

FERAL SWINE SURVEY – 2017

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NATIONAL
AGRICULTURAL
STATISTICS
SERVICE

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Animal and Plant Health Inspection Service

Please make corrections to name, address and ZIP Code, if necessary.

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SECTION 1 – GENERAL

1. On June 1, 2017, how many acres did your operation:

a. Own?
b. Rent or Lease from others or use Rent Free?
(**Exclude** land used on an animal unit month (AUM) basis, BLM and Forest Service land.) +
c. Rent to others? -

2. Calculate item 1a + 1b - 1c. Then the total acres operated on June 1, 2017 was. =

Acres
100
101
102
103

3. In what state and county is the majority of your operation located?

State

County

OFFICE USE
60
55

4. During the last three years, have wild pigs been present in the county reported in item 3? **For the purposes of this study, wild pigs refer to all species of feral swine, feral hogs, and wild boar.**

106 Yes No Don't Know

5. During the last three years, have wild pigs been present on your operation?

107 Yes No Don't Know

SECTION 2 – LIVESTOCK

1. In 2016, were any livestock raised on your operation?

108 Yes – Continue No – SKIP to Section 3

2. On December 31, 2016, how many of the following types of livestock were on your operation? **None**

- a. Beef cows (**Include** beef heifers that had calved. **Exclude** heifers that had not calved, steers, calves and bulls)
- b. Milk cows kept for production of milk. **Include** dry milk cows and milk heifers that had calved.
- c. Other cattle and calves. **Include** heifers that had not calved, steers, calves and bulls.
- d. Domestic Hogs and Pigs.
- e. Sheep and Lambs.
- f. Goats and Kids.
- g. Poultry.
- h. Horses, Ponies, and Mules.
- i. Other (Specify: ¹⁰⁰³) _____

Head
351
352
303
110
111
112
113
114
115

3. For 2016, report up to two livestock raised with the **highest value of production**.

- a. In 2016, which livestock on your operation produced the highest value of production? Report for up to two livestock.
- b. How many total head of this livestock were **raised**?
- c. How many total head of this livestock were **sold**?
 - (i) In 2016, what was the average price received (or expected to be received) per head for this livestock sold? \$ _____ /head
 - (ii) Were these livestock certified as organic?
 - (iii) Were anti-biotics used on these livestock? (If **Yes**, continue. If **No**, SKIP to item c (iv)).
 - (a) Were anti-biotics used on these livestock specifically to prevent livestock losses due to wild pigs?
 - (iv) Were steroids used on these livestock? (If **Yes**, continue. If **No**, SKIP to item d.)
 - (a) Were steroids used on these livestock specifically to prevent livestock losses due to wild pigs?
- d. In 2016, to the best of your knowledge, were wild pigs ever present in areas where these livestock are kept? (If **Yes**, continue. If **No** or **Don't Know**, SKIP to Item 4.)
 - (i) In 2016, to the best of your knowledge, how often were wild pigs present in areas where these livestock are kept?
 - e. In 2016, was there evidence that wild pigs entered or gained access to these livestock's feed, grain, or hay?
 - f. In 2016, was there evidence that wild pigs had gained access to any discarded remains of this livestock?
 - g. In 2016, was there evidence that wild pigs had wallowed in water sources used by these livestock?
 - h. In 2016, could you attribute deaths of these livestock on your operation to **predation** by wild pigs? (If **Yes**, continue. If **No**, SKIP to item i.)

Highest Value of Production Livestock	Second Highest Value of Production Livestock
122	123
124 ___ head	125 ___ head
126 ___ head	127 ___ head
128 \$ ___ /head	129 \$ ___ /head
130 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	131 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
132 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	133 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
286 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	287 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
134 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	135 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
288 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	289 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
136 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Don't Know 3 <input type="checkbox"/> No	137 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Don't Know 3 <input type="checkbox"/> No
138 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> About once a month 4 <input type="checkbox"/> Less than once a month	139 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> About once a month 4 <input type="checkbox"/> Less than once a month
140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Don't Know 3 <input type="checkbox"/> No	141 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Don't Know 3 <input type="checkbox"/> No
142 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	143 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
290 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	291 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
292 \$ ___	293 \$ ___
1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

(i) In 2016, how many head of these livestock were lost to wild pig predation?

(ii) What was the total market value of these livestock that were lost to wild pig predation?

i. In 2016, could you attribute deaths of these livestock on your operation to **disease** from wild pigs? (If **Yes**, Continue. If **No**, SKIP to item j.)

(i) In 2016, how many head of these livestock were lost to disease from wild pigs?

(ii) What was the total market value these livestock that were lost to disease from wild pigs?

j. In 2016, did you seek veterinary services for these livestock due to the presence of or contact with wild pigs? (If **Yes**, continue. If **No**, SKIP to item k.)

(i) What was the total cost of veterinary services used for these livestock due to the presence of or contact with wild pigs?

k. In 2016, did you use any medical treatments on these livestock due to the presence of or contact with wild pigs? (If **Yes**, continue. If **No**, SKIP to item l.)

(i) What was the total cost of the medical treatments used for these livestock due to the presence of or contact with wild pigs?

l. In 2016, could you attribute any deaths of these livestock on your operation to **other/unknown causes** of wild pigs? (If **Yes**, continue. If **No**, SKIP to item 4.)

(i) In 2016, how many head of these livestock were lost to wild pigs due to other/unknown causes?

(ii) What was the total market value of these livestock that were lost to other/unknown causes of wild pigs??

144	145
_____ head	_____ head
146	147
\$	\$
294	295
1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
296	297
_____ head	_____ head
298	299
\$	\$
300	301
1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
305	306
\$	\$
307	308
1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
309	310
\$	\$
311	312
1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
313	314
_____ head	_____ head
315	316
\$	\$

4. In 2016 , could you attribute any of the following livestock diseases on your operation **to the presence of wild pigs?**

a. Swine Brucellosis (Brucella Suis). 116 1 Yes 3 No

b. Pseudorabies (Aujeszky's disease). 117 1 Yes 3 No

c. Porcine Reproductive and Respiratory Syndrome (PRRS). 118 1 Yes 3 No

d. Swine Influenza virus. 119 1 Yes 3 No

e. Other (Specify: 1004 _____) 120 1 Yes 3 No

5. How concerned are you about the potential spread of diseases from wild pigs to livestock? Check one only

121 1 Not concerned
 2 Slightly concerned

3 Moderately concerned
 4 Very concerned

6. In 2016, did you have sown pasture on your operation?

321 Yes – Continue No – SKIP to Item 7

Acres
322

a. In 2016, how many acres of sown pasture were on your operation?

b. In 2016, could you attribute damage on sown pastures to wild pigs?

323 Yes – Continue No – SKIP to Item 7

Percent
324

7. In 2016, did you have unsown pasture on your operation?

360 Yes – Continue No – SKIP to Section 3

Acres
361

a. How many acres of unsown pasture were on your operation in 2016?.....

b. In 2016, could you attribute damage on unsown pasture to wild pigs?

362 Yes – Continue No – SKIP to Section 3

Percent
363

c. What portion of unsown pasture acreage was damaged by wild pigs in 2016?.....

SECTION 3 – CROPS

1. In 2016, were any crops (including trees/orchards) on your operation?

158 Yes – Continue No – SKIP to Section 4

2. For 2016, report up to two crops harvested with the **highest value of production**

Crops
159
160

3. In 2016, to the best of your knowledge, were wild pigs ever **present** in fields of these crops?

161 Yes – Continue No – SKIP to Item 5 Don't Know – SKIP to Item 5

4. In 2016, to the best of your knowledge, how often were wild pigs **present** in fields of these crops?

162 Daily About once a month
 Weekly Less than once a month

5. In 2016, was there **evidence** that wild pigs caused damage to fields of these crops?

163 Yes – Continue No – SKIP to Section 4 Don't Know – SKIP to Section 4

6. In 2016, how much income was lost due to wild pig damage to these crops?

None	Dollars
	164

SECTION 4 – PROPERTY

1. In 2016, did wild pigs damage any property on your operation?

165 Yes – Continue No – SKIP to Section 5 Don't Know – SKIP to Section 5

2. On your operation in 2016, which of the following types of property damage occurred due to wild pigs, what was the approximate total cost of the damage, and how severe was it?

Damage Type	Did damage occur?	Cost of damage (or estimate of repair)	How much damage occurred? Check one per row				
			Mild Damage	Moderate Damage	Somewhat Severe Damage	Very Severe Damage	Unsure
a. Damage to buildings	166 <input type="checkbox"/> Yes <input type="checkbox"/> No	167 \$	168 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Damage to fencing	169 <input type="checkbox"/> Yes <input type="checkbox"/> No	170 \$	171 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Damage to livestock waterers, water pumps, and/or irrigation equipment	172 <input type="checkbox"/> Yes <input type="checkbox"/> No	173 \$	174 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Damage to vehicles (including tractors, farm equipment)	175 <input type="checkbox"/> Yes <input type="checkbox"/> No	176 \$	177 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Damage to roads	181 <input type="checkbox"/> Yes <input type="checkbox"/> No	182 \$	183 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Damage to livestock feed, grain, or hay	184 <input type="checkbox"/> Yes <input type="checkbox"/> No	185 \$	186 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fecal contamination of water	195 <input type="checkbox"/> Yes <input type="checkbox"/> No		196 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other damage to terraces, stream banks, or ponds	325 <input type="checkbox"/> Yes <input type="checkbox"/> No		326 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Loss of wildlife habitat	189 <input type="checkbox"/> Yes <input type="checkbox"/> No		190 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Field topsoil erosion	191 <input type="checkbox"/> Yes <input type="checkbox"/> No		192 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Fecal contamination of crops	197 <input type="checkbox"/> Yes <input type="checkbox"/> No		198 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other (Specify: 1007 _____)	199 <input type="checkbox"/> Yes <input type="checkbox"/> No	200 \$	201 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5 – CONTROL

1. In 2016, were any control methods used on your operation in order to **reduce or prevent** damage from wild pigs?

202

 Yes – Continue No – SKIP to Item 3

2. On your operation In 2016, which of the following control methods were used in order to reduce or prevent damage from wild pigs, what were their approximate total costs, and how effective were they?

Control Method	Used on operation in 2016?	Cost (Include labor) (Dollars)	How effective was the control method? Check one per row			
			Not Effective	Slightly Effective	Moderately Effective	Very Effective
a. Shooting wild pigs on sight	203 <input type="checkbox"/> Yes <input type="checkbox"/> No	204 \$	205 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hunting wild pigs with dogs	206 <input type="checkbox"/> Yes <input type="checkbox"/> No	207 \$	208 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hunting wild pigs without dogs	209 <input type="checkbox"/> Yes <input type="checkbox"/> No	210 \$	211 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Aerial hunting	212 <input type="checkbox"/> Yes <input type="checkbox"/> No	213 \$	214 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Trapping and removing wild pigs	215 <input type="checkbox"/> Yes <input type="checkbox"/> No	216 \$	217 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Repellents for wild pigs	218 <input type="checkbox"/> Yes <input type="checkbox"/> No	219 \$	220 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (Specify 1008 _____)	221 <input type="checkbox"/> Yes <input type="checkbox"/> No	222 \$	223 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you use **electric** fencing on your operation?

224

 Yes – Continue No – SKIP to Item 4

a. Approximately how much did it cost to install this electric fencing?.....	Dollars
	225
b. At the time of installation, how many years was the expected useful life of this electric fencing?..	Years
	226

c. In 2016, did you use this **electric** fencing **primarily** to reduce damage by wild pigs?

327

 Yes No

4. In 2014, did you use **non-electric** fencing on your operation **specifically** to reduce damage by wild pigs?

²²⁷ Yes – Continue No – SKIP to Item 5

a. How much did it cost to install this **non-electric** fencing?.....

Dollars
228

b. At the time of installation, how many years was the expected useful life of this **non-electric** fencing?.....

Years
229

c. In 2016, did you use this **non-electric** fencing **primarily** to reduce damage by wild pigs?

³²⁸ Yes No

SECTION 5 – CONTROL

5. In 2016, how many wild pigs were **killed** on your operation?.....

None	Head
	230

6. In 2016, how many **live** wild pigs were **removed** from your operation?.....

None	Head
	231

[If Item 6 is zero, go to Item 7; otherwise continue]

a. Of the (Item 6) live wild pigs removed from your operation in 2016, were any sold?

²³² Yes – Continue No – SKIP to Item 7

b. What was the average price per head you received for the live wild pigs removed from your operation in 2016?.....

Dollars/Head
233

7. In 2016, did you seek help from a county, state, or federal agency because of the damage due to wild pigs on your operation?

²³⁴ Yes No Not Applicable – No damage by wild pigs

8. In 2016, did you take any measures specifically aimed at reducing contact between wild pigs and domestic livestock?

³²⁹ Yes – Continue No – SKIP to Section 6

a. In 2016, approximately how much did you spend to install and/or maintain measures specifically aimed at reducing contact between wild pigs and domestic livestock?.....

Dollars
330

SECTION 6 – HUNTING

1. Do you hunt recreationally?

331 Yes No

2. Which animals do you think have experienced a decline in population on this operation in the last three years that you attribute to wild pigs? Check all that apply

332 1 Deer
 2 Upland Birds
 3 Waterfowl
 4 Turkeys
 5 Other
 6 None of these
 7 Don't know

3. In 2016, did you or anyone else hunt on your operation?

235 1 Yes – Continue 3 No – SKIP to Section 7 2 Don't Know – SKIP to Section 7

4. Please answer the following items regarding hunting of wildlife on your operation in 2016. Check all that apply

Hunting	None	Wild Pigs	Deer	Upland Birds	Waterfowl	Turkeys	Other
a. Which animals did you or your immediate family hunt on your operation in 2016?	<input type="checkbox"/>	236 <input type="checkbox"/>	237 <input type="checkbox"/>	238 <input type="checkbox"/>	299 <input type="checkbox"/>	240 <input type="checkbox"/>	241 <input type="checkbox"/>
b. Which animals did anyone other than your immediate family hunt on your operation in 2016 without paying?	<input type="checkbox"/>	242 <input type="checkbox"/>	243 <input type="checkbox"/>	244 <input type="checkbox"/>	245 <input type="checkbox"/>	246 <input type="checkbox"/>	247 <input type="checkbox"/>
c. Which animals did anyone pay to be allowed to hunt on your operation in 2016? (Exclude guide or outfitting services)	<input type="checkbox"/>	248 <input type="checkbox"/>	249 <input type="checkbox"/>	250 <input type="checkbox"/>	251 <input type="checkbox"/>	252 <input type="checkbox"/>	253 <input type="checkbox"/>
d. For which animals did you provide a guide or outfitting service to paying hunters on your operation in 2016?	<input type="checkbox"/>	254 <input type="checkbox"/>	255 <input type="checkbox"/>	256 <input type="checkbox"/>	257 <input type="checkbox"/>	258 <input type="checkbox"/>	259 <input type="checkbox"/>

5. During 2016, what was your net income from:

None	Dollars
<input type="checkbox"/>	265
<input type="checkbox"/>	266

a. **Wild pig hunting** on your operation?

b. **All hunting activities** on your operation?

SECTION 7 – DEMOGRAPHICS

Years
267

1. What was your age on December 31, 2016?

2. What is your gender? 278 Male Female

3. In 2016, did you spend most of your work time on the farm or ranch, or outside the farm or ranch? 279 On the farm or ranch Outside the farm or ranch

4. Do you make the majority of the day to day decisions about farming/ranching for this operation? 280 Yes - Continue No – SKIP to Item 6

Year (YYYY)
283

5. In what year did you begin to make day-to-day decisions for a farm or ranch operation?

6. Are you a hired manager for this operation? 281 Yes No

7. Do you currently live on this operation? 282 Yes No

8. In 2016, what was your total household income before taxes? Check one only

284	<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$50,000 to \$99,999
	<input type="checkbox"/> \$1,000 to \$2,499	<input type="checkbox"/> \$100,000 to \$249,999
	<input type="checkbox"/> \$2,500 to \$4,999	<input type="checkbox"/> \$250,000 to \$499,999
	<input type="checkbox"/> \$5,000 to \$9,999	<input type="checkbox"/> \$500,000 to \$999,999
	<input type="checkbox"/> \$10,000 to \$24,999	<input type="checkbox"/> \$1,000,000 or more
	<input type="checkbox"/> \$25,000 to \$49,999	

9. In 2016, what percent of your total household income came from farming and/or ranching? Check one only

285	<input type="checkbox"/> None	<input type="checkbox"/> 51% to 75%
	<input type="checkbox"/> 1% to 25%	<input type="checkbox"/> 76% to 99%
	<input type="checkbox"/> 26% to 50%	<input type="checkbox"/> 100%

SECTION 8 – CONCLUSION

Respondent Name: _____	9911 Phone: () _____	9910 MM DD YY Date: _____
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Thank you for your time. Please return this questionnaire in the enclosed envelope.

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Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID						
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	9998	9900	9985	9989						
2-R		2-Sp		2-Tel					_____						
3-Inac		3-Acct/Bkpr		3-Face-to-Face					Optional Use						
4-Office Hold		4-Partner		4-CATI		9921			9907	9908	9906	9916			
5-R – Est		9-Oth		5-Web											
6-Inac – Est		6-e-mail		7-Fax											
7-Off Hold – Est		8-CAPI		9-Other											
S/E Name															