

NAHMS ID: _____

Phone Script: Hello, I am (*give your name and position*). I am calling about your participation in Phase II of the National Animal Health Monitoring System Goats 2019 study. Do you have a few minutes to talk to me now, or is there a better time for me to call you back?

(If they say now is OK time to talk, continue.)

I am hoping to provide you with further information about the NAHMS Goats 2019 study. If you are willing to participate, I would like to schedule a time to meet with you to complete Phase II of the study, which includes free biological testing for parasites, scrapie genetic resistance, information on presence of selected fecal pathogens, and *Mycoplasma ovipneumoniae* testing. Just as a reminder, you would have gotten a few informational items about Phase II of the study when you met with (*name of the NASS representative, if available*), the National Agricultural Statistics Services representative on (*mention the date consent form from NASS was signed*). Do you have any questions I could answer on the phone today about the Phase II of the NAHMS goat study?

(Once you have answered their questions about Phase II then provide them with information that would be helpful to know for answering the VS questionnaire.)

Having records on hand can help reduce the time spent answering questions. The types of records you might want to have available would include:

- Inventory (births, abortions, ages)
- Vaccinations
- Disease presence and testing (including deworming)
- Death losses
- Antibiotic use
- Protocols (kidding, doe dryoff, biosecurity)
- Agritourism business/sales records (**For agritourisms operations only**)

Are you interested in completing the following biological testing?

- Pre and post-deworming fecal testing
 - NOTE: Operation must not have dewormed in the past 60 days to be eligible
- Blood collection for Scrapie resistance genetic testing
- Fecal pathogen testing to look for *E. coli*, *Salmonella*, *Campylobacter*, *Giardia*, and *Cryptosporidium*
- Nasal swabs to test for *Mycoplasma ovipneumoniae*

When would you be available to meet with me?

Can you give me directions to where I can meet you to complete the consent form, the questionnaire, and provide any testing you are interested in? Would you like an emailed copy of the questionnaire prior to our meeting to familiarize yourself with its contents?

Thank you for your willingness to participate in the study.