Goat 2019
VS Initial
Questionnaire

State FIPS: _____   Operation #: _____   Interviewer: _____   Date: _____

Arrival time at operation: _____

Section A—Inventory

1. How many kids and goats do you have on this
   operation today?

   a. Preweaned Kids...g101   _____ head

   b. Weaned Kids (less than 1 year old)..g102   _____ head

   c. Adult does (1 year old or older)..g103   _____ head

   d. Adult bucks and wethers (1 year old or older)..g104   _____ head

   e. Total *[Add 1a to 1d.]*..g105   _____ head

   [IF no kids or goats, then go to Section O.]

NAHMS-453
Date

Section B—Preventive Practices

1. Do you have a written herd health management plan for your operation? ....g201 ☐₁ Yes ☐₃ No

   If Yes, were any of the following resources used in the development of the plan?

   a. Veterinarian...g202 ☐₁ Yes ☐₃ No

   b. Extension (university) ....g203 ☐₁ Yes ☐₃ No

   c. Other producers..g204 ☐₁ Yes ☐₃ No

   d. Reference materials (online or book) ....g205 ☐₁ Yes ☐₃ No

   e. Other (specify: _____) g206oth...g206 ☐₁ Yes ☐₃ No

2. In the last 12 months, did this operation normally require or perform
   individual animal testing for any of the following diseases:

	Resident goats in herd		New additions *[SKIP if no new additions.]*	
a. Caprine arthritis encephalitis (CAE)?..............................g207/g215	☐₁ Yes	☐₃ No	☐₁ Yes	☐₃ No
b. Johne's (paratuberculosis)?...g208/g216	☐₁ Yes	☐₃ No	☐₁ Yes	☐₃ No
c. Brucellosis?..g209/g217	☐₁ Yes	☐₃ No	☐₁ Yes	☐₃ No
d. Q fever (coxiellosis)?..g210/g218	☐₁ Yes	☐₃ No	☐₁ Yes	☐₃ No
e. Caseous lymphadenitis (boils, CL, abscesses)?............g211/g219	☐₁ Yes	☐₃ No	☐₁ Yes	☐₃ No
f. Scrapie?..g212/g220	☐₁ Yes	☐₃ No	☐₁ Yes	☐₃ No
g. Tuberculosis?..g213/g221	☐₁ Yes	☐₃ No	☐₁ Yes	☐₃ No
h. Other? (specify: _____) g214oth..........g214/g222	☐₁ Yes	☐₃ No	☐₁ Yes	☐₃ No

3. During the previous 12 months, how many of your goats had abscesses,
   boils, or lumps (typically on the head, neck, shoulder, or upper rear legs)?................................g223 _____ #

[If question 3 = 0, SKIP to question 5.]

4. Were any of the following actions taken for animals with abscesses,
   boils, or lumps?

   a. Call the veterinarian..g224 ☐₁ Yes ☐₃ No

   b. Cull the animal to market or slaughter..........................g225 ☐₁ Yes ☐₃ No

   c. Isolate the goats..g226 ☐₁ Yes ☐₃ No

      i. If Yes, how many days was the goat isolated?...g227 _____ (d)

   d. Drain or lance the lumps...g228 ☐₁ Yes ☐₃ No

      i. If Yes, was the drainage disposed of away from the goat raising areas? g229 ☐₁ Yes ☐₃ No

   e. Lab tests for caseous lymphadenitis
      (CL)/abscesses (e.g., culture, SHI test) ……………… g230 ☐₁ Yes ☐₃ No

   f. Treat with antibiotics...g231 ☐₁ Yes ☐₃ No

   g. Inject a substance into the abscess/lump....................g232 ☐₁ Yes ☐₃ No

h.   Other (specify: _____) g233oth……………g233   ☐₁ Yes   ☐₃ No☐

5.   During the previous 12 months, did **any** adult or kid goats on your operation receive any vaccines?g240 ☐₁ Yes ☐₃ No

[If question 5 = No, SKIP to question 9.]

6.   Which of the following vaccines were used during the previous 12 months for [read column heading]:
*[Enter **product code** in appropriate columns for each vaccine used for the age groups listed. **Use the Vaccine   Reference Card** attached to the back of the questionnaire. IF don't know product, write '99' in space for vaccine]*

	Nursing kids	Weaned kids	Adult does	Adult bucks/ wethers	
CHECK box if you **didn't** have this class of goat →	☐₁	☐₁	☐₁	☐₁	g241/g265/g281/g297
CLOSTRIDIAL vaccines?	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No	g242/g266g282/g298
[If column = Yes, enter product code for vaccine used.]					
a. Clostridium type C and D for enterotoxemia (overeating disease, bloody scours, pulpy kidney disease) [Not as part of a 7/8 way.]					g244/g268/g284/g300
b. Tetanus *(Cl. tetani)* [Not as part of a 7/8 way.]					g245/g269g285/g301
c. 7- or 8 way vaccine (Blackleg, malignant edema, *Clostridium chauvoei* and/or *Cl. septicum*) and/or *Cl. novyi* and/or *Cl. Sordellii and C D and T)*					g246/g270/g286/g302
RESPIRATORY vaccines?	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No	g247/g271/g287/g303
d. Pneumonia *(Pasteurella/Mannheimia)*					g248/g272/g288/g304
e. BRSV					g249/g273/g289/g305
f. Other respiratory vaccines					g250/g274/g290/g306
MASTITIS vaccines?			☐₁ Yes ☐₃ No		g251
g. *Staph. aureus*					g252
h. Gram negative *(E. coli, J5)*					g253
i. Other mastitis vaccines					g254
ANTI-ABORTION vaccines?			☐₁ Yes ☐₃ No		g255
j. EAE *(Chlamydiophila abortus)*					g256
k. Leptospirosis					g257
l. *Campylobacter fetus/ jejuni (vibrio)*					g258
OTHER vaccines?	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No	g259/g275/g291/g307
m. CL (Abscesses, *caseous lymphadenitis*)					g260/g276/g292/g308
n. Sore mouth (contagious ecthyma)					g261/g277/g293/g309
o. Rabies					g262/g278/g294/g310
p. Scour control					g263/g279/g295/g311
q. Other vaccines					g264/g280/g296/g312

3

[If question 6a (*Clostridium* C and D) and question 6c = missing for adult does, SKIP to question 8.]

7. How frequently were adult does vaccinated for *Clostridium* C and D? *[Check one only.]*. g313

   ☐₁ 3 to 4 times a year

   ☐₂ Twice a year

   ☐₃ Annually

   ☐₄ Less often than annually

8. Who vaccinated goats for sore mouth during the previous
12 months and did they wear gloves when administering the
vaccine?

   ☐₁ NA (sore mouth vaccine not used) **SKIP to question 9.**

	Gave vaccine	If Yes, were gloves worn?
a. Veterinarian..g314/g318	☐₁ Yes ☐₃ No	☐₁ Yes ☐₂ DK ☐₃ No
b. Farm worker(s)..g315/g319	☐₁ Yes ☐₃ No	☐₁ Yes ☐₂ DK ☐₃ No
c. Owner/operator...g316/g320	☐₁ Yes ☐₃ No	☐₁ Yes ☐₂ DK ☐₃ No
d. Other (specify: _____) g317oth............g317/g321	☐₁ Yes ☐₃ No	☐₁ Yes ☐₂ DK ☐₃ No

[If question 8 is answered, SKIP to question 10.]

9. How important were the following reasons for **not** using
sore mouth vaccine in your herd?

a. High cost..g322	☐₁ Very	☐₂ Somewhat	☐₃ Not
b. Not easily obtainable...g323	☐₁ Very	☐₂ Somewhat	☐₃ Not
c. Mode of administration not convenient...........................g324	☐₁ Very	☐₂ Somewhat	☐₃ Not
d. Vaccine is live...g325	☐₁ Very	☐₂ Somewhat	☐₃ Not
e. Other goat owner/producer recommended against it.....................g326	☐₁ Very	☐₂ Somewhat	☐₃ Not
f. Veterinarian recommended against it...............................g327	☐₁ Very	☐₂ Somewhat	☐₃ Not
g. No history of sore mouth...g328	☐₁ Very	☐₂ Somewhat	☐₃ Not
h. Did not know it was available..g329	☐₁ Very	☐₂ Somewhat	☐₃ Not

10. Do you currently have any of the following type(s) of herd health management or
certification program(s) **specifically** to control or prevent Johne's disease in your herd?

a. A unique program developed specifically for this operation...g330	☐₁ Yes	☐₃ No
b. A State-sponsored certification program..g331	☐₁ Yes	☐₃ No
c. Other (specify: _____) g332oth..g332	☐₁ Yes	☐₃ No

11. Which of the following measures do you practice to prevent Johne's disease in your herd?

a. Obtain newly acquired breeding does and bucks from Johne's-negative herds.........................g333   ☐₁ Yes   ☐₃ No   ☐₄ NA (no breeding does/bucks acquired)

b. Use known, reputable source(s) of goats (not sale barn)....................................g334   ☐₁ Yes   ☐₃ No   ☐₄ NA (no goats added)

c. Prohibit contact with goats from other operations...................................g335   ☐₁ Yes   ☐₃ No

d. Do not expose kids to feces of infected or unknown status does...............................g336   ☐₁ Yes   ☐₃ No   ☐₄ NA (no kids or no does)

e. Conduct definitive tests for Johne's at necropsy...g337   ☐₁ Yes   ☐₃ No   ☐₄ Don't know

f. Other measures (specify: _____) g338oth. .g338   ☐₁ Yes   ☐₃ No

g. Test any goats, sheep, or cows for Johne's g339   ☐₁ Yes   ☐₃ No

If 11g =Yes, do you test:

		What type of test(s) are used:		
a. The goat herd annually	☐₁ Yes ☐₃ No g340	Fecal Blood Other (specify: _____) g345oth	☐₁ Yes ☐₁ Yes ☐₁ Yes	☐₃ No345b ☐₃ No345f ☐₃ No345o
b. Any goats with clinical signs (chronic weight loss despite a good appetite)	☐₁ Yes ☐₃ No ☐₄ NA (no goats with clinical signs) g341	Fecal Blood Other (specify: _____) g346oth	☐₁ Yes ☐₁ Yes ☐₁ Yes	☐₃ No g346f ☐₃ No g346b ☐₃ No g346o
c. All incoming goats	☐₁ Yes ☐₃ No ☐₄ NA (no goats added) g342	Fecal Blood Other (specify: _____) g347oth	☐₁ Yes ☐₁ Yes ☐₁ Yes	☐₃ No g347f ☐₃ No g347b ☐₃ No g347o
d. All incoming sheep	☐₁ Yes ☐₃ No ☐₄ NA (no sheep added) g343	Fecal Blood Other (specify: _____) g348oth	☐₁ Yes ☐₁ Yes ☐₁ Yes	☐₃ No g348f ☐₃ No g348b ☐₃ No g348o
e. All incoming cows	☐₁ Yes ☐₃ No ☐₄ NA (no cows added) g344	Fecal Blood Other (specify: _____) g349oth	☐₁ Yes ☐₁ Yes ☐₁ Yes	☐₃ No g349f ☐₃ No g349b ☐₃ No g349o

12, In the previous 12 months, were any paid or unpaid personnel, including owners and family members, who had duties directly related to raising goats trained in the following procedures?
If Yes, enter the code indicating the **primary** person responsible for providing each type of training.

Training Personnel Codes	
1 = Owner	4 = Veterinarian
2 = Manager/herdsman	5 = University/extension personnel
3 = Other employees	6 = Other (specify: _____) g356OTH

Procedure	Training provided?	Training personnel code	
a. Identifying sick or injured animals	$\Box_1$ Yes $\Box_3$ No		G357/G366
b. Animal handling	$\Box_1$ Yes $\Box_3$ No		G358/G367
c. Euthanasia	$\Box_1$ Yes $\Box_2$ NA $\Box_3$ No		G359/G368
d. Kid rearing practices	$\Box_1$ Yes $\Box_2$ NA $\Box_3$ No		G360/G369
e. Husbandry procedures (e.g., disbudding, castration, tattooing)	$\Box_1$ Yes $\Box_2$ NA $\Box_3$ No		G361/G370
f. Transportation of goats	$\Box_1$ Yes $\Box_3$ No		G362/G371
g. Milking routines	$\Box_1$ Yes $\Box_2$ NA $\Box_3$ No		G363/G372
h. Feeding and nutrition	$\Box_1$ Yes $\Box_3$ No		G364/G373
i. Goat behavior	$\Box_1$ Yes $\Box_3$ No		G365/G374
j. Other (Specify………..)	$\Box_1$ Yes $\Box_3$ No		G375OTH

Section C—Kidding Management

1. During the previous 12 months, were any kids born on this operation?.................................g401 $\Box_1$ Yes $\Box_3$ No

Note: All remaining questions refer to the last completed kidding period.

[If question 1 = No, SKIP to section D.]

2**.** During the most recently completed kidding period:

a. How many kids were born alive:...g402   _____ #

b. How many kids were born dead: ....g403   _____ #

c. Total kids born (2a+2b)..g404   _____ #

3. During the most recently completed kidding period:

a. How frequently (in hours) were kidding areas checked for newborns?..................................g405   _____ h

b. How often were navels dipped on newborn kids with a

chlorhexidine or iodine solution?..g413 $\Box_1$ Always $\Box_2$ Sometimes $\Box_3$ Never

c. Were kids physically separated from their dams prior to weaning off milk?.......................g406 $\Box_1$ Yes $\Box_3$ No

[If question 3c = No, SKIP to question 5.]

4. During the most recently completed kidding period, How many hours or days
   following birth were buck and doe kids separated
   from their dams? *[If <1 hour, enter closest quarter hour.]*

   a. Doe kids...g407/g409/g411   ☐$_1$ Removed immediately **OR** _____ h **OR** _____ d

   b. Buck kids..g408/g410/g412   ☐$_1$ Removed immediately **OR** _____ h **OR** _____ d

**Note: For the purposes of the next three questions, kidding areas are
specific areas to which does are moved to kid.**

5. During the most recently completed kidding period, did this operation
   use a separate area, specifically for kidding?..g414   ☐$_1$ Yes   ☐$_3$ No

[If question 5 = No, SKIP to question 8.]

6. On average, how many hours or days are does in the separate kidding area/pen?
   [Answer to nearest quarter hour if <1 h.]

   a. Prior to kidding *[Enter 0 if moved during kidding.]*.......................................g415/g417   _____ h **OR** _____ d

   b. After kidding *[Enter 0 if removed immediately after kidding.]*........................g416/g418   _____ h **OR** _____ d

7. During the most recently completed kidding period, how frequently were the kidding areas cleaned
   and disinfected? [Check one only for each column]
   Note: Cleaning is defined as removing all bedding and fecal material and replacing
   with clean bedding material.

   Note: A chemical disinfectant includes: 1:10 bleach dilution, phenolic product (1 Stroke Environ® or
   SynPhenol-3®) or an accelerated hydrogen peroxide product (Intervention®) or lime.
   [Check one only for each column.]

Cleaning	Disinfection
☐$_1$ Never cleaned	☐$_1$ Never disinfected
☐$_2$ Cleaned once at the end of the kidding season	☐$_2$ Disinfected once at the end of the kidding season
☐$_3$ Cleaned multiple times throughout the kidding season	☐$_3$ Disinfected multiple times throughout the kidding season
☐$_4$ Cleaned after each kidding	☐$_4$ Disinfected after each kidding
☐$_5$ Other (specify: _____) g419oth g419	☐$_5$ Other (specify: _____) g420oth g420

8. What percentage of newborn does and bucks received colostrum by:

	Doe kids	Buck kids

   a. Hand feeding only; kids were separated from the mothers immediately
   after birth and hand fed (e.g., teat feeder/bottle/tube feeder).................g430/g433   _____   _____ %

   b. Both nursing the doe and hand feeding ....g431/g434   _____   _____ %

   c. Nursing only ....g432/g435   _____   _____ %

                                                                            100%   100%

[If questions 8c does and bucks = 100% (nursing only), SKIP to question 14.]

9. During the most recently completed kidding period, how many hours following birth did the
   majority of newborn does and bucks get their first hand-feeding of colostrum?
   [If <1 hour, enter closest quarter hour.]

   a. Doe kids...g436/g438   ☐$_1$ Fed immediately **OR** _____ h

b. Buck kids...g437/g439 $\square_1$ Fed immediately **OR** _____ h

10. How were the newborn doe and buck kids that were hand fed colostrum (question 8) normally fed?

	Doe kids	Buck kids
	[Check one only.]	*[Check one only.]*
a. Bottle...g440/g443	$\square_1$	$\square_1$
b. Tube feeder (esophageal feeder)...g441/g444	$\square_2$	$\square_2$
c. Bucket..g442/g445	$\square_3$	$\square_3$

11. How many ounces of colostrum was normally
fed by hand to newborn doe and buck kids

	Doe kids	Buck kids
a. At the first feeding? *[If allowed to nurse prior to hand feeding, enter 0.]*............................g446/g449	_____	_____ oz
b. Total for all **subsequent** feedings in the first 24 h?...........................g447/g450	_____	_____ oz
c. Total in the first 24 h (should equal a + b)?.......................................g448/g451	_____	_____ oz

12. During the most recently completed kidding period, for the **first** colostrum feeding,
what percentage of doe and buck kids on this operation
consumed colostrum from the following sources (for kids that nursed at first feeding) enter % kids in option 12a)?

	Doe kids	Buck kids
a. Individual doe **unpasteurized** colostrum...g452/g459	_____	_____ %
b. Individual doe **pasteurized** colostrum..g453/g460	_____	_____ %
c. Pooled (mixed from multiple does) **unpasteurized** colostrum...........g454/g461	_____	_____ %
d. Pooled (mixed from multiple does) **pasteurized** colostrum..............g455/g462	_____	_____ %
e. Commercial colostrum replacer or supplements..............................g456/g463	_____	_____ %
f. Cow colostrum..g457/g464	_____	_____ %
g. Other (specify: _____) g458oth........................g458/g465	_____	_____ %
	100%	100%

13. What was the primary method used to store colostrum?
[Check one only.]   g466

$\square_1$ Do not store colostrum

$\square_2$ Stored without refrigeration

$\square_3$ Stored in a refrigerator

$\square_4$ Stored in a freezer

$\square_5$ Other (specify: _____) g466oth

14. For the most recent kid crop, what percentage of doe and buck kids
received the following liquid diet types:

	Doe kids	Buck kids
a. Nursing only...g467a/g478a	_____	_____ %
b. Nursed plus other liquid diet...g467b/g478b	_____	_____ %

c. Other liquid diet only...g467c/g478c _____   _____ %

d. Total g467d/g478d 100%   100%

[IF 14a = 100% for both does and bucks, SKIP to section D.]

15. What percent of doe and buck kids received the following liquid diet types:　　**Doe kids**　　**Buck kids**

　　a. Unpasteurized goat milk..g468/g479 _____   _____ %

　　b. Pasteurized goat milk ....g469/g480 _____   _____ %

　　c. Unpasteurized waste goat milk.................................g470/g481 _____   _____ %

　　d. Pasteurized waste goat milk.....................................g471/g482 _____   _____ %

　　e. Cow milk...g472/g483 _____   _____ %

　　f. Nonmedicated goat milk replacer.............................g473/g484 _____   _____ %

　　g. Medicated goat milk replacer...................................g474/g485 _____   _____ %

　　h. Nonmedicated cow milk replacer..............................g475/g486 _____   _____ %

　　i. Medicated cow milk replacer....................................g476/g487 _____   _____ %

　　j. Other (specify: _____) g477oth.......................g477/g488 _____   _____ %

　　[Total can be >100% if kids are fed multiple liquid diet types.]

[If questions 15i both bucks and doe kids = 0 (no medicated cow milk replacer fed), SKIP to question 17.]

16. Of those kids that received medicated cow milk replacer, which of the
    following medications were in the milk replacer?

　　a. CTC (chlortetracycline)..g489☐₁ Yes　☐₂ DK　☐₃ No

　　b. OTC (oxytetracycline)..g490☐₁ Yes　☐₂ DK　☐₃ No

　　c. NT, Neo-Terramycin®, Neo-Oxy (neomycin and oxytetracycline)...................................g491☐₁ Yes　☐₂ DK　☐₃ No

　　d. Deccox® (decoquinate)……………………………………………………………… g492 ☐₁ Yes　☐₂ DK　☐₃ No e.

Bovatec® (lasalocid)...g493☐₁ Yes　☐₂ DK　☐₃ No

　　f. Other (specify: _____) g494oth....................................g494☐₁ Yes　☐₂ DK　☐₃ No

17. Excluding kids that nursed **only**, what percentage of doe and buck kids
    were fed milk or milk replacer using the following equipment:

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Doe kids　　**Buck kids**

　　a. Bottle...g495/g500 _____   _____ %

　　b. Bucket...g496/g501 _____   _____ %

　　c. Trough or mob feeder (e.g., milk bar)...............................g497/g502 _____   _____ %

　　d. In-line milk feeding system (free choice).........................g498/g503 _____   _____ %

　　e. Other (specify: _____) g499oth........................g499/g504 _____   _____ %

　　[Total can be >100% if kids are fed with multiple methods.]

18. For the most recent kid crop, how frequently was milk feeding equipment
     cleaned and disinfected? *[Check one only for each column.]*

    A chemical disinfectant includes: 1:10 bleach dilution, phenolic product (1 Stroke Environ®
    or SynPhenol-3®) or an accelerated hydrogen peroxide product (Intervention®)

Cleaning (rinsed with water ± soap)	Disinfection
☐1 Never cleaned	☐1 Never disinfected
☐2 After the kids were weaned and moved	☐2 After the kids were weaned and moved
☐3 Less than once a day	☐3 Less than once a day
☐4 Once a day	☐4 Once a day
☐5 After each feeding	☐5 After each feeding
☐6 Other (specify:_____) g505oth g505	☐6 Other (specify:_____) g506oth g506

Section D—Parasite Control

1. Which of the following categories best describes your use of the FAMACHA©
   card/eye color score? *[Check one only.]*   g601

   ☐1 Had not heard of the FAMACHA© card before this study

   ☐2 Have seen or heard about the FAMACHA© card, but do not use

   ☐3 Have used the FAMACHA© card some

   ☐4 Regularly use the FAMACHA© card as management tool

[If question 1 = 1 or 2, SKIP to question 3.]

2. Do you use the FAMACHA© card to:

   a. Identify or cull worm-susceptible goats or kids?...g602   ☐1 Yes   ☐3 No

   b. Selectively deworm goats or kids (e.g., only goats
      with certain scores are dewormed)?...g603   ☐1 Yes   ☐3 No

   c. Other? (specify: _____) g604oth..g604   ☐1 Yes   ☐3 No

3. During the previous 12 months, how many **goats** were **tested** for
   internal parasites by any fecal test method listed in question 4 below?...g605   _____ #

[If question 3 = 0, SKIP to question 6.]

4. During the previous 12 months, how many of the following **tests** were performed
   on goats in your herd? (Count each test separately. For example, if you have 20 goats and each one was tested twice by fecal
   flotation, put "40" in 4.a. below)

   a. Fecal flotation or fecal egg count (not as part of a fecal egg count reduction test) ....g606   _____ #

   b. Fecal egg count reduction test (fecal egg count both before and after deworming)
      [Count pre- and post-deworming as one.]   ....g607   _____ #

   c. DrenchRite® (lab test for resistance to dewormers)..g608   _____ #

   d. Other (specify: _____) g609oth...g609   _____ #

[If 4a and 4b = 0 skip to question 6.]

5. During the previous 12 months who completed the majority of the fecal flotations
   or fecal egg counts? *[Check one only.]*   g610

   ☐1 Self or employee on the operation

   ☐2 Private veterinarian

   ☐3 State/university laboratory

10

☐₄ Private laboratory

☐₄ Other (specify: _____) g610oth

6. During the **previous 3 years**, did you **deworm** any goats
with medications or natural/alternative dewormers?...g611   ☐₁ Yes   ☐₃ No

[If question 6 = No, SKIP to question 11.]

7. During the previous **12 months,** how many kids
and adult goats on this operation were:

		Kids	Adults
a.	Never dewormed..g612/g615	_____	_____ #
b.	Dewormed once...g613/g616	_____	_____ #
c.	Dewormed twice...g614/g617	_____	_____ #
d.	Dewormed three or more times..g618/g619	_____	_____ #

[If question 7b-7d for both kids and adults=0 (never dewormed), SKIP to question 11.]

8. Did you use any of the following products to treat for **worms** (do not include
treatment for *Coccidia*) during the previous 12 months?
     *[For help categorizing specific products into anthelmintic class use the **Anthelmintic Reference Card**.]*

a. High tannin concentrate plants (e.g., lespedeza, birdsfoot trefoil)...................g620   ☐₁ Yes ☐₃ No ☐₄ DK

b. Natural or alternative substances

     i.   Diatomaceous earth...g621   ☐₁ Yes ☐₃ No ☐₄ DK

     ii.   Botanicals/herbs/cayenne pepper...g622   ☐₁ Yes ☐₃ No ☐₄ DK

     iii. Copper oxide particles...g623   ☐₁ Yes ☐₃ No ☐₄ DK

     iv. Other (specify: _____) g624oth.............g624   ☐₁ Yes ☐₃ No ☐₄ DK

c. Avermectins (e.g., Ivomec® Cydectin® Dectomax®)......................................g625   ☐₁ Yes ☐₃ No ☐₄ DK

     If Yes, check route(s) of administration...g626 ☐₁ Drench/paste ☐₂ Injection   ☐₃ Pour-on

d. Benzimidazoles (e.g., Panacur®/Safeguard®/Valbazen®).............................. g627   ☐₁ Yes ☐₃ No ☐₄ DK

     If Yes, check route(s) of administration……………g628☐₁ Drench/paste   ☐₂ In feed ☐₃ Other (specify_____)

e. Imidazothiazoles (e.g., Levasole®--levamisole)..g629   ☐₁ Yes ☐₃ No ☐₄ DK

     If Yes, check route(s) of administration...g630   ☐₁ Oral ☐₂ Injection

f. Benzenesulphonamides (e.g, Curatrem®, Ivomec Plus®)................................g631   ☐₁ Yes ☐₃ No ☐₄ DK

g. Tetrahydropyrimidines (e.g., Rumatel®)...g632   ☐₁ Yes ☐₃ No ☐₄DK

i. Other (specify: _____) g633oth…………………………………g633   ☐₁ Yes ☐₃ No ☐₄ DK

9. What was the total amount spent on deworming products administered to goats on your operation during the previous 12
months (include those administered by a veterinarian)?...........g634 $ _____

Deworming reason list for question 10	
1	All goats treated on a regular schedule as a preventative measure (e.g., seasonally, annually)
2	Worms were seen
3	When the goat's hair coat or body condition are poor
4	Fecal consistency (diarrhea)
5	Based on fecal tests (e.g., fecal floats, FECRT)
6	Based on FAMACHA card system/eye anemia score
7	Bottlejaw
8	Other (specify: _____) g635oth

10. Of the reasons in the deworming reason list, choose the top three reasons,
in order of importance, that you use to decide which goats to deworm.

Code

   a. Most important reason... g636 _____

   b. Second most important reason.. g637 _____

   c. Third most important reason... g638 _____

11. During the previous 12 months, did you do any of the following
as part of your internal parasite control program?

   a. Rotate pastures... g639 ☐₁ Yes ☐₃ No ☐₄ NA (goats not on pasture)

   b. Select for parasite-resistant goats or cull worm-susceptible goats.................................. g640 ☐₁ Yes ☐₃ No

   c. Use a higher dose of dewormer in goats than the labeled
   dose recommended for sheep.. g641 ☐₁ Yes ☐₃ No

   d. Give a combination of two or more dewormer drugs at once.. g642 ☐₁ Yes ☐₃ No

   e. Rotate dewormers... g643 ☐₁ Yes ☐₃ No

   f. Graze multiple species on the same pasture.................... g644 ☐₁ Yes ☐₃ No ☐₄ NA (goats not on pasture)

   g. Leave animals in a dry lot after deworming for 24 to 48 h... g645 ☐₁ Yes ☐₃ No

   h. Change kidding season to reduce the risk of high parasite exposure............................. g646 ☐₁ Yes ☐₃ No

   i. Provide additional protein supplement to increase resistance.. g647 ☐₁ Yes ☐₃ No

   j. Feed a biological control product such as BioWorma® (*Duddingtonia flargrans)*............ g648 ☐₁ Yes ☐₃ No

   k. Other (specify: _____) g649oth.. g649 ☐₁ Yes ☐₃ No

12. During the previous 12 months, have you observed any of the following

external parasites on your goats:

a. Lice?.. g650 ☐₁ Yes ☐₃ No

b. Mites?.. g651 ☐₁ Yes ☐₃ No

c. Ticks?... g652 ☐₁ Yes ☐₃ No

Section E—Goat and Herd Health

1. How many of your operation's does were in milk during the previous 12 months?
    [Include all does whether nursing kids or being milked. Count each doe only once,
    even if she kidded twice in the 12-month period.]...g701   _____ head

[If question 1 = zero, SKIP to question 4.]

2. How many of the does in milk (question 1), had clinical mastitis (abnormal milk or swollen udder) in the previous 12 months?
    g702 ☐☐D/K☐☐_____ head

[If question 2 = 0 or Don't know, SKIP to question 4.]

3. How was mastitis **most often** diagnosed on this operation during the
    previous 12 months? *[Check one only.]*   g703

    ☐₁ Visual observation of udder and/or milk

    ☐₂ California mastitis test (CMT) or somatic cell count (SCC)

    ☐₃ Culture of milk

    ☐₄ Other (specify: _____) g703oth

4. Did any bred does abort during the previous 12 months? ....g704 ☐₁ Yes   ☐₃ No   ☐₄NA (no bred does)

[If question 4 = No or NA, SKIP to question 7.]

5. Were any of the following steps taken for aborting does?
    a. Removed placentas or fetuses as soon as possible...g705   ☐₁ Yes   ☐₃ No
    b. Cleaned the area by removing bedding and/or dirt...g706   ☐₁ Yes   ☐₃ No
    c. Disinfected the area...g707   ☐₁ Yes   ☐₃ No
    d. Physically separated does that aborted from other does...g708   ☐₁ Yes   ☐₃ No

    If Yes, were they: *[Check one only.]*   g709

    ☐₁ Permanently removed from the herd *[SKIP to question 6.]*

    ☐₂ Not returned to the herd for the rest of the kidding season *[SKIP to question 6.]*

    ☐₃ Separated and then returned to the herd after **how many** days...g710   _____ d

6. Were the abortions suspected to be caused by any of the following?
    If Yes, were causes diagnosed by a veterinarian or laboratory?

		Abortions suspected to be caused by the following?			If Yes, diagnosed by a vet or lab?	
a.	Campylobacteriosis (vibrio abortion)......................g711/g719	☐₁ Yes	☐₂ DK	☐₃ No	☐₁ Yes	☐₃ No
b.	Chlamydiosis (enzootic abortion)............................g712/g720	☐₁ Yes	☐₂ DK	☐₃ No	☐₁ Yes	☐₃ No
c.	Toxoplasmosis...g713/g721	☐₁ Yes	☐₂ DK	☐₃ No	☐₁ Yes	☐₃ No
d.	Q fever..g714/g722	☐₁ Yes	☐₂ DK	☐₃ No	☐₁ Yes	☐₃ No
e.	Salmonellosis..g715/g723	☐₁ Yes	☐₂ DK	☐₃ No	☐₁ Yes	☐₃ No
f.	Listeriosis...g716/g724	☐₁ Yes	☐₂ DK	☐₃ No	☐₁ Yes	☐₃ No

g.	Cache Valley virus..g717/g725	☐₁ Yes ☐₂ DK ☐☐₃ No	☐₁ Yes ☐₃ No

h. Other (specify: _____) g718oth.…………g718/g726 ☐₁ Yes ☐₂ DK ☐☐₃ No ☐₁ Yes ☐₃ No

7. Indicate if, during the previous **3 years**, any of the following were present (suspected or confirmed) in your herd. *[Check No if you have no reason to suspect that the disease has been in your herd.]*

	Suspected to be in the herd during the previous 3 years	**If Yes, diagnosed by a veterinarian or a lab?**
a. Caprine arthritis encephalitis (CAE)?...............................g727/g732	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No
b. Caseous lymphadenitis (boils, CL, abscesses)?..............g728/g733	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No
c. Johne's (paratuberculosis)?..g729/g734	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No
d. Q fever (coxiellosis)?...g730/g735	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No
e. Sore mouth (orf, contagious ecthyma)?...........................g731/g736	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No

[If question 7e = No, SKIP to question 10.]

8. How many goats and kids in your herd had sore mouth (suspected or confirmed) during the previous 12 months?......................................g737/g738   _____ head   ☐₁ DK

[If question 8 = zero or Don't know, SKIP to question 10.]

9. How many of those died? *[Should be ≤question 8.]*...g739   _____ head

10. Have you or any of your family members or employees ever been infected with:

	Infected with:	**IF YES, Diagnosed by a doctor?**
a. Q fever?...g740/g742	☐₁ Yes ☐₂ DK ☐☐₃ No	☐₁ Yes ☐₃ No
b. Sore mouth (orf)?...g741/g743	☐₁ Yes ☐₂ DK ☐☐₃ No	☐₁ Yes ☐₃ No

11. During the previous 12 months, were any goats given any injections?.................................g744   ☐₁ Yes   ☐₃ No

[If question 11 = No, SKIP to question 14.]

12. For each goat injected, was a new needle used?...g745   ☐₁ Yes   ☐₃ No

[If question 12 = Yes, SKIP to question 14.]

13. Were the needles chemically disinfected between goats?.................... g746   ☐₁ Yes   ☐₃ No☐

Note: In this question disinfection refers to the use of a chemical solution (e.g., Betadine, Nolvasan, bleach) used to kill disease-causing organisms.

14. During the previous 12 months, did this operation share any equipment with other livestock owners (e.g., tractors, feeding equipment, manure spreaders, trailers, clippers, hoof trimmers, dehorners)?..g747   ☐₁ Yes   ☐₃ No

[If question 14 = No, SKIP to section F.]

15. Was shared equipment cleaned prior to use?..g748   ☐₁ Yes   ☐₃ No

If Yes, which of the following **best** describes this operation's cleaning
procedures? *[Check one only.]*   g749

☐₁ Wash equipment with water (with or without soap) or steam only

☐₂ Chemically disinfect only

☐₃ Wash and chemically disinfect equipment

☐₄ Other (specify: _____) g749oth

Section F—Antimicrobial Use in Feed and Water

Note: The following questions ask about **all kids and adult goats.** Feed includes milk, milk replacer and starter.

1. During the period from September 1, 2018, through August 31, 2019, did this operation
use a coccidiostat in the feed (including milk, milk replacer or starter) or water?..................g801   ☐₁ Yes ☐₃ No

[If question 1 = No, SKIP to question 3.]

2. Which of the following coccidiostats were used in **feed**
(including milk, milk replacer, or starter) **or drinking water**?

		Feed	Water
a.	Ionophores (Rumensin®, Bovatec®)...........................g802	☐₁ Yes ☐₃ No	-------------
b.	Decoquinate (Deccox®)...g803/g810	☐₁ Yes ☐₃ No	-------------
c.	Amprolium (Corid®)...g804/g811	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No
d.	Sulfa drugs (Albon®, Sulmet®, etc.).......................g805/g812	☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No

		Feed	Water
If 2d=Yes,	g806/g813	# adults treated _____	# adults treated ____
	g807/g814	# kids treated _____	# kids treated _____
	g808/g815	Avg # d treated _____	Avg # d treated ____
e. Other (specify: _____) g809oth........g809/g816		☐₁ Yes ☐₃ No	☐₁ Yes ☐₃ No

3. During the period from September 1, 2018, through August 31, 2019, did this
operation use any ionophores as growth promotants **in feed**?...g817   ☐₁ Yes   ☐₃ No

4. From September 1, 2018, through August 31, 2019, were kids or adults given any antibiotics
in drinking **water** to prevent, control or treat a disease or disorder?......................................g818 ☐₁ Yes ☐₃ No

[If question 4 = No, SKIP to question 6.]

5. From September 1, 2018, through August 31, 2019, what goat types were given antibiotics in drinking **water** to prevent, control or treat a disease or disorder?
For each goat type mark the reason(s) for administration, and write in the code for the primary antibiotic used (**Antibiotic Reference Card**), number of goats given antibiotics, and the average number of days used for each disease/disorder.

Goat type given antibiotics in water	Reason (Disease/disorder) for giving antibiotics	Code for primary antibiotic used in water	No. of animals	Avg. No. of days
Kids ☐₁ Yes ☐₃ No g819 **If No, SKIP to next goat type.**	Respiratory disease ☐₁ Yes ☐₃ No g821r Digestive disease ☐₁ Yes ☐₃ No g821d Other ☐₁ Yes ☐₃ No g821o (specify: _____) g821oth	_____ g823r _____ g823d _____ g823o	_____ g825r _____ g825d _____ g825o	_____ g827r _____ g827d _____ g827o
Adults ☐₁ Yes ☐₃ No g820 **If No, SKIP to question 6.**	Respiratory disease ☐₁ Yes ☐₃ No g822r Digestive disease ☐₁ Yes ☐₃ No g822d Other ☐₁ Yes ☐₃ No g822o (specify: _____) g822oth	_____ g822r _____ g822d _____ g822o	_____ g824r _____ g824d _____ g824o	_____ g828r _____ g828d _____ g828o

6. From September 1, 2018, through August 31, 2019, were **any kids or adults** given any
antibiotics, other than ionophores, in **feed** (including milk, milk replacer or starter)
to prevent, control, or treat a disease/disorder?..g829 ☐₁ Yes ☐₃ No

[If question 6 = No, SKIP to section G.]

7. From September 1, 2018, through August 31, 2019, what goat types were given antibiotics in **feed** (including milk, milk replacer or starter)?
For each goat type mark the reason(s) for administration, and write in the code for the primary antibiotic used (**Antibiotic Reference Card**), number of goats given antibiotics, and the average number of days used for each disease/disorder.

Goat type given antibiotics in feed	Reason (Disease/Disorder) for giving antibiotics	Code for primary antibiotic used in feed	No. of animals	Avg. No. of days
Preweaned kids ☐₁ Yes ☐₃ No g830 **If No, SKIP to next goat type.**	Respiratory disease ☐₁ Yes ☐₃ No g833r Digestive disease ☐₁ Yes ☐₃ No g833d Other ☐₁ Yes ☐₃ No g833o (specify: _____) g833oth	_____ g836r _____ g836d _____ g836o	_____ g839r _____ g839d _____ g839o	_____ g842r _____ g842d _____ g842o
Weaned kids ☐₁ Yes ☐₃ No g831	Respiratory disease ☐₁ Yes ☐₃ No g834r	_____ g837r	_____ g840r	_____ g843r

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If No, SKIP to next goat type.	Digestive disease ☐1 Yes ☐3 No g834d Other ☐1 Yes ☐3 No g834o (specify: _____) g834oth	_____ g837d _____ g837o	_____ g840d _____ g840o	_____ g843d _____ g843o
Adults ☐1 Yes ☐3 No g832 **If No, SKIP to section G.**	Respiratory disease ☐1 Yes ☐3 No g835r Digestive disease ☐1 Yes ☐3 No g835d Other ☐1 Yes ☐3 No g835o (specify: _____) g834oth	_____ g838r _____ g838d _____ g838o	_____ g841r _____ g841d _____ g841o	_____ g844r _____ g844d _____ g844o

Section G—Health Conditions and Losses

1. From September 1, 2018, through August 31, 2019, how many kids and adult
   goats were lost, stolen, died, or euthanized from all causes?
   [Exclude kids born dead and slaughtered goats.]

   If total head >0, how many of the total head were:

	Total head	Lost/stolen	**Predator** (died/euthanized)	**Nonpredator** (died/euthanized)
a. Preweaned kids.....g901/g906/g911/g916	_____	_____	_____	_____ head
b. Weaned kids………g902/g907/g912/g917	_____	_____	_____	_____ head
c. Adult does…………g903/g908/g913/g918	_____		_____	_____ head
d. Adult bucks/wethers g904/g909/g914/g919	_____	_____	_____	_____ head
e. Total losses………g905/g910/g915/g920	_____	_____	_____	_____ head

2. How many of those adult goats and kids that died from nonpredator reasons
   (question 1e Nonpredator total) were necropsied to determine the cause of death?..................g921   _____ head

For the remainder of this section, it is possible for a single goat to have had more than one condition, such as diarrhea and an abortion. Even if a goat died having experienced two or more conditions during the previous 12 months, the death or removal (culled) should be listed as due to a single primary cause.

Use the Antibiotics Reference Card to help answer questions 4, 6, and 8.

3. During the period from September 1, 2018, through August 31, 2019, were there
    any **preweaned kids** on this operation?...g936   ☐₁ Yes   ☐₃ No

[If question 3 = No, SKIP to question 5.]

4. How many **different preweaned kids** became affected with the following conditions?
    Of those affected preweaned kids, how many received an antibiotic, what was the primary
    antibiotic used, how many died and how many were removed (culled)?

Note: **Do not** include antibiotics administered in the feed (including milk, milk replacer or starter) or drinking water. Include intramammary antibiotics, antibiotics used topically, and antibiotics used by injection, bolus, or drench.
Only answer for treatment uses, do not include prevention.

1	2	3	4	5	6
	No. of different preweaned kids affected in previous 12 months? ↓ _____ g922	**Of the** (col 2) **preweaned kids, how many received an antibiotic to treat the condition at least once during the previous 12 months?** _____ g923	**Code for primary antibiotic used**	**Of the** (col 2) **preweaned kids, how many died or were euthanized primarily due to this condition?** *[must be less than or equal to 1a nonpredator]*	**Of the** (col 2) **preweaned kids, how many were removed primarily due to this condition?**
Condition	*[Enter 0 if none.]*	*[Enter 0 if none.]*			
a. Digestive issues (e.g., scours, overeating/enterotoxemia, coccidia)	g937	g946	g954	g962	g972
b. Navel infection	g938	g947	g955	g963	g973
c. Kidding problems or other perinatal conditions (e.g., floppy kid syndrome, weak kids)	g939	g948	g956	g964	g974
d. Eye conditions (e.g., pinkeye, conjunctivitis)	g940	g949	g957	g965	g975
e. Respiratory problems (e.g., pneumonia, shipping fever, runny nose)	g941	g950	g958	g966	g976
f. Lameness (e.g., joint swelling, wound, trauma)	g942	g951	g959	g967	g977
g. Weather-related, starvation causes (e.g., chilling, drowning, lightning)	g943			g968	g978
h. Other known conditions, (specify: _____) g944oth	g944	g952	g960	g969	g979
i. Unknown conditions (e.g., found dead)	g945	g953	g961	g970	g980

. Total				g971	g981

Total = 1a (nonpredator)

5. During the period from September 1, 2018, through August 31, 2019,
were there any **weaned kids** on this operation?... g982   ☐₁ Yes   ☐₃ No

[If question 5 = No, SKIP to question 7.]

6. How many **different weaned kids** became affected with the following conditions?
   Of those affected weaned kids, how many received an antibiotic, what was the primary
   antibiotic used, how many died and how many were removed (culled)?

Note: **Do not** include antibiotics administered in the feed or drinking water. Include intramammary antibiotics, antibiotics used topically, and antibiotics used by injection, bolus, or drench.
Only answer for treatment uses, do not include prevention.

1	2	3	4	5	6
Condition	**No. of different weaned kids affected in previous 12 months?** g924 _[Enter 0 if none.]_	**Of the** (col 2) **weaned kids, how many received an antibiotic to treat the condition at least once during the previous 12 months?** g925 _[Enter 0 if none.]_	**Code for PRIMARY antibiotic used**	**Of the** (col 2) **weaned kids, how many died or were euthanized primarily due to this condition?** _[must be less than or equal to 1b nonpredator]_	**Of the** (col 2) **weaned kids, how many were removed primarily due to this condition?**
a. Digestive: intestinal worms	g983			g1009	g1020
b. Other digestive problems (e.g., scours, overeating /enterotoxemia)	g984	g993	g1001	g1010	g1021
c. Pinkeye	g985	g994	g1002	g1011	g1022
d. Respiratory problems (e.g., pneumonia, shipping fever, runny nose)	g986	g995	g1003	g1012	g1023
e. Lameness: Footrot	g987	g996	g1004	g1013	g1024
f. Other Lameness (e.g., joint swelling, wound)	g988	g997	g1005	g1014	g1025
g. Central nervous system signs (e.g., uncoordinated, staggering, swaying, falling down, circling, blindness)	g989	g998	g1006	g1015	g1026
h. Weather-related and poising/toxicity causes (e.g., chilling, drowning, lightning, noxious feeds/weeds)	g990			g1016	g1027
i. Other known conditions (specify: _____) g101oth	g991	g999	g1007	g1017	g1028
j. Unknown conditions (e.g., found dead)	g992	g1000	g1008	g1018	g1029
k. Total				g1019	g1030

Total = lb
(nonpredator)

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7. During the period from September 1, 2018, through August 31, 2019, were there any **adult does** on the operation?.. g1031   ⬚₁ Yes   ⬚₃ No

[If question 7 = No, SKIP to question 9.]

8. How many **different adult does** became affected with the following conditions? Of those affected adult does, how many received an antibiotic, what was the primary antibiotic used, how many died and how many were removed (culled)?

Note: **Do not** include antibiotics administered in the feed or drinking water. Include intramammary antibiotics, antibiotics used topically, and antibiotics used by injection, bolus, or drench.
Only answer for treatment uses, do not include prevention.

1	2	3	4	5	6
Condition	**No. of different adult does affected in previous 12 months?** ⬇ _____ g926 *[Enter 0 if none.]*	**Of the** (col 2) **adult does, how many received an antibiotic to treat the condition at least once during the previous 12 months?** _____ g927 *[Enter 0 if none.]*	**Code for PRIMARY antibiotic used**	**Of the** (col 2) **adult does, how many died or were euthanized primarily due to this condition?** *[must be less than or equal to 1c nonpredator]*	**Of the** (col 2) **adult does, how many were removed primarily due to this condition?**
a. Digestive: intestinal worms	g1032			g1076	g1092
b. Other digestive problems (e.g., scours, overeating/enterotoxemia	g1033	g1048	g1062	g1077	g1093
c. Pinkeye	g1034	g1049	g1063	g1078	g1094
d. Central nervous system signs (e.g., uncoordinated, staggering, swaying, falling down, circling, blindness)	g1035	g1050	g1064	g1079	g1095
e. Respiratory problems (e.g., pneumonia, shipping fever, runny nose)	g1036	g1051	g1065	g1080	g1096
f. Reproductive problems: abortions	g1037	g1052	g1066	g1081	g1097
g. Other reproductive problems (e.g., retained placenta/uterine infection, dystocia)	g1038	g1053	g1067	g1082	g1098
h. Mastitis	g1039	g1054	g1068	g1083	g1099
i. Metabolic problems (e.g., milk fever, twin kid disease, pregnancy toxemia)	g1040	g1055	g1069	g1084	g1100
j. Lameness: Footrot	g1041	g1056	g1070	g1085	g1101
k. Other Lameness (e.g., joint swelling, wound)	g1042	g1057	g1071	g1086	g1102
l. Weather-related causes or poisoning/toxicity (e.g., chilling, drowning, lightning, noxious feeds/weeds)	g1043			g1087	g1103
m. Chronic weight loss	g1044	g1058	g1072	g1088	g1104
n. Other known conditions (specify: _____) g1045oth	g1045	g1059	g1073	g1089	g1105
o. Unknown conditions (e.g., found dead)	g1046	g1060	g1074	g1090	g1106
p. Total	g1047	g1061	g1075	g1091	g1107

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9. During the period from September 1, 2018, through August 31, 2019, were
   there any **adult bucks/wethers** on the operation?...g1108   ☐₁ Yes   ☐₃ No

[If question 9 = No, SKIP to Section H.]

10. How many **different adult bucks/wethers** became affected with the following conditions?
    Of those affected adult bucks/wethers, how many received an antibiotic, what was the primary
    antibiotic used, how many died and how many were removed (culled)?

Note: **Do not** include antibiotics administered in the feed or drinking water. Include intramammary antibiotics, antibiotics used topically, and antibiotics used by injection, bolus, or drench.
Only answer for treatment uses, do not include prevention.

1	2	3	4	5	6
Condition	**No. of different adult bucks/wethers affected in previous 12 months?** ↓ _____ g926 *[Enter 0 if none.]*	**Of the** (col 2) **adult bucks/wethers, how many received an antibiotic to treat the condition at least once during the previous 12 months?** _____ g927 *[Enter 0 if none.]*	**Code for PRIMARY antibiotic used**	**Of the** (col 2) **adult bucks/wethers, how many died or were euthanized primarily due to this condition?** *[must be less than or equal to 1d nonpredator]*	**Of the** (col 2) **adult bucks/wethers, how many were removed primarily due to this condition?**
a. Digestive: intestinal worms	g1109			g1141	g1154
b. Other digestive problems (e.g., scours, overeating/enterotoxemia	g1110	g1121	g1131	g1142	g1155
c. Pinkeye	g1111	g1122	g1132	g1143	g1156
d. Central nervous system signs (e.g., uncoordinated, staggering, swaying, falling down, circling, blindness)	g1112	g1123	g1133	g1144	g1157
e. Respiratory problems (e.g., pneumonia, shipping fever, runny nose)	g1113	g1124	g1134	g1145	g1158
f. Reproductive problems: other (e.g., penile or testicular disorders, urinary calculi)	g1114	g1125	g1135	g1146	g1159
g. Lameness: Footrot	g1115	g1126	g1136	g1147	g1160
h. Lameness (e.g., joint swelling, wound)	g1116	g1127	g1137	g1148	g1161
i. Weather-related causes and poisoning/toxicity (e.g., chilling, drowning, lightning, noxious feeds/weeds)	g1117			g1149	g1162
j. Chronic weight loss	g1118	g1128	g1138	g1150	g1163
k. Other known conditions (specify_____) g1119oth	g1119	g1129	g1139	g1151	g1164
l. Unknown conditions (e.g. found dead)	g1120	g1130	g1140	g1152	g1165
m. Total				g1153	g1166

Total = 1d
(nonpredator)

![USDA logo]

**Animal and Plant
Health Inspection
Service**

**Veterinary
Services**

NAHMS Goat 2019
Dairy Operation
Questionnaire

Section H— Dairy Inventory

1. Did you milk any does during the previous 12 months?..............................d101   ☐₁ Yes   ☐₃ No

[If question 1 = No, go to Section O]

2. How many total dairy goats (does), whether dry or in milk, were
    present on September 1, 2019?..d102   _____ head

[If question 2 is less than 5 head, go to Section O]

3. How many total dairy goats (does) were **milked** on this operation
    on September 1, 2019?..d103   _____ head

4. The number of **dry dairy adult does** on September 1, 2019, was:
    [question 2 - question 3]...d104   _____ head

5. How many first-lactation does born on this operation were
    added to the milking herd from September 1, 2018, through August 31, 2019?
    [Include kid does that were born on the operation and raised off site.]..............d105   _____ head

6. How many purchased/leased **does** were added to the
    milking herd from September 1, 2018, through August 31, 2019?.....................d106   _____ head

7. How many adult dairy does were permanently removed (culled) from the
    herd from September 1, 2018, through August 31, 2019?
    [Exclude does that died.]..d107   _____ head

8. How many adult dairy does died from September 1, 2018,
    through August 31, 2019?...d108   _____ head

9. What was the peak number of does milked on this operation
    at any time from September 1, 2018, through August 31, 2019?.......................d109   _____ head

10. Is the milk produced on your operation weighed: d111
    [Select one only.]   ☐₁ Daily   ☐₂ Monthly   ☐₃ Less frequently than monthly   ☐₄ Never

[If Question 10=Never or milk is not weighed throughout the entire lactation then skip to section I.]

1. Of t
   wha

2. During the previous 12 months, did this operation
   produce any certified organic dairy milk?..d202   □₁ Yes   □₃ No

3. During the previous 12 months, did your operation milk any dairy **cows**?…d204   □₁ Yes   □₃ No

4. What is the average number of days post kidding
   that does are put into the milking string?..d205   _____ d

5. What is the average length of lactation (days milked) for the
   majority of your does?..d206   _____ d

6. What is the maximum length of lactation (days milked) for
   any doe milked in the last 12 months?..d207   _____ d
   (Note: Some does could have been milked for more than 365 days.)

7. What is the average number of days does are dry?...d208   _____ d

Section J—Kidding Management

1. During the previous 12 months, what was the average kidding interval
   (in months) for dairy does? *[Kidding interval is the time from one
   kidding to the next kidding for an individual doe.]*...d301   _____ mo

2. During the previous 12 months, what was the average age (in months)
   of dairy does at the time of first kidding?..d302   _____ mo

3. During the previous 12 months, did this operation use any of the
   following methods to estimate colostrum quality?
   a. Visual appearance...d303   □₁ Yes   □₃ No

   b. Volume of first milking colostrum (in pounds)......................................d304   □₁ Yes   □₃ No

   c. Colostrometer...d305   □₁ Yes   □₃ No

   d. Brix refractometer (handheld measuring device)..................................d306   □₁ Yes   □₃ No

   e. Other (specify: _____) d306oth.............d306   □₁ Yes   □₃ No

4. What is the typical feeding protocol during the first 4 weeks of life?

Milk Consumption Record

Kid week of life	Amount of milk offered at each feeding (ounces)	Frequency (times per day)	
1st	☐1 Left with dam **OR** _____ oz		d309/d313/d317/d321
2nd	☐1 Left with dam **OR** _____ oz		d310/d314/d318/d322
3rd	☐1 Left with dam **OR** _____ oz		d311/d315/d319/d323
4th	☐1 Left with dam **OR** _____ oz		d312/d316/d320/d324

Section K—Milk Marketing

1. During the previous 12 months, what percentage of the milk
    produced on this operation was:

    a. Fed to kids?...d401 _____ %

    b. Fed to other livestock on this operation?...d402 _____ %

    c. Consumed as unpasteurized/raw milk by employees or family?.......................d403 _____ %

    d. Consumed as pasteurized milk by employees or family? ....d404 _____ %

    e. Made into cheese on the farm?...d405 _____ %

    f. Made into other milk products (e.g., candy, yogurt, ice cream, soap)
        on the farm?...d406 _____ %

    g. Sold, traded, or given away as liquid milk?..d407 _____ %

    100%

[If question 1g = 0, SKIP to question 3.]

2. What percentage of **liquid milk** was sold, traded, or given away for:

    a. Human consumption?...d408 _____ %

    b. Pet consumption?...d409 _____ %

    c. Livestock consumption?...d410 _____ %

    d. Making into cheese?...d411 _____ %

    e. Making into other milk products (e.g., candy, yogurt, ice cream, soap)?............d412 _____ %

    100%

		Milk	Cheese or other milk products

3. During the previous 12 months, were any goat milk or
    milk products sold, traded, or given away?.........d413/d414   ☐1 Yes   ☐3 No ☐1 Yes   ☐3 No

    [If Milk column = No and Cheese or other milk products = No, SKIP to Question 5.]

    If Yes, were the products sold, traded or given away:

    a. Directly to the public (including Internet sales,
        farmers' markets, etc.)?................................d415/d420   ☐1 Yes   ☐3 No ☐1 Yes   ☐3 No

    b. To retail establishments, restaurants, or
        other commercial sales?................................d416/d421   ☐1 Yes   ☐3 No ☐1 Yes   ☐3 No

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c. To a cooperative or as part of a cooperative?d417/d422 ☐₁ Yes ☐₃ No☐₁ Yes ☐₃ No

d. To a wholesaler, dealer, or processor
(e.g., cheese plant)?......................................d418/d423 ☐₁ Yes ☐₃ No☐₁ Yes ☐₃ No

e.

4. During the previous 12 months, did the buyer(s) of the **goat milk
or goat milk products** ever pay a premium for:

a. High protein content?...d425 ☐₁ Yes ☐₃ No

b. Low bacteria counts?...d426 ☐₁ Yes ☐₃ No

c. Low somatic cell count?...d427 ☐₁ Yes ☐₃ No

d. Out-of-season milk?...d428 ☐₁ Yes ☐₃ No

e. Other? (specify: _____) d429oth................d429 ☐₁ Yes ☐₃ No

5. During the previous 12 months, did this operation **routinely**
perform **on-farm** pasteurization of goat milk intended for human
consumption? *[Pasteurization means to follow the Pasteurized
Milk Ordinance (PMO) time and temperature guidelines to ensure
destruction of certain microorganisms.]*..d430 ☐₁ Yes ☐₃ No

6. During the previous 12 months, did you market any raw (unpasteurized)
goat milk or raw goat milk products intended for human consumption?
[Include direct purchase and goat shares.]..................................d431 ☐₁ Yes ☐₃ No

7. During the previous 12 months, did this operation participate in a:

a. Dairy Herd Improvement Association (DHIA) program?........................d432 ☐₁ Yes ☐₃ No

b. Other Quality assurance program (a program to improve milk
product quality through assessments and monitoring)?........................d433 ☐₁ Yes ☐₃ No

Section L—Milking Procedures

1. What is the primary method by which does are milked on this operation?
[Check one only.]   d501

☐₁ Hand

☐₂ Machine—bucket milker

☐₃ Machine—pipeline

[If question 1 = 1 or 2, SKIP to question 3.]

2. Which of the following best describes the primary milking parlor on this operation?
[Check one only.]   d502

☐₁ Side by side (parallel)

☐₂ Herringbone (fishbone)

☐₃ Rotary (carousel)

☐₄ Other (specify: _____) d502oth

3. How many times per day were does **usually** milked during the previous 12 months?
   [Check one only.]   d503

☐₁ Less often than once a day

☐₂ Once a day

☐₃ Twice a day

☐₄ More often than twice a day

4. Who milked the majority of does on this operation during the previous 12 months?
   [Check one only.]   d504

☐₁ Owner(s)/operator(s)

☐₂ Family member(s) of owner

☐₃ Hired worker(s) (nonfamily member)

☐₄ Other (specify: _____) d504oth

5. During the previous 12 months, how often did milkers
   wear disposable gloves when milking?..................d505   ☐₁ Always ☐₂ Sometimes   ☐₃ Never

6. How frequently are milkers trained on milking procedures?
   [Check one only.]   506

☐₁ As new milkers only

☐₂ Less often than once a year

☐₃ Once a year

☐₄ More often than once a year

☐₅ No training for milkers

7. Does this operation clip/singe the hair on udders of milking does? d507   ☐₁ Yes   ☐₃ No

Codes for question 8	
1 = At each milking	4 = Other (specify: _____) d508oth
2 = At least once a day	5 = Not performed
3 = At least once a week	

8. During the previous 12 months, which frequency best describes
   this operation's use of forestripping for:

                                                                                               Code

   a. Fresh does.. d508   _____

   b. Does with mastitis.. d509   _____

   c. All other does .... d510   _____

[If questions 8a, 8b, 8c ALL = 5, SKIP to question 10.]

9. When was forestripping performed? *[Check one only.]* d511

☐₁ Before teat washing

☐₂ After teat washing

☐₃ No teat washing

[If question 9 = 3 (No teat washing), SKIP to question 11.]

10. During the previous 12 months, which of the following best describes
how teats were usually **washed** prior to milking? *[Check one only.]* d512

☐₁ No washing

☐₂ Commercial udder/ teat wipes

☐₃ Udder/teat wash or disinfectant solution used with single-use cloth/paper towels

☐₄ Udder/teat wash or disinfectant solution used with multiple-use cloth/paper towels

☐₅ Washed with water only

☐ ☐₆ Other (specify: _____) d512oth

11. During the previous 12 months, which of the following best describes
how teats were usually **dried** prior to milking? *[Check one only.]* d513

☐₁ Teats not dried prior to milking

☐₂ Single-use cloth/paper towel

☐₃ Multiple-use cloth/paper towel

☐₄ Other (specify: _____) d513oth

12. During the previous 12 months, were teats typically
pre-dipped prior to milking?...d514   ☐₁ Yes   ☐₃ No

13. During the previous 12 months, which of the following best describes
the primary post-milking procedure used for teat disinfection?
[Check one only.] d515

☐₁ Dip teats with commercial postdip product

☐₂ Dip teats with nonlabeled/homemade solution

☐₃ Spray teats with commercial postdip product

☐₄ Foam teats with commercial postdip

☐₅ No post-milking teat disinfection

☐₆ Other (specify: _____) d515oth

14. Which of the following best describes the order in which goats are milked?
    [Check one only.]   d516

    ☐₁ No particular order

    ☐₂ Based on age only

    ☐₃ Based on health only

    ☐₄ Based on age and health

    ☐₅ Based on production level

    ☐₆ Other (specify: _____) d516oth

Section M—Milk Quality

1. During the previous 12 months, did you routinely perform
    somatic cell count (SCC) testing on the milk from your herd?............................d601   ☐₁ Yes   ☐₃ No

[If question 1 = No, SKIP to question 3.]

2. What was the herd average somatic cell count (cells/mL)
    for milk tested during the previous 12 months?...d602   _____,000

3. During the previous 12 months, did this operation test
    milk on-farm for antibiotic residues?................................603☐₁ Yes ☐₃ No ☐₄ NA (no antibiotics used)

[If question 3 = No or NA, SKIP to question 6.]

4. Which of the following antibiotic residue testing kits did this operation use
    most commonly during the previous 12 months? *[Check one only.]*   d604

    ☐₁ Snap® kit (beta lactam or tetracycline)

    ☐₂ Delvotest®

    ☐₃ CITE Probe®

    ☐₄ Charm Farm

    ☐₅ Pensyme® Milk Test

    ☐₆ Other (specify: _____) d604oth

5. Were milk samples tested for antibiotic residues from:

    a. Fresh does?....................d605   ☐₁ Yes   ☐₃ No   ☐₄ NA (fresh does not milked or not treated)

    b. Individual does recently treated with antibiotics? d606 ☐₁ Yes   ☐₃ No   ☐₄ NA (removed from milking herd or no does treated)

    c. Bulk tank—before processor pickup?..................d607   ☐₁ Yes   ☐₃ No   ☐₄ NA (no bulk tank)

d. String samples (samples representing a group/pen of does)................d608 ☐₁ Yes ☐₃ No

e. Other? (specify: _____) d609oth..................d609 ☐₁ Yes ☐₃ No

6. During the previous 12 months, were any cultures
performed on milk produced by this operation?...d610 ☐₁ Yes ☐₃ No

[If question 6 = No, SKIP to question 11.]

7. During the previous 12 months, were milk cultures
performed on the following:

a. Milk from individual does?..d611 ☐₁ Yes ☐₃ No

b. Bulk-tank milk?...d612 ☐₁ Yes ☐₃ No ☐₄ NA (no bulk tank)

c. String samples (samples representing a group/pen of does)?...............d613 ☐₁ Yes ☐₃ No

[If question 7a = No, SKIP to question 9.]

8. During the previous 12 months, what type of does were typically
selected for milk culturing?

a. Fresh does...d614 ☐₁ Yes ☐₃ No

b. All clinical mastitis cases...d615 ☐₁ Yes ☐₃ No

c. Chronic clinical mastitis cases...d616 ☐₁ Yes ☐₃ No

d. Clinical mastitis cases that did not respond to treatment.......................d617 ☐₁ Yes ☐₃ No

e. High somatic cell count does..d618 ☐₁ Yes ☐₃ No

f. Other (specify: _____) d619oth.............d619 ☐₁ Yes ☐₃ No

9. During the previous 12 months, were any of the milk cultures performed by:

a. Farm personnel, done on-farm?..d620 ☐₁ Yes ☐₃ No

b. A State or university diagnostic laboratory?...d621 ☐₁ Yes ☐₃ No

c. A commercial lab?...d622 ☐₁ Yes ☐₃ No

d. A private veterinary lab (veterinary clinic)?..d623 ☐₁ Yes ☐₃ No

10. During the previous 12 months, were any of the following
organisms identified from milk that was cultured?

a. Coagulase neg staph (CNS) non-*aureus*...........................d624 ☐₁ Yes ☐₂ DK ☐₃ No

b. *Staph. aureus*...d625 ☐₁ Yes ☐₂ DK ☐₃ No

c. *Mannheimia* spp. (*Pasteurella*)...d626 ☐₁ Yes ☐₂ DK ☐₃ No

d. *Mycoplasma* spp..d627 ☐₁ Yes ☐₂ DK ☐₃ No

e. *E. coli/Pseudomonas/Klebsiella* other gram neg................d628   ☐₁ Yes   ☐₂ DK   ☐₃ No

f. *Strep. Agalactiae..*d629   ☐₁ Yes   ☐₂ DK   ☐₃ No

g. Environmental strep (*Strep.* spp.) non-*agalactiae*..............d630   ☐₁ Yes   ☐₂ DK   ☐₃ No

h. Other (specify:_____) d631oth.........................d631   ☐₁ Yes   ☐₂ DK   ☐₃ No

11. During the previous 12 months, by which method were goats
    with clinical mastitis usually milked? *[Check one only.]*   d632

☐₁ No known does with mastitis in the previous 12 months

☐₂ NA (any does with mastitis are dried off)

☐₃ At the end of milking

☐₄ In a separate string from healthy goats

☐₅ Using a separate milking unit from healthy goats

☐₆ No specific procedure followed

☐₇ Other (specify: _____) d632oth

[If question 11 = 1 (no known mastitic does), SKIP to section N.]

12. During the previous 12 months, did the mastitis treatment protocol involve:

   Treatment

a. Intramammary (IMM) antibiotics (exclude dry doe treatment)?..............d633   ☐₁ Yes   ☐₃ No

   i. IF yes, number of does treated with IMM antibiotics: _____ # does

b. Oral or injectable antibiotics?..d634   ☐₁ Yes   ☐₃ No

c. Organic/homeopathic remedies?...d635   ☐₁ Yes   ☐₃ No

d. Pain medications (anti-inflammatories, analgesics)?............................d636   ☐₁ Yes   ☐₃ No

e. Other? (specify: _____) d637oth.................d637   ☐₁ Yes   ☐₃ No

   Management

f. Frequent stripping of affected udder half?...d638   ☐₁ Yes   ☐₃ No

g. Early dry-off?...d639   ☐₁ Yes   ☐₃ No

h. Moving does to a separate milking pen?..d640   ☐₁ Yes   ☐₃ No

i. Other? (specify: _____) d641oth.................d641   ☐₁ Yes   ☐₃ No

[If question 12a = No (no IMM antibiotics used), SKIP to section N.]

13. Treatment with IMM antibiotics for mastitis was based on:
a. Veterinary recommendation..d642   ☐₁ Yes   ☐₃ No

b. Recommendation from other producers...d643   ☐₁ Yes   ☐₃ No

b. Previous treatment effectiveness..d644   ☐₁ Yes   ☐₃ No

c. Previous culture and antimicrobial sensitivity results.............................d645   ☐₁ Yes   ☐₃ No

d. Individual doe culture results before therapy.......................................d646   ☐₁ Yes   ☐₃ No

e. Other (specify: _____) d647oth...............d647   ☐₁ Yes   ☐₃ No

14. Of does treated during the previous 12 months with IMM antibiotics for
Mastitis (Q12 ai), what percentage were given the following antibiotics and what
withdrawal time was used for each?

		Percent	Withdrawal time (d)
a.	Spectramast® LC (ceftiofur hydrochloride)............d648/d657	_____	_____
b.	ToDay® /Cefa-Lak® (cephapirin)...........................d649/d658	_____	_____
c.	DariClox® (cloxacillin).. d650/d659	_____	_____
d.	Pirsue® (pirlimycin hydrochloride) d651/d660	_____	_____
e.	Masti-Clear™ (penicillin)......................................d652/d661	_____	_____
f.	Polymast™ (hetacillin potassium)..........................d653/d662	_____	_____
g.	Amoximast® (amoxicillin)......................................d654/d663	_____	_____
h.	Hetacin-K® (hetacillin potassium)...........................d655d664	_____	_____
i.	Other (specify: _____) d656oth...........d656/d665	_____	_____
	Total	≥100%	

15. How were IMM antibiotics typically administered to mastitic does?
[Check one only.]   d666

☐₁ The whole tube administered into one teat

☐₂   A tube split between the two teats

☐₃ Other (specify: _____) d666oth

Section N—Dry Doe Procedures

1. During the previous 12 months, what percentage of does were
dried off based on the following protocols?

a. Set schedule (e.g., so many days prior to kidding)...d701   _____ %

b. Milk production level...d702   _____ %

c. Presence of mastitis or high somatic cell count..d703   _____ %

d. Other reason (specify: _____) d704oth.....................................d704   _____ %

Total   100%

2. During the previous 12 months, what percentage of does were

dried off using the following methods?

a. Abruptly stop milking...d705   _____ %

b. Skip milkings before complete dry off
(e.g., milk once a day for a number of days)...d706   _____ %

c. Other (specify: _____) d707oth...d707   _____ %

Total   100%

3. During the previous 12 months, which of the following management
practices did this operation routinely use at dry off?

a. Perform California Mastitis Test (CMT) or other individual-doe
SCC test...d708   ☐₁ Yes   ☐₃ No

b. Reduce the quality/energy content of feed...d709   ☐₁ Yes   ☐₃ No

c. Reduce access to feed...d710   ☐₁ Yes   ☐₃ No

d. Reduce access to water..d711   ☐₁ Yes   ☐₃ No

4. During the previous 12 months, were intramammary antibiotics
used at dry off on any does?..d712   ☐₁ Yes   ☐₃ No

[If question 4 = No, SKIP to question 8.]

5. During the previous 12 months, approximately what percentage
of does were treated with dry-doe IMM antibiotics at dry off?...................................d713   _____ %

[If question 5 = 100% SKIP to question 7.]

6. Were IMM antibiotics given to any does at dry off because of:

a. High somatic cell count (SCC)?...d714   ☐₁ Yes   ☐₃ No

b. History of mastitis (clinical/chronic)?...d715   ☐₁ Yes   ☐₃ No

c. Low milk production?...d716   ☐₁ Yes   ☐₃ No

d. Adverse weather?..d717   ☐₁ Yes   ☐₃ No

e. Other? (specify: _____) d718oth...........................d718   ☐₁ Yes   ☐₃ No

7. Of does treated during the previous 12 months with dry-doe IMM
antibiotics, what percentage were given the following antibiotics
and what withdrawal time was used for each?

	Percent	Withdrawal time (d)
a. Spectramast® DC (ceftiofur hydrochloride)............d719/d728	_____	_____
b. Tomorrow®/Cefa-Dri (cephapirin benzathine)........d720/d729	_____	_____
c. Bovaclox™, Dry-Clox®, Dry-Clox® intramammary infusion, Orbenin®-DC (cloxacillin benzathine)......d721/d730	_____	_____
d. Gallimycin-Dry (erythromycin)...............................d722/d731	_____	_____

e.   Biodry® (novobiocin)...d723/d732   _____   _____

f.   Vet Go Dry™/ Hanford's US (penicillin G procaine)d724/d733   _____   _____

g.   Quartermaster® Dry Doe Treatment (penicillin G
procaine/dihydrostreptomycin)................................d725/d734   _____   _____

h.   Albadry Plus® Suspension (penicillin G
procaine/novobiocin)..d726/d735   _____   _____

i.   Other (specify: _____) d727oth............d727/d736   _____   _____

    Total *[may be >100% if used more than one at dry off]*   *≥ 100%*

8. During the previous 12 months, were internal or external
teat sealants used at dry off on any does?..d737   ☐₁ Yes   ☐₃ No

Section O: Office Use Only

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

1. Total time for interview (include time to discuss the program and complete the questionnaire). If more than one data collector present, enter the combined time....…………gitime _____ min

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

3. Data collector(s): *[Enter the number for each category.]*

   ____ Federal VMO ____ Federal AHT ____ State personnel ____ Other (specify) gvmo/gaht/gst/goth

4. Enter response code 99 if questionnaire is completed or enter one code of 00–07 that best describes the reason why the owner is not participating.. grco _____ code

   99 = Survey completed
   00 = Inaccessible after five contact attempts
   01 = Poor time of year or no time
   02 = Does not want anyone on operation
   03 = Bad experience with government veterinarians
   04 = Does not want to do another survey or divulge
        information
   05 = Told NASS they did not want to be contacted
   06 = Ineligible (no goats)
   07 = Other reason (explain below)

Contact attempt history			
Date (mm/dd)	**Time** (am/pm)	**Action**	**Outcome**
1/22	*4:30 pm*	*Phone call*	*Left msg on machine*
gdate	gtime	gaction	goutcome

5. This operation plans to complete the following biologics testing:
   Pre- and post parasite testing.. gpara ☐₁ Yes ☐₂ No
   Scrapie genetic resistance testing/serum banking/nasal swabs/vaginal swabs ....gscrap ☐₁ Yes ☐₂ No
   Fecal pathogen testing... gfecal ☐₁ Yes ☐₂ No

6. Which of the following best describes the respondent's position with this operation?.. gpos _____ code

   1 = Owner
   2 = Manager
   3 = Family member (other than owner or manager)
   4 = Other hired employee
   5 = Other (specify: _____)gposoth

7. Producer data quality...gpdq ☐₁ Good to excellent ☐₂ OK ☐₃ Poor

8. Did the respondent use written or computerized records to assist in answering this survey?... grec ☐₁ Yes ☐₃ No

Comments regarding this questionnaire or operation:

VMO or AHT signature: _____

TO BE COMPLETED BY THE COORDINATOR:

Field data quality.. gfdq $\Box_1$ Good to excellent $\Box_2$ OK $\Box_3$ Poor