- xxxx 1 Yes 3 No

19. Of the (item 2) dairy cows on hand January 1, what percent had the following types of individual cow identification?

Identification Type	Percent of Dairy Cows	Which one of the Identification methods is primarily used for management and record-keeping purposes?
Unofficial ID		
a. bangle tags	xxxx %	xxxx 1 <input type="checkbox"/>
b. RFID tags (include 900 series tags)	xxxx %	xxxx 1 <input type="checkbox"/>
c. Leg bands	xxxx %	xxxx 1 <input type="checkbox"/>
d. Collars	xxxx %	xxxx 1 <input type="checkbox"/>
e. Brand (individual animal)	xxxx %	xxxx 1 <input type="checkbox"/>
g. Other unofficial (Specify: xxxxx _____)	xxxx %	xxxx 1 <input type="checkbox"/>
Official ID		
f. Brucellosis (Bang's) orange metal or Official silver (brite), or Visual AIN tag ("840" or "USA" prefix) metal eartag vaccination eartag	xxxx %	xxxx 1 <input type="checkbox"/>
g. RFID, electronic tag If YES, which of the following:	xxxx %	xxxx 1 <input type="checkbox"/>
1. Electronic (RFID button, "840" prefix) Tags	xxxx %	xxxx 1 <input type="checkbox"/>
2. Visual AIN tag ("840" prefix) with RFID	xxxx %	xxxx 1 <input type="checkbox"/>
h. Other official (Specify: xxxxx _____)	xxxx %	xxxx 1 <input type="checkbox"/>

SECTION 1 – INVENTORY, RECORD KEEPING & PRODUCTIVITY

20. During 2013, which of the following types of record keeping systems did this operation use to track individual dairy animals?

- xxxx a. Handwritten records such as a ledger or notebook? 1 Yes 3 No
- xxxx b. Dairy Herd Information Association (DHIA)? 1 Yes 3 No
- xxxx c. Off-farm computer record system other than DHIA? 1 Yes 3 No
- xxxx d. On-farm computer record system? 1 Yes 3 No
- xxxx e. No record keeping system? 1 Yes 3 No
- xxxx f. Other systems? (Specify: ^{xxxx} _____) 1 Yes 3 No

xxxx 1 Yes 3 No

xxxx 1 Yes 3 No

[If Item 20c or 20d = Yes, continue; otherwise go to Item 23]

21. Which one of the following was the primary record system used? (Check one)

xxxx

- 1 Dairy Comp 305
- 2 PC Dart
- 3 DHI Plus
- 4 Other? (Specify: ^{xxxx} _____)

22. Were official IDs (brucellosis tags, AIN tags, etc.) entered into the computer system for individual animals during 2013?

xxxx 1 Yes 3 No

23. Did this operation re-use unofficial ID numbers during 2013 from animals that have been sold or died?

xxxx 1 Yes 3 No

24. Were record-keeping systems used during 2013 to track or monitor the following:

- xxxx a. Milk production? 1 Yes 3 No
- xxxx b. Animal health? 1 Yes 3 No
- xxxx c. Antibiotic withdrawal times? 1 Yes 3 No
- xxxx d. Breeding history and genetic improvements? 1 Yes 3 No
- xxxx e. Cull cow values? 1 Yes 3 No
- xxxx f. Other? (Specify: ^{xxxx} _____) 1 Yes 3 No

No

xxxx 1 Yes 3 No

xxxx 1 Yes 3 No

25. During 2013, did this operations management have access to the internet?..... Yes No

NOTE: Herd-level identification refers to an ID that is the same for all animals in the herd.

26. What percent of animals on this operation had herd-level?

Percent

xxxx	%
------	---

[If Item 26 = 0, skip to Item 28; otherwise, continue]

27. Which of the following herd-level identification method(s) did this operation use during 2013?

- xxxx a. Brand 1 Yes 3 No
- b. Tattoo? No
- xxxx c. Bangle tag? 1 Yes 3 No
- d. Metal clip eartag? No
- xxxx e. Other? (Specify: xxxxx _____) 1 Yes 3 No
- xxxx 1 Yes 3 No
- xxxx 1 Yes 3 No

SECTION 1 – INVENTORY, RECORD KEEPING & PRODUCTIVITY

28. How familiar are you with the USDA Animal Disease Traceability Rule? (Check one)

xxxx

- 1 Have not heard of it before
- 2 Recognize the name, but not much else
- 3 Know some basics
- 4 Fairly knowledgeable

29. Has this operation been assigned a unique premises ID by your State animal health agency as part of the Animal Disease Traceability Program?

xxxx 1 Yes 3 No 2 DK

30. During 2013, what percent of cows (item 2) received bST (bovine somatotropin, trade name Posilac®) this lactation?

Head

xxxx

31. What is the current rolling herd average (RHA) for milk production?

Pounds per Cow

xxxx

32. During 2013, how many times per day were the majority of cows milked? (Check one)

xxxx

- 1 Once a day
- 2 Twice a day
- 3 Three times a day
- 4 More than three times a day

33. During 2013, how many times per day were fresh cows milked? (Check one)

xxxx

- 1 Once a day
- 2 Twice a day
- 3 Three times a day
- 4 More than three times a day

34. During 2013, did your operation record milk weights for individual cows on a daily basis?

xxxx 1 Yes - Continue 3 No – Go to Item 36

35. During 2013, did this operation use computer technology for:

- a. Recording of daily milk weights?
- b. Management of reproductive records
- c. Continuing education- on-line courses
- d. Information gathering
- e. Communication with vendors
- f. Online purchasing of non-personal items and equipment

xxxx 1 Yes 3 No

xxxx 1 Yes 3 No

xxxx 1 Yes 3 No

xxxx 1 Yes 3 No

xxxx 1 Yes 3 No

xxxx 1 Yes 3 No

CWT

xxxx

36. During 2013, how much milk was produced by this operation? (Report in hundredweight) **NASS**

37. During 2013, what was the average number of days that dairy cows were dry?

Days

xxxx

38. During 2013, what was the average calving interval in months for dairy interval

Months

xxxx

cows? (Calving

is the time from one calving to the next calving for an individual cow.).....

Months

39. During 2013, what was the average age in months of dairy heifers at time of first calving?

xxxx

SECTION 1 – INVENTORY, RECORD KEEPING & PRODUCTIVITY

40. Which one of the following practices best described this dairy operation during 2013? (Check one)

xxxx

- 1 Conventional (majority of forage consumed is not harvested by cows)
 2 Grazing (majority of forage consumed is harvested by cows)
 3 Combination of conventional and grazing
 4 Organic (operation meets USDA organic standards)
 5 Other? (Specify: ^{xxxx} _____)

SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES

1. Were any cattle brought onto this operation during 2013? (**Include** purchased, leased, or borrowed cattle. **Exclude** calves raised off-site and returned to this operation.)

^{xxxx} 1 Yes - Continue 3 No – Go to Item 8

2. Please complete the table below for the cattle brought onto this operation during 2013. Exclude calves raised offsite. If the cattle class wasn't purchased, leased or borrowed, check 'No' and skip to the next row.

Quarantine refers to the physical separation of an animal or group of animals from other cattle on the operation.

1 Cattle Class	2 Were any of this type of cattle brought on this operation during 2013?	3 How many of this type of cattle were brought onto this operation during 2013?	4 Of the (column 3) cattle, how many were quarantined?	5 How many days were they quarantined?	6 What was the cost per head on the last purchase? Registered vs purchased?? Econ	7 How many of these (column 3) cattle originate from another state?
a. Preweaned calves (dairy or beef)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx \$	xxxx 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
b. Weaned but not pregnant dairy heifers	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx \$	xxxx 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
c. Pregnant dairy heifers	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx \$	xxxx 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
d. Fresh dairy heifers	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx \$	xxxx 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None

e. Lactating dairy cows	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx \$	xxxx 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
f. Dry dairy cows	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx \$	xxxx 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
g. Beef cows, bulls, steers and heifers	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx		xxxx 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
h. Dairy bulls	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx \$	xxxx 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
i. Total		xxxx Match previous inventory.	xxxx			

SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES

3. For the (item 2, row i, column 3) total cattle brought on this operation in 2013, please complete the following table:
(Exclude calves raised offsite that returned to this operation.)

A shipment is one group of animals moved at once, regardless of the number of vehicles required to move them.

1 Source	2 What percent of the total cattle brought on this operation in 2013 came from these sources?	3 How many total shipments from these sources were brought on this operation in 2013?	What was the average, minimum and maximum number of miles that animals were transported from these sources			7 Did any shipments cross State lines?
			4 Average distance	5 Minimum distance	6 Maximum distance	
a. Another dairy operation	xxxx %	xxxx			xxxx	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
b. Heifer-rearing operation (Not natural additions)	xxxx %	xxxx			xxxx	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
c. Market/auction	xxxx %	xxxx			xxxx	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
d. Livestock dealer	xxxx %	xxxx			xxxx	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
f. Beef cow-calf operation	xxxx %	xxxx			xxxx	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
g. Other (Specify: _____)	xxxx %	xxxx			xxxx	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
TOTAL	xxxx 100%	xxxx				

4. During 2013, before bringing **cattle** (either dairy or beef) onto the farm, did this operation **normally require individual animal testing** for any diseases?

xxxx 1 Yes - Continue 3 No – Go to Item 6

5. Were any cattle tested for the following diseases:

- xxxx a. Bovine viral diarrhea – persistently infected animals (BVD-PI)? 1 Yes 3 No
 - xxxx b. Johne’s disease? 1 Yes 3 No
 - xxxx c. Brucellosis? 1 Yes 3 No
 - xxxx d. Tuberculosis? 1 Yes 3 No
 - xxxx e. Contagious mastitis pathogens? 1 Yes 3 No
 - xxxx f. Bovine leukosis virus (BLV)? 1 Yes 3 No
 - xxxx g. Bluetongue? 1 Yes 3 No
 - xxxx h. Other? (Specify: ^{xxxx} _____) 1 Yes 3 No
- xxxx 1 Yes 3 No
- xxxx 1 Yes 3 No
- xxxx 1 Yes 3 No

SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES

6. During 2013, before bringing cattle (either beef or dairy) onto the farm, did this operation normally require vaccination for:

- xxxx a. Brucellosis? 1 Yes 3 No
- xxxx b. BVD (bovine viral diarrhea)? 1 Yes 3 No
- xxxx c. IBR (infectious bovine rhinotracheitis)? 1 Yes 3 No
- xxxx d. Lepto (leptospirosis)? 1 Yes 3 No
- xxxx e. Neospora? 1 Yes 3 No
- xxxx f. Anything else? (Specify: ^{xxxx} _____) 1 Yes 3 No

7. During 2013, before bringing cattle (either dairy or beef) onto the farm, did this operation normally require:

- xxxx a. Herd-of-origin BVD status? 1 Yes 3 No
- xxxx b. Herd-of origin Johne’s disease (*Mycobacterium paratuberculosis*) status? 1 Yes 3 No
- xxxx c. Herd-of-origin bulk milk somatic cell count? 1 Yes 3 No
- xxxx d. Herd-of-origin bulk tank milk culture to evaluate contagious mastitis pathogens? 1 Yes 3 No
- xxxx e. Anything else? (Specify: ^{xxxx} _____) 1 Yes 3 No

8. During 2013, did any cattle leave this operation for any purpose (show, sale, petting zoo, etc.) and then return to this operation? (**Exclude** calves raised off site.) ^{xxxx} 1 Yes 3 No

9. During 2013, which of the following animals were either on this operation at any time or on adjacent operations where fence-line contact was possible?

Animal type	On this operation during 2013?	On an adjacent operation during 2013 where fence-line contact was possible?
a. Dairy cattle		^{xxxx} 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

b. Beef cattle	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
c. Mexican-origin cattle (e.g., steers, rodeo stock)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
d. Chickens or other poultry	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
e. Horses, donkeys, mules, etc.	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
f. Pigs (domestic)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
g. Sheep	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
h. Goats	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
i. Dogs (domestic or feral)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
j. Cats (domestic or feral)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
k. Captive deer or elk	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
l. Llamas or alpacas	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
m. Bison	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
n. Other (Specify: xxxx _____)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES

10. During 2013, how frequently were the following wild animal or signs of wild animals (scat, tracks, etc.) observed **on this operation**?

	Never	Less than once a month	More often than once a month
xxxx 1 xxxx a. Deer?	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1 xxxx b. Coyotes or foxes?	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1 xxxx c. Raccoons?	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1 xxxx d. Opossums?	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1 xxxx e. Skunks?	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1 xxxx f. Feral pigs?	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1 xxxx g. Other wild animals? (Specify: xxxx _____)	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

[If Item 10a = Never, Skip to Item 12; otherwise continue]

11. How frequently were deer observed in the **cattle-housing areas, pastures, or lots**?

- xxxx 1 Never
 2 Less than once a month
 3 Monthly
 4 Weekly or daily

16. During 2013, were any calves (bulls, steers, or heifers) sold or raised off-site?

- xxxx 1 Yes – Continue 3 No – Go to Section 3

17. During 2013, how many of the following calves were sold or raised off-site?

- a. Bull calves?

- b. Steer calves?
 c. Heifer calves?
 d. Total?

 + _____
 + _____
 = _____

SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES

For this study, a heifer-raising operation is defined as an operation that raises dairy heifer calves for at least one operation other than its own during 2010. These operations are commonly known as custom raisers or calf ranches and are managed/operated by someone other than the owner of this dairy operation.

18. For the (item 17d) total calves sold or raised off-site, please complete the following table. If no calves went to the following destination or arrangement, check 'No' and skip to the next row.

1 Destination or Arrangement	2 Was this destination or arrangement used for any calves during 2013?	3 What percent of bull and steer calves went to this destination or arrangement in 2013?	4 Did any bull/steer shipments cross State lines?	5 What percent of heifer calves went to this destination or arrangement in 2013?	6 Did any heifer shipments cross State lines?
a. Raised off-site with retained ownership?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
b. Sold and then brought back to this operation?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No			xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
c. Sold to a calf ranch or heifer raiser?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
d. Sold through auction?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
e. Sold through a dealer?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
f. Sold directly to another dairy?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
g. Other (Specify: _____)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx %	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

h. Total		100%		100%	
----------	--	------	--	------	--

19. Do bull or steer calves ever return to this operation from the rearing facility? xxxx 1 Yes 3 No 4 NA

[If Item 19, row a, column 5 is zero, skip to Section 3; otherwise, continue]

All of the following questions in this Section only refer to heifers that were raised off-site with retained ownership.

20. At what age, in days or weeks, did the majority of dairy heifers leave this operation? Days OR Weeks

21. At the time the dairy heifers leave this operation, are majority: (Check one)

xxxx

- 1 Preweaned?
- 2 Weaned but not pregnant, regardless of breeding age?
- 3 Pregnant?
-

[If Item 21 = 'Preweaned', continue; otherwise go to item 24]

22. During 2013, did this operation supply waste milk to the off-site heifer rearing operation(s)? xxxx 1 Yes 3 No

SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES

23. During 2013, did the offsite rearing facility pasteurize all milk fed to your heifer calves? xxxx 1 Yes 3 No 2
DK 2 NA – rearing facility does not feed milk

24. Which one of the following best describes the off-site rearing facility? (Check one)

xxxx

- 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: xxxx _____)

25. On average, how many miles were the dairy heifers transported to the first off-site rearing facility? Miles

26. During 2013, how many times per week, per month, or per year were dairy heifers first transported **off of this operation?**

Times per Week OR Times per Month OR Times per Year

27. During 2013, what percent of dairy heifer calves were first transported **off your operation** by the following:

		Percent
a. Picked up by personnel from the heifer rearing operation?		xxxx %
b. Delivered by this dairy operation?	+	xxxx %
c. Delivered by private/contract hauler?	+	xxxx %
d. Other (Specify: xxxx _____)	+	xxxx %
TOTAL =		100%

28. Which of the following best describes how frequently heifer transport vehicles owned, leased, or contracted by this

operation to transport heifers **off your operation** were washed/rinsed out during 2013? (Check one)

- xxxx 1 After every shipment
- 2 After 2 or 3 shipments
- 3 After more than 3 shipments
- 4 Other (Specify: xxxxx _____)
- 5 Unknown or no standard procedure
- 6 Not applicable – this operation’s vehicles are not used to transport heifers

[If Item 28 = ‘Unknown’ or ‘Not applicable’, go to Item 30; otherwise, continue]

29. Did washing or rinsing of the (item 27) vehicles usually include a disinfectant? xxxxx 1 Yes 3 No

30. During 2013, how many times per week, per month, or per year did dairy heifers return to this operation from the first rearing facility?

Times per Week	Times per Month	Times per Year
xxxx	OR xxxxx	OR xxxxx

31. At what age in months do dairy heifers return to this operation after being raised off site? Months
xxxx

32. At the time dairy heifers arrive or return to this operation after being raised off site, are the majority: (Check one)

- xxxx 1 Weaned but not pregnant?
- 2 Pregnant?
- 3 Recently fresh?
- 4 Other? (Specify: xxxxx _____)

SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES

33. Which of the following best describes how frequently heifer transport vehicles owned, leased, or contracted by this operation to transport heifers returning to your operation were washed/rinsed out during 2013? (Check one)

- xxxx 1 After every shipment
- 2 After 2 or 3 shipments
- 3 After more than 3 shipments
- 4 Other (Specify: xxxxx _____)
- 5 Unknown or no standard procedure
- 6 Not applicable – this operation’s vehicles are not used to transport heifers

[If Item 33 = ‘Unknown’ or ‘Not applicable’, go to Section 3; otherwise, continue]

34. Did washing or rinsing of the (item 30) vehicles usually include a disinfectant? xxxxx 1 Yes 3 No

SECTION 3 – COLOSTRUM & PREWEANED CALF MANAGEMENT

1. During 2013, what percent of calvings occurred in the following areas:

		Percent
a. Multiple animal area/pen (group calving)?	+	xxxx %
b. Individual animal area/pen cleaned between each calving?	+	xxxx %
c. Individual animal area/pen cleaned after two or more calvings?	+	xxxx %
d. Individual animal area/pen that is not cleaned?	+	xxxx %
e. Other? (Specify: xxxxx _____)	+	xxxx %
TOTAL =		100%

2. How many hours are cows in the usual calving area/pen:

- a. Prior to calving? (Enter 0 if moved immediately; answer to nearest quarter hour if less than 1 hour.).....V068/500 _____ days OR _____ hours

b. After calving? (Enter 0 if removed immediately; answer to nearest quarter hour if less than 1 hour.).....V069 _____ hours

3. Do any of the following cows enter the usual calving area/pen?

- a. Sick cows.....V070 ₁ Yes ₃ No
- b. Lamé cows.....V071 ₁ Yes ₃ No
- c. Johne's test-positive cows.....V072 ₁ Yes ₂ Don't test ₃ No
- d. Other (specify: _____)V073OTH.....V073 ₁ Yes ₃ No

4. During 2013, what percent of calves were:

- a. hand-fed colostrum only
- b. hand-fed colostrum and allowed to suckle?
- c. not hand-fed colostrum and allowed to suckle?

Percent	
xxxx	%
xxxx	%
xxxx	%

TOTAL = 100%

5. During 2013, in general how many minutes or hours after birth were heifer calves permanently separated from their dams?

Minutes

xxxx

Hours

OR

SECTION 3 – COLOSTRUM & PREWEANED CALF MANAGEMENT

6. During 2013, did this operation estimate immunoglobulin (IgG) levels in, or quality of colostrum, such as through use of a colostrometer?

xxxx ₁ Yes – Continue ₃ No – Go to Item 8

7. Which of the following methods was used to estimate immunoglobulin (IgG) levels in or quality of colostrum?

- xxxx a. Colostrometer ₁ Yes ₃ No
- b. Visual appearance No
- xxxx c. Brix refractometer (digital measuring device) ₁ Yes ₃ No
- d. Volume of first milking colostrum in pounds No
- xxxx e. Other (Specify: xxxx _____) ₁ Yes ₃ No

xxxx ₁ Yes ₃ No

xxxx ₁ Yes ₃ No

8. How did newborn dairy heifer calves normally get their first feeding of colostrum?

- xxxx
- ₁ Suckling the dam
 - ₂ Hand feeding from bucket or bottle
 - ₃ Hand feeding using esophageal feeder
 - ₄ Other (Specify: xxxx _____)

If item 8 =1 then skip to item 10

9. During 2013, how many hours after birth did the majority of newborn dairy heifer calves get their first feeding of colostrum?

Hours

xxxx

10. How many quarts of first-milking colostrum was normally fed by hand in the first 24 hours to dairy heifer calves:

Quarts

- a. At the first feeding? (if allowed to nurse prior to hand feeding enter 99)
- b. On average at each subsequent feeding?
- c. Total in the first 24 hours?

XXXX
XXXX
XXXX

11. During 2013, what percent of calves on this operation were given colostrum from the following sources?

- a. Individual cow colostrum (unpasteurized)
- b. Individual cow colostrum (pasteurized) +
- c. Pooled (mixed from multiple cows) cow colostrum (unpasteurized) +
- d. Pooled cow colostrum (pasteurized). +
- e. Commercial colostrum replacer +
- f. No colostrum fed +
- TOTAL** [will be greater than 100% if calves received more than on source of colostrum] =

Percent	
XXXX	%
XXXX	%
XXXX	%
XXXX	%
XXXX	%
XXXX	%
≥100%	

12. During 2013, did this operation store excess colostrum?

XXXX 1 Yes - Continue 3 No – Go to Item 14

SECTION 3 – COLOSTRUM & PREWEANED CALF MANAGEMENT

13. What was the primary method of colostrum storage? (Check one)

XXXX

- 1 Stored without refrigeration
- 2 Stored in the refrigerator
- 3 Stored in the freezer
- 4 Other? (Specify: XXXX _____)

14. During 2013, did this operation routinely monitor serum proteins as a measure of passive transfer status of newborn dairy heifer calves?

XXXX 1 Yes 3 No

15. During 2013, were dairy heifer replacements routinely tested for BVD?

XXXX 1 Yes - continue 3 No – Go to Item 17

16. Which of the following samples were tested?

XXXX

- a. Individual ear notch
- b. Pooled ear notch

1 Yes 3 No

XXXX

- c. Individual serum sample

1 Yes 3 No

XXXX

- d. Pooled serum samples
- e. Other (Specify: XXXX _____)

1 Yes 3 No

XXXX 1 Yes 3 No

XXXX 1 Yes 3 No

17. During 2013, were any preweaned heifers housed or reared on this operation?

xxxx 1 Yes - continue 3 No – Go to Section 4

18. During 2013, what percent of preweaned dairy heifer calves received the following liquid diets prior to weaning?

- a. Nonmedicated milk replacer
- b. Medicated milk replacer
- c. Unpasteurized saleable or non-saleable waste milk
- d. Pasteurized saleable or non-saleable waste milk.
- e. Other (Specify: xxxx _____)

Percent	
xxxx	%
xxxx	%
xxxx	%
xxxx	%
xxxx	%

TOTAL [will be greater than 100% if calves received more than one diet] = **≥100%**

[If Item 18a and 18b both equal zero, go to Item 21; otherwise continue]

Complete either Item 19 OR Item 20.

19. What percent of protein and fat was in the milk replacer fed to the majority of dairy heifers in 2013?

Percent of Protein	AND	Percent of Fat
xxxx %		xxxx %

OR

20. What was the percent of total solids of the combination of milk replacer and milk that was fed to the majority of calves in 2013?

Percent Total Solids
xxxx %

SECTION 3 – COLOSTRUM & PREWEANED CALF MANAGEMENT

21. During 2013, how many times per day was milk or milk replacer routinely fed to calves? (Check one)

- xxxx 1 Once daily
- 2 Twice daily
- 3 Three times daily
- 4 Other (Specify: xxxx _____)

22. During 2013, how many quarts of milk or milk replacer were routinely fed to each calf at each feeding?

Quarts
xxxx

23. During 2013, did this operation modify the amount of milk or milk replacer fed depending on the age or size of calf?

xxx 1 Yes 3 No

24. What percent of calves were fed milk or milk replacer using the following equipment?

- a. Bottle
- b. Bucket
- c. Other (Specify: xxxx _____)

Percent	
xxxx	%
xxxx	%
xxxx	%

TOTAL [will be greater than 100% if calves are fed with multiple methods] = **≥100%**

25. Which one of the following methods best describes how the milk feeding equipment was managed during 2013? (Check one)

xxxx

- 1 Rinsed with water **after each feeding**
- 2 Rinsed with water once daily
- 3 Cleaned and disinfected **after each feeding**
- 4 Cleaned and disinfected daily
- 5 Cleaned and disinfected less often than daily
- 6 Cleaned and disinfected after the dairy heifers were weaned and moved
- 7 Other (Specify: ^{xxxx} _____)

26. During 2013, what percent of preweaned dairy calves received the following medications in milk replacers?

- a. Aureomycin® (Chlortetracycline). . . Land o lakes
- b. Terramycin® (Oxytetracycline)
- c. NT, Neo-Terra®, Neo-Oxy (Neomycin and Oxytetracycline)
- d. Deccox® (Decoquinatate).
- e. Bovatec® (Lasalocid)
- f. Other (Specify: ^{xxxx} _____)

Percent	
xxxx	%
xxxx	%
xxxx	%
xxxx	%
xxxx	%
xxxx	%

27. During 2013, what was the average age in days of dairy heifers when they were first offered:

- a. Water?
- b. Starter grain or other concentrates?
- c. Hay or other roughages?

Days
xxxx
xxxx
xxxx

SECTION 3 – COLOSTRUM & PREWEANED CALF MANAGEMENT

28. What was the average age, in days or weeks, that dairy heifers were weaned during 2013?

Days	OR	Weeks
xxxx		xxxx

29. During 2013, which one of the following was the primary factor used to determine the time of weaning for heifer calves?

xxxx

- 1 Consumed at least 2 pounds of starter for 3 consecutive days
- 2 Reached the target weaning age
- 3 Reached the target weaning weight
- 4 Needed the space for other preweaned calves
- 5 Other (Specify: ^{xxxx} _____)

SECTION 4 – FEEDING & PREVENTATIVE PRACTICES

1. During 2013, did this operation feed **any** of the following feeds to lactating or dry cows, and if so, was the feed acquired from an outside source?

Feed type	Fed during 2013?	Acquired from an outside source?
a. Alfalfa hay/haylage	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
b. Corn silage	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Other silages	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
c. Clover as forage or pasture	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
d. Cottonseed – whole, meal, or hulls	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
e. Soybeans – whole, meal, or hulls	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
g. Bakery byproducts	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
h. Distillery/Brewery byproducts	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
i. Corn – whole, meal, cracked, flaked	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
j. Barley	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
k. Wheat, excluding silage	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
l. Oats, excluding silage	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
m. Greenchop	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
n. Straw	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
o. Sorghum	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
p. Beet pulp	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
q. Feather/poultry meal	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
r. Fish meal	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
s. Fat/tallow	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
t. Porcine meat and bone meal	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
u. Blood meal	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
Other (Specify _____)		

2. For purchased feeds, did this operation forward contract any feeds?

xxxx 1 Yes 3 No

SECTION 4 – FEEDING & PREVENTATIVE PRACTICES

3. During 2013, which one of the following best describes the feed line used for the majority of **lactating** cows?

xxxx

- 1 Head locks/fence line stanchion
 2 Tie stall
 3 Stanchion
 4 Post and rail
 5 Elevated feed bunk in pen
 6 Other (Specify: ^{xxxx} _____)

4. Which of the following describes how lactating cows were fed? _

xxxx

- a. Feed all lactating cows the same ration xxxx 1 Yes 3 No
 b. Feed individuals or groups based on production/stage of lactation xxxx 1 Yes 3 No
 c. Feed individuals or groups based on lactation number (e.g. 1st lactation versus multiple) xxxx 1 Yes 3 No
 d. Other (Specify: _____) xxxx 1 Yes 3 No

5. Which one of the following best describes who was primarily responsible for balancing feed rations fed to dairy cows?

xxxx

- 1 Employee (non-veterinarian)
 2 Independent nutritionist
 3 Feed company nutritionist
 4 Veterinarian
 5 Operator/owner
 6 Other (Specify: ^{xxxx} _____)

6. During 2013, did this operation use forage test results to balance feed rations?

xxxx 1 Yes 3 No

7. Did this operation feed a total mixed ration (TMR)?

xxxx 1 Yes 3 No

8. Did this operation use a feed management program during 2013?

xxxx 1 Yes - Continue 3 No – Go to Item 10

9. During 2013, which of the following feed management programs was primarily used on this operation?

xxxx

- 1 EZfeed®
 2 Feed Supervisor®
 3 Feed Watch®
 4 TMR Tracker®
 5 Other (Specify: ^{xxxx} _____)

10. Did this operation separate close-up cows from other dry cows?

xxxx 1 Yes 3 No

11. Which one of the following best describes this operation's use of milk urea nitrogen (MUN) testing to determine ration composition?

xxxx

- 1 Use routinely
 2 Use only if there is a problem
 3 Never use

14. During 2013, which of the following best describes how frequently leftover feed (weigh backs) from older cattle were fed back to younger heifers?

xxxx

- 1 Daily or weekly
 2 A couple of times a month
 3 Less than monthly
 4 Never

SECTION 4 – FEEDING & PREVENTATIVE PRACTICES

20. During 2013, were any dairy cows vaccinated against rabies? xxxx Yes No
21. Are all dairy cows vaccinated against BVD annually? xxxx Yes No NA
22. During 2013, did this operation normally use the following preventative practices for heifers or cows?

Preventative practice	Heifers	Cows
	No heifers on farm during 2013? xxxx <input type="checkbox"/> Skip to next column	
a. Dewormers	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Rumensin®, Bovatec® in feed (Ionophores)	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Vitamin A-D-E (injectable or feed additive)	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Selenium (injectable or feed additive)	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Probiotics	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Anionic salts	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No	xxxx <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5 – HOUSING

1. Which of the housing types listed below was the primary housing type used during 2013 for each of the following classes of cattle while on this operation?

Housing type codes	
1 = Individual outside hutch/pen	7 = Freestall with access to open lot
2 = Individual inside hutch/pen – warm (heated) calf barn	8 = Open lot/multiple animal outside area without barn or shed (with or without shade structures)
3 = Individual inside hutch/pen – cold (nonheated) calf barn	9 = Open lot with open shed/loafing shed
4 = Tie stall or stanchion	10 = Multiple animal inside area/barn
5 = Pasture	11 = Other (Specify: <small>xxxx</small> _____)
6 = Freestall with no access to open lot	12 = Not housed on this operation

- a. Preweaned dairy heifers
- b. Weaned dairy heifers
- c. Pregnant dairy heifers
- d. Lactating cows
- e. Dry cows

Code
xxxx
xxxx
xxxx
xxxx
xxxx

[If Item 1a = 1, continue; otherwise, go to Item 3]

SECTION 5 – HOUSING

2. Were preweaned heifers provided extra bedding and/or a wind break during the winter months?

xxxx 1 Yes 3 No

3. Was maternity housing separate from housing used for lactating dairy cows?

xxxx 1 Yes 3 No

4. During 2013, what was the primary milking facility used on this operation? (Check one)

xxxx

- 1 Parlor milking facilities
 2 Tie stall or stanchion barn milking facilities
 3 Other type of milking facility (Specify: xxxx _____)

[If Item 4 = 1, continue; otherwise go to Item 6]

5. Which one of the following best describes the parlor? (Check one)

xxxx

- 1 Side opening (tandem)
 2 Herringbone (fishbone)
 3 Parallel (side by side)
 4 Parabone (herringbone/parallel hybrid)
 5 Swing
 6 Rotary (carousel)
 7 Flat barn
 8 Other (Specify: xxxx _____)

6. During 2013, were the following classes of cattle allowed on pasture owned or operated by this operation?

Animal type	Allowed on pasture during 2013?
a. Weaned heifers xxxx 1 <input type="checkbox"/> weaned heifers on farm in 2013	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
b. Pregnant heifers xxxx 1 <input type="checkbox"/> pregnant heifers on farm in 2013	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
c. Lactating cows	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
d. Dry cows xxxx 1 <input type="checkbox"/> dry cows on farm in 2013	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

For the next couple of questions, “outside area” refers to areas without permanent roof structures but can have permanent shade structures.

7. Which of the following best describes the primary **outside** area that **lactating** cows routinely had access to during the summer and winter seasons? (Enter only one code for each season.)

Outside area codes (Items 7 & 8)	
1 = Pasture	4 = No outside access
2 = Concrete alleyway or pen	5 = Other (Specify: xxxx _____)
3 = Open/Dry lot	6 = No dry cows on farm in 2013

a. Summer season

b. Winter season

Code

xxxx
xxxx

SECTION 5 – HOUSING

8. Which of the codes above best describes the primary **outside** area that **dry** cows routinely had access to during the summer and winter seasons? (Enter only one code for each season.)

- a. Summer season
- b. Winter season

Code
XXXX
XXXX

9. Which of the following is the predominant flooring type that lactating cows stand or walk on when not being milked, excluding concrete adjacent to the feed bunk? (Check one)

xxxx

- 1 Concrete – groove/textured
- 2 Concrete – slat
- 3 Concrete – smooth
- 4 Pasture
- 6 Dirt
- 7 Other (Specify: ^{xxxx} _____)

10. Did any of the following areas have rubber belting or similar flooring that reduced the time cows spend standing directly on concrete?

- a. Adjacent to feed bunk ^{xxxx} 1 Yes 3 No
- b. Freestall alleyways ^{xxxx} 1 Yes 3 No
- c. Walkway to parlor ^{xxxx} 1 Yes 3 No
- d. Holding pen ^{xxxx} 1 Yes 3 No
- e. Other (Specify: ^{xxxx} _____) ^{xxxx} 1 Yes 3 No

11. Which one of the following best describes the surface moisture of the ground or flooring that lactating cows stand on most of the time in the summer and winter seasons?

Surface moisture codes	
1 = Usually dry	3 = Almost always wet but no standing water
2 = Wet about half the time	4 = Usually standing water or slurry

- a. Summer season
- b. Winter season

Code
XXXX
XXXX

SECTION 5 – HOUSING

12. During the summer months in 2013, were the following heat abatement methods provided to **lactating** or **dry** cows?

Heat abatement methods	Lactating cows	Dry cows
		<input type="checkbox"/> No dry cows on farm during 2013? xxxx
a. Covered structure/building (e.g., barn, shed)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
b. Shade (other than covered structure/building)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
c. Sprinklers or misters	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
d. Fans	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
e. Tunnel ventilation	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
f. Other (Specify: Lactating ^{xxxx} _____) Dry ^{xxxx} _____)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

13. During 2013, were the following bedding types used for **lactating** or **dry** cows?

Bedding types	Lactating cows	Primary bedding for Lactating cows during 2013? (Check one)	Dry cows	Primary bedding for Dry cows during 2013? (Check one)
			<input type="checkbox"/> No dry cows on farm during 2013? xxxx	
a. Straw and/or hay	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
b. Sand	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
c. Sawdust/wood products	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
d. Composted manure	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
e. Dried manure	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
f. Rubber mats	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
g. Shredded newspaper	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
h. Mattresses	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
i. Corn cobs and stalks	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
j. Waterbeds	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
k. None – housed only on dirt/pasture	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
l. Other (Specify: Lactating ^{xxxx} _____) Dry ^{xxxx} _____)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>

SECTION 6 – ADVERSE DRUG REACTIONS

1. During 2013, did any cows experience an adverse drug reaction to any injection of a vaccine, antibiotic, vitamin, etc? **(Include reactions such as hives, collapsing, abortion, lumps or swelling in the injection area, etc.)**

xxxx 1 Yes - Continue 3 No – Go to Section 9

2. Of the (item 1) cows that experienced adverse reactions, did any display the following clinical signs?

- | | |
|------------------------------------------------------|-------------------------------------------------------------------|
| a. Collapse | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| b. Hives | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| c. Abortion | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| d. Lump or swelling in the location of injection | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| e. Loss of milk production | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| f. Lack of product efficacy | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| g. Fever | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| h. Lethargy | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| i. Respiratory distress? Ask CVB distress vs disease | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| j. Infertility | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| k. Other (Specify: xxxx _____) | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |

3. Were any of the cows with adverse reactions examined by a veterinarian? xxxx 1 Yes 3 No

4. Did this operation report any of the adverse reactions to:

- | | |
|--------------------------------------------|-------------------------------------------------------------------|
| a. A Veterinarian? | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| b. A Manufacturer? | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| c. USDA's Center for Veterinary Biologics? | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| d. FDA's Center for Veterinary Medicine? | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| e. Other (Specify: xxxx _____) | xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |

SECTION 7 – USE OF VETERINARIANS

1. During 2013, did this operation work with or consult a veterinarian?

xxxx 1 Yes – Continue 3 No – Go to Section 8

2. During 2013, how frequently was the veterinarian on this operation?

xxxx

- 1 Daily
 2 Weekly
 3 Monthly
 4 Less than monthly

SECTION 7 – USE OF VETERINARIANS

3. Did your veterinarian design protocols or provide services in the following areas during 2013?

Areas	Designed Protocols?	Provided Services?	Which are the most important services that your veterinarian

			provided to your operation? (choose no more than 3)
a. Nutrition (ration balancing etc.)?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
b. Calving management?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
c. Newborn calf care and colostrum management?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
d. Reproductive management? (breeding protocols, pregnancy exams)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
e. Lameness management? (hoof trimming, lameness evaluation)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
g. Transition cow management? (blood testing)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
h. Biosecurity for new herd additions? (testing, vaccination, etc.)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
i. Disease monitoring	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
i. Disease diagnosis and/or treatment? (Sick cow examinations)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
j. Perform routine LDA surgeries?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 4 <input type="checkbox"/> No DA's	xxxx 1 <input type="checkbox"/>
k. Drug sales?		xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
l. Milking management? (milking procedures, mastitis detection, equipment testing)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
m. Animal handling and welfare (pain management, euthanasia, handling non-ambulatory cattle, lameness)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
n. Facility design (Stalls, flooring, ventilation, lighting, heat abatement, bunk management, pens)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
o. Milk and meat drug residue avoidance? (managing withdrawal times, testing)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
p. Employee training?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
q. Dehorning?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
r. Vaccinations?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
s. Necropsy of cattle?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
t. Emergency services (e.g. calving difficulty)?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
u. Records evaluation and consultation?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
v. Input on culling decisions?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>
w. Other? (Specify: _____)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/>

SECTION 7 – USE OF VETERINARIANS

4. Where did you purchase the majority of the prescription veterinary drugs used during 2013?

xxxx

- 1 Directly from your regular herd veterinarian?
 2 Directly from a farm/ranch or feed store?

- 3 Drugs are mailed / delivered to you from a drug distributor as directed by your herd veterinarian
- 4 Drugs are mailed / delivered to you from a drug distributor as directed by a veterinarian who isn't your regular herd veterinarian
- 5 Drugs are mailed / delivered to you from a drug distributor without a veterinarian's involvement
- 6 Other (Specify: ^{xxxx} _____)

5. Where did you purchase the majority of the non-prescription (over the counter) veterinary drugs used during 2013?
^{xxxx}

- 1 Directly from your regular herd veterinarian?
- 2 Directly from a farm/ranch or feed store?
- 3 Drugs are mailed / delivered to you from a drug distributor as directed by your herd veterinarian
- 4 Drugs are mailed / delivered to you from a drug distributor as directed by a veterinarian who isn't your regular herd veterinarian
- 5 Drugs are mailed / delivered to you from a drug distributor without a veterinarian's involvement
- 6 Other (Specify: ^{xxxx} _____)

SECTION 8 – MANAGEMENT OF NONAMBULATORY CATTLE AND EUTHANASIA

Nonambulatory cattle are those that are unable to stand for any period of time. This includes cattle that are temporarily unable to stand (such as milk fever cases or cows with leg injuries). Nonambulatory cattle also include 'Downer' animals, whether these animals die or recover.

1. During 2013, did this operation have written guidelines or procedures for handling nonambulatory cattle?

^{xxxx} 1 Yes 3 No

2. How many dairy cows became nonambulatory during 2013?

Head
xxxx

[If Item 2 = zero, go to Item 7; otherwise, continue]

3. How many hours after becoming nonambulatory were cows offered or provided the following?

	Hours
a. Food?	xxxx
b. Water?	xxxx
c. Shelter?	xxxx

Not Offered ^{xxxx}
 1 ^{xxxx}

^{xxxx} 1

4. During 2013, was assistance offered to nonambulatory cows to help them rise (e.g., hoist or flotation tank)?

^{xxxx} 1 Yes 3 No

5. Of that cows that became nonambulatory during 2013, what percent had the following outcomes?

	Percent
a. Recovered?	xxxx %
b. Were euthanized?	xxxx %
c. Slaughtered for home consumption?	xxxx %
d. Died?	xxxx %
e. Other (Specify: ^{xxxx} _____)	xxxx %

TOTAL = 100%

SECTION 8 – MANAGEMENT OF NONAMBULATORY CATTLE AND EUTHANASIA

Hours		Days
xxxx	OR	xxxx

[If Item 5b is greater than zero, continue; otherwise go to item 7]

6. On average, how many hours or days after being recognized as a downer were the cows euthanized?

7. During 2013, did this operation have written guidelines or procedures for euthanizing cattle? ^{xxxx} Yes No

8. Which of the following personnel were responsible for performing euthanasia? (Check all that apply)

Personnel	Performed Euthanasia
	^{xxxx} <input type="checkbox"/> No Euthanasia in 2013
a. Owner	^{xxxx} <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Manager or Herdsperson	^{xxxx} <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Other employees	^{xxxx} <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Veterinarian	^{xxxx} <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Rendering company	^{xxxx} <input type="checkbox"/> Yes <input type="checkbox"/> No
f. University or Extension agents	^{xxxx} <input type="checkbox"/> Yes <input type="checkbox"/> No
g. Other (Specify: ^{xxxx} _____)	^{xxxx} <input type="checkbox"/> Yes <input type="checkbox"/> No

9. What was the primary method of euthanasia for heifers and cows?

Method of Euthanasia Code	
1 = Gunshot	4 = Other (Specify: ^{xxxx} _____)
2 = Captive bolt	5 = Not applicable – this class of cattle not euthanized
3 = Lethal injection (e.g., barbiturates) (Specify drug: ^{xxxx} _____)	

Preweaned Heifers
(Code)

Weaned Heifers
(Code)

Cows
(Code)

10. During 2013, which of the following practices were in place to ensure death has occurred after euthanasia?

- ^{xxxx} a. Lack of corneal reflex (touch eye)? ¹ Yes No
- ^{xxxx} b. Lack of heartbeat? ³ No
- ^{xxxx} c. Lack of breathing? ¹ Yes No
- ^{xxxx} d. Lack of movement? ³ No
- ^{xxxx} e. Other? (Specify: ^{xxxx} _____) ¹ Yes No
- ^{xxxx} f. None? ³ No

^{xxxx} Yes No

xxxx Yes No

Section 9—Nutrient Management

1. Are the following manure-handling methods used in cow and weaned-heifer housing areas?

Weaned-Heifer Areas

If heifers not kept on operation, check here and leave

Cow Areas

- | | | | | | | |
|-------------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------|
| a. Manure left on pasture.....S233/243 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ N/A | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ N/A | <input type="checkbox"/> ₃ No |
| b. Dry lot scrapedS234/244 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ N/A | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ N/A | <input type="checkbox"/> ₃ No |
| c. Gutter cleaner.....S235/245 | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No |
| d. Alley scraper (mechanical or tractor).....S236/246 | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No |
| f. Alley flush with recycled water....S238/248 | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No |
| g. Slotted floor.....S239/249 | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No |
| h. Bedded pack (manure pack)S240/250 | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No |
| i. Manure vacuumS241/251 | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No |
| j. Other (specify: _____)S242OTH....S242/252 | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes | | <input type="checkbox"/> ₃ No |

If Items 1b-j all checked NO, SKIP to Item 15??.

2. Of the manure-handling methods used in the previous question, which one **best** describes how the **majority** of manure is handled?.....S253/254
- _____ letter _____ letter
Cow area Weaned-heifer area

(Enter letter that corresponds with response, i.e., "a" for Manure left on pasture, "c" for Gutter cleaner, etc.)

3. Are the following waste-storage or treatment systems used on this operation?

- | | | |
|--------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------|
| a. Store in manure spreader (spread on a daily or almost daily basis).....S255 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Below-floor slurry or deep pit.....S256 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Slurry stored in tank (either above or below ground).....S257 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Slurry or liquid manure stored in earthen basin and NOT treated.....S258 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Treatment lagoon—Not mechanically aerated.....S259 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| f. Treatment lagoon—Mechanically aerated.....S260 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| g. Manure pack (inside barn).....S261 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| h. Outside storage for solid manure not in dry lot or pen.....S262 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| i. Outside storage for solid manure within dry lot or pens.....S263 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| j. Storage of solid manure in a building without cattle access.....S264 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| k. Storage of solid manure with picket dam.....S265 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| l. Composted (actively managed to produce a composted material).....S266 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| m. Collection of methane/biogas.....S267 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| n. Solid separator.....S268 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| o. Other (specify: _____)S269OTH.....S269 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

Section 9—Nutrient Management

4. Of the storage or treatment systems used in the previous question, which one **best** describes the storage and treatment of the **majority** of:
- a. Solid manure?.....S270 _____ letter
- b. Liquid or slurry manure?.....S271 _____ letter

(Enter letter that corresponds with response (i.e., "a" for Store in manure spreader, "b" for Below-floor slurry, etc., or put N/A if the manure type is not stored or treated.)

5. Assuming your facility was completely emptied of manure, and it was operating at full animal capacity, how many days could you operate and store manure before manure must be removed from the storage facility?

S272/273/274

_____ **OR** _____ **OR** _____
Days **Months** **Years**

6. Did this operation make use of manure by:
- a. Applying manure to land either owned or rented?.....S275 ₁ Yes ₃ No
- b. Selling it or receiving other compensation?.....S276 ₁ Yes ₃ No
- c. Giving it away?.....S277 ₁ Yes ₃ No
- d. Using composted manure as bedding?.....S278 ₁ Yes ₃ No
- e. Other? (specify: _____)S279OTH.....S279 ₁ Yes ₃ No

7. Of the manure uses described in the previous question, which one **best** describes the use of the **majority** of:

- a. Solid manure?.....S280 _____ letter
- b. Liquid or slurry manure?.....S281 _____ letter

(Enter letter that corresponds with response (i.e., "a" for Apply manure to land, "b" for Sell it or receive, etc., or put N/A if that manure type is not used.)

If Item 7a = NO (manure is not applied to land), SKIP to Item 15??.

8. Are the following methods used to apply manure/slurry to land owned or rented by this operation?
- a. Broadcast/solid spreader.....S282 ₁ Yes ₃ No
- b. Surface application by tank wagon or tank truck.....S283 ₁ Yes ₃ No
- c. Subsurface injection by tank wagon, tank truck, or tractor.....S284 ₁ Yes ₃ No
- d. Irrigation/sprinkler.....S285 ₁ Yes ₃ No
- e. Other (specify: _____)S286OTH.....S286 ₁ Yes ₃ No
9. Is manure/slurry incorporated into the soil within 24 hours after application?
(Check one only.)
- ₁ Always or almost always
- ₂ Sometimes
- ₃ Never S287
10. During 2013, has the nutrient content of manure been analyzed for:
- a. Nitrogen?.....S288 ₁ Yes ₃ No

- b. Phosphorus?..... S289 ₁ Yes ₃ No
- c. Potassium?..... S290 ₁ Yes ₃ No

Section 9—Nutrient Management

11. Are the following used to determine how much or how frequently manure is applied to the land?
- a. Crop nitrogen requirement..... S291 ₁ Yes ₃ No
- b. Crop phosphorus requirement..... S292 ₁ Yes ₃ No
- c. Manure volume/acreage available..... S293 ₁ Yes ₃ No
- d. Soil quality improvement..... S294 ₁ Yes ₃ No
- e. Other criteria (specify: _____) S295OTH..... S295 ₁ Yes ₃ No
12. What was the minimum distance between where manure was applied and any surface water such as a lake, pond, stream, or river during 2013?..... S296/297 **OR** **Feet Miles**
13. Which of the following best describes how often **liquid** manure is applied to owned or rented land, by season:
(Enter one code only for each season.)
- Codes:**
- 1 = Daily
2 = Weekly
3 = 2 to 3 times a month
4 = Monthly or less often
5 = Not spread during this season
- S298/299/300/301
Spring Summer Fall Winter
14. Which of the following best describes how often **solid** manure is applied to owned or rented land, by season:
(Enter one code only from Item 13 for each season.)
- S302/303/304/305
Spring Summer Fall Winter
15. Was manure applied to the following actively growing plants during 2013:
- a. Pasture or hay crop?..... S306 ₁ Yes ₃ No
- b. Forage to be ensiled?..... S307 ₁ Yes ₃ No
- c. Other forage crops?..... S308 ₁ Yes ₃ No
- d. Grain or oilseed crops?..... S309 ₁ Yes ₃ No
- e. Other crops? (specify: _____) S310OTH..... S310 ₁ Yes ₃ No
16. Does this operation have a **written** plan that addresses nutrient management such as land treatment practices or manure storage structures?..... S311 ₁ Yes ₃ No
- If YES, was the plan:
- a. Developed in cooperation with the USDA Natural Resource Conservation Service (NRCS) or a local conservation district?..... S312 ₁ Yes ₃ No
- b. Implemented to help satisfy a State or local regulatory requirement?..... S313 ₁ Yes ₃ No
- c. Part of USDA voluntary cost share program?..... S314 ₁ Yes ₃ No

Section 9—Nutrient Management

17. Did this operation consulted with any of the following about nutrient management during 2013?

- | | | | |
|------------------------------------------------------------------|------------------|-------------------------------------------|------------------------------------------|
| a. University/extension personnel..... | S315 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Private nutrient management consultant..... | S316 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Natural Resource Conservation Service personnel (NRCS)..... | S317 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. State or local department of natural resources personnel..... | S318 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. State or local department of agriculture personnel..... | S319 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| f. Agronomist/crop consultant..... | S320 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| g. Consulting nutritionist..... | S321 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| h. Environmental engineering consultant..... | S322 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| i. Private veterinary practitioner..... | S323 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| j. Other (specify: _____)..... | S324OTH.....S324 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

18. Which of the following best describes how you would classify or how this operation is classified regarding Concentrated Animal Feeding Operations (CAFOs) under current federal EPA guidelines:
(Check one only.)

- ₁ Never heard of CAFO
- ₂ Have heard of CAFO, but unsure how my operation is or will be classified
- ₃ My operation **is not** or will likely **not** be classified as a CAFO
- ₄ My operation is or will likely be classified as a CAFO

SECTION 10 – CONCLUSION

Survey results can be found by accessing www.aphis.usda.gov/animal_health/nahms/

Would you prefer to receive reports as hard copies via the mail? 0099 ₁ Yes ₃ No

1. Request signature on **CONSENT FORM** for operations completing this questionnaire.
2. If **CONSENT FORM** is signed, provide comments below to describe the respondent location and any other comments that will be helpful for future contact.

3. ENTER INTERVIEW RESPONSE CODE

- 1 - No dairy cows on January 1, 2014; not eligible for this survey
- 2 - Out of business
- 3 - Refusal of General Dairy Management Questionnaire
- 4 - Complete: signed VMO consent
- 5 - Complete: refused VMO consent
- 6 - No dairy cows but other cattle and calves on January 1, 2014; complete Cattle Report
- 7 - Out of scope for General Dairy Management Questionnaire
- 8 - Office hold
- 9 - Inaccessible

Code

2000

[If Item 3 = 3 or 5, complete Item 4; otherwise SKIP to Ending Time.]

4. ENTER REFUSAL REASON CODE

- 1 - Does not want to commit time to the project
- 2 - Does not want involvement with government veterinarian
- 3 - Does not have necessary records available
- 4 - Has participated in too many surveys
- 5 - Does not want outside people on the dairy operation
- 6 - A bad time of year due to planting, harvesting, second job, etc.
- 7 - Currently has or recently had disease problem with herd
- 8 - Believes that surveys and reports hurt the farmer more than help
- 9 - Could not get Owner/Contractor permission
- 10- No reason given, or other miscellaneous reasons

Code

2001

2002

ENDING TIME [MILITARY].

Respondent Name: _____				9911 Phone: (_____) _____				9910 MM DD YY Date: _____			
Response	9901	Respondent	9902	Mode	9903	Enum.	Eval.	Rpt. Unit	Office Use for POID		
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero		1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth		1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-e-mail 7-Fax 8-CAPI 9-Other		0098	0100	0921	0789		
									Optional Use		
									0407	0408	
S/E Name _____											