

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 0579-0315. The time required to complete this information collection is estimated to average 1.27 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

OMB Approved
0579-0315
EXP: XX/20XX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
NATIONAL ANIMAL HEALTH MONITORING SYSTEM
2150 CENTRE AVE, BLDG B
FORT COLLINS, CO 80526

2020 NAHMS Swine Large Enterprise VS Visit

State FIPS: _____ Operation #: _____ Site #: _____ Interviewer: _____ Date: ____ / ____ / ____
2 digits 4 digits 2 digits Initials mm/dd/yy

Arrival time at site: _____

Start time of questionnaire: _____

Section 1—Today's Inventory

INTERVIEWER'S INSTRUCTION: It is important that you and the Producer complete this questionnaire for the **same sites** for which NASS completed the General Swine Farm Questionnaire (GSFQ). **Before** your visit, check the copy of the NASS Consent form to make sure that you have the right site.

1. Of the total pigs on hand **today**, how many are: (Enter Zero if None)

- | | Head |
|--|--------|
| a.. Sows, unmated replacement gilts and bred gilts in the breeding herd?..... | 0108 |
| b. Unmated replacement gilts for breeding <u>not yet in the breeding herd</u> , such as those in a Gilt Development unit?..... | 0109 |
| c. Nursing pigs?..... | + 0110 |
| d. Boars and young males for breeding, including teaser boars?..... | + 0111 |
| e. Cull sows, gilts, and boars?..... | + 0112 |
| f. Weaned hogs under 60 pounds?..... | + 0113 |
| g. Market hogs 60 pounds and over, excluding cull sows, gilts, and boars ?..... | + 0114 |
| h. Then the total number of pigs on hand today is:..... | = 0115 |

Note: If the interviewee has electronic or paper records that would assist this process, ask him/her to bring them out now.

Note: The questions in all sections pertain to what is done on THIS Site

Section 2—Sows and Breeding-age Gilts

1. Between **December 1, 2019** and **May 31, 2020**:
- a. Did any sows or gilts farrow? v201 ₁ Yes ₃ No
- b. Were any sows or gilts bred? v202 ₁ Yes ₃ No

[If Items 1a and 1b BOTH = NO, SKIP to Section 3.]

Note: All questions in this section except Item 7 refer to the time period between December 1, 2019 and May 31, 2020

2. Were the following disease problems present in breeding females? [DK = Don't know]
- a. APP (*Actinobacillus pleuropneumoniae*) v203 ₁ Yes ₃ No ₄ DK
- b. Erysipelas v204 ₁ Yes ₃ No ₄ DK
- c. Gastric ulcers v205 ₁ Yes ₃ No ₄ DK
- d. Glasser's disease (*Haemophilus parasuis*) v206 ₁ Yes ₃ No ₄ DK
- e. Ileitis/ Proliferative enteritis (*Lawsonia intracellularis*) v207 ₁ Yes ₃ No ₄ DK
- f. Influenza v208 ₁ Yes ₃ No ₄ DK
- g. Leptospirosis v209 ₁ Yes ₃ No ₄ DK
- h. Lice v210 ₁ Yes ₃ No ₄ DK
- i. Mange v211 ₁ Yes ₃ No ₄ DK
- j. *Mycoplasma pneumoniae* v212 ₁ Yes ₃ No ₄ DK
- k. Parvovirus v213 ₁ Yes ₃ No ₄ DK
- l. Porcine circovirus 2 (PCVAD, formerly known as PMWS) v214 ₁ Yes ₃ No ₄ DK
- m. Porcine deltacoronavirus (PDCoV) v215 ₁ Yes ₃ No ₄ DK
- n. Porcine epidemic diarrhea (PED) v216 ₁ Yes ₃ No ₄ DK
- o. PRRS (porcine reproductive and respiratory syndrome) v217 ₁ Yes ₃ No ₄ DK
- p. Roundworms v218 ₁ Yes ₃ No ₄ DK
- q. *Salmonella* v219 ₁ Yes ₃ No ₄ DK
- r. Seneca Valley Virus (SVV or SVA) v220 ₁ Yes ₃ No ₄ DK
- s. Swine dysentery v221 ₁ Yes ₃ No ₄ DK
- t. TGE (transmissible gastroenteritis) v222 ₁ Yes ₃ No ₄ DK
- u. Other disease problems (Specify: _____) v223oth... v223 ₁ Yes ₃ No ₄ DK
3. [Show vaccine list to respondent.] Were breeding females on this site vaccinated (including prior to their arrival on this site) against the following diseases?
- a. APP (*Actinobacillus pleuropneumoniae*) v224 ₁ Yes ₃ No ₄ DK
- b. *Actinobacillus suis* (autogenous) v225 ₁ Yes ₃ No ₄ DK
- c. Atrophic rhinitis (*Bordetella/Pasteurella*) v226 ₁ Yes ₃ No ₄ DK
- d. *Clostridium difficile* (autogenous) v227 ₁ Yes ₃ No ₄ DK
- e. *Clostridium perfringens* Type A v228 ₁ Yes ₃ No ₄ DK
- f. *Clostridium perfringens* Types C and D v229 ₁ Yes ₃ No ₄ DK
- g. Erysipelas v230 ₁ Yes ₃ No ₄ DK
- h. *E. coli* (K88, K99, 987P, F41) v231 ₁ Yes ₃ No ₄ DK
- i. Glasser's disease (*Haemophilus parasuis*) v232 ₁ Yes ₃ No ₄ DK
- j. Ileitis/Proliferative enteritis (*Lawsonia intracellularis*) v233 ₁ Yes ₃ No ₄ DK
- k. Influenza v234 ₁ Yes ₃ No ₄ DK
- l. Leptospirosis v235 ₁ Yes ₃ No ₄ DK
- m. *Mycoplasma hyopneumoniae* v236 ₁ Yes ₃ No ₄ DK
- n. Parvovirus v237 ₁ Yes ₃ No ₄ DK
- o. Porcine circovirus 2 v238 ₁ Yes ₃ No ₄ DK
- p. PRRS v239 ₁ Yes ₃ No ₄ DK
- q. Porcine epidemic diarrhea v240 ₁ Yes ₃ No ₄ DK
- r. Rotavirus v241 ₁ Yes ₃ No ₄ DK

3. (continued)

- s. *Salmonella*..... v242 ₁ Yes ₃ No ₄ DK
- t. *Streptococcus suis* v243 ₁ Yes ₃ No ₄ DK
- u. TGE (transmissible gastroenteritis)..... v244 ₁ Yes ₃ No ₄ DK
- v. Other vaccinations (Specify: _____) v245oth. v245 ₁ Yes ₃ No ₄ DK

[If Item 3p (PRRS vaccination) = No or Don't Know, SKIP to Item 6.]

4. Were breeding females usually vaccinated against PRRS during the following time periods?

- a. Prior to entering the breeding herd (i.e., as young pigs)..... v246 ₁ Yes ₃ No ₄ DK
- b. As gilts at time of entering the **breeding** herd v247 ₁ Yes ₃ No ₄ DK
- c. During gestation up to 4 weeks *before* farrowing..... v248 ₁ Yes ₃ No ₄ DK
- d. During the **last 4** weeks of gestation..... v249 ₁ Yes ₃ No ₄ DK
- e. From farrowing to weaning..... v250 ₁ Yes ₃ No ₄ DK
- f. After weaning through breeding/mating v251 ₁ Yes ₃ No ₄ DK
- g. At regular intervals, regardless of reproductive stage..... v252 ₁ Yes ₃ No ₄ DK
- h. In response to a PRRS outbreak (i.e., whole herd exposure via vaccination).. v253 ₁ Yes ₃ No ₄ DK

[If all Items 4b-4h = No or Don't Know, SKIP to Item 6.]

5. Were the following types of PRRS vaccines used in breeding females?

- a. Commercial modified live PRRS vaccine [*Show vaccine list to respondent.*]... v254 ₁ Yes ₃ No ₄ DK
- b. Autogenous PRRS vaccine (killed) v255 ₁ Yes ₃ No ₄ DK

6. Were **any** of the following measures taken **specifically** to control, eliminate or keep out PRRS in breeding females on this site? [*Check all that apply. Check No if measure is taken but not specifically to control/eliminate PRRS.*]

- a. Expose replacement gilts via infected animals v256 ₁ Yes ₃ No ₄ DK
- b. Expose replacement gilts via feedback of tissues from infected animals v257 ₁ Yes ₃ No ₄ DK
- c. Expose replacement gilts via live virus inoculation (LVI) using serum from infected animals v258 ₁ Yes ₃ No ₄ DK
- d. Expose breeding herd via live virus inoculation (LVI) using serum from infected animals v259 ₁ Yes ₃ No ₄ DK
- e. Segregate gilts from breeding herd (parity segregation) so that they enter the sow herd after weaning their first litter v260 ₁ Yes ₃ No ₄ DK
- f. Depopulate whole herd v261 ₁ Yes ₃ No ₄ DK
- g. Temporarily cease introduction of replacement gilts (roll-over; herd closure) . v262 ₁ Yes ₃ No ₄ DK
- If Yes:**
- i. For how many weeks were introductions interrupted? v263 _____ weeks
- ii. Was an off-site breeding project used? v264 ₁ Yes ₃ No ₄ DK
- h. Introduce PRRS-negative replacement gilts v265 ₁ Yes ₃ No ₄ DK
- i. Introduce PRRS-positive replacement gilts (exposed, recovered, immune, and non-shedding) v266 ₁ Yes ₃ No ₄ DK
- j. Use semen only from boars that are PRRS negative and monitored v267 ₁ Yes ₃ No ₄ DK
- k. Use air filtration system v268 ₁ Yes ₃ No ₄ DK
- l. Other measures **not** including vaccination (Specify: _____) v269oth v269 ₁ Yes ₃ No ₄ DK

Item 7-Codes for PRRS Herd Status Category	
1 – Unknown or unsure	4 – Positive stable undergoing elimination
2 – Positive unstable	5 – Provisional negative
3 – Positive stable	6 – Negative

7. What is the PRRS status of the breeding herd? [*Use the **PRRS Status Decision Chart sheet** to identify the PRRS status of the breeding herd and then enter corresponding status code from list above.*] v270 _____ **code**

[If Item 3k (Influenza vaccination) = No or Don't Know, SKIP to Item 10.]

8. Were breeding females usually vaccinated against influenza during the following time periods?

- a. Prior to entering the breeding herd (i.e., as young pigs)..... v271 ₁ Yes ₃ No ₄ DK
- b. As gilts at time of entering the breeding herd..... v272 ₁ Yes ₃ No ₄ DK
- c. During gestation up to 4 weeks **before** farrowing..... v273 ₁ Yes ₃ No ₄ DK
- d. During the **last** 4 weeks of gestation..... v274 ₁ Yes ₃ No ₄ DK
- e. From farrowing to weaning..... v275 ₁ Yes ₃ No ₄ DK
- f. After weaning through breeding/mating..... v276 ₁ Yes ₃ No ₄ DK
- g. At regular intervals, regardless of reproductive stage..... v277 ₁ Yes ₃ No ₄ DK

[If all Items 8b-8g = No or Don't Know, SKIP to Item 10.]

9. Were the following types of influenza vaccines used in **breeding females**?

- a. Commercial influenza vaccine (killed) [*Show vaccine list to respondent.*]..... v278 ₁ Yes ₃ No ₄ DK
- b. Autogenous influenza vaccine (killed)..... v279 ₁ Yes ₃ No ₄ DK
- c. Modified Live influenza vaccine [*Show vaccine list to respondent.*]..... v280 ₁ Yes ₃ No ₄ DK

10. Were any breeding females given antibiotics to **treat** disease conditions? [*Answer NA if no disease in breeding females.*]..... v281 ₁ Yes ₂ NA ₃ No

11. Were the following disease problems present in **preweaned** (nursing) pigs?

- a. *Clostridium*..... v282 ₁ Yes ₃ No ₄ DK
- b. Coccidiosis..... v283 ₁ Yes ₃ No ₄ DK
- c. *E. coli* (colibacillosis)..... v284 ₁ Yes ₃ No ₄ DK
- d. Greasy pig disease (*Staph. hyicus*)..... v285 ₁ Yes ₃ No ₄ DK
- e. Influenza..... v286 ₁ Yes ₃ No ₄ DK
- f. Navel infections (perhaps with swollen joints)..... v287 ₁ Yes ₃ No ₄ DK
- g. Porcine deltacoronavirus (PDCoV)..... v288 ₁ Yes ₃ No ₄ DK
- h. Porcine epidemic diarrhea (PED)..... v289 ₁ Yes ₃ No ₄ DK
- i. PRRS..... v290 ₁ Yes ₃ No ₄ DK
- j. Rotavirus..... v291 ₁ Yes ₃ No ₄ DK
- k. *Salmonella*..... v292 ₁ Yes ₃ No ₄ DK
- l. Seneca Valley Virus (SVV or SVA)..... v293 ₁ Yes ₃ No ₄ DK
- m. *Strep. suis* (meningitis, polyserositis, arthritis)..... v294 ₁ Yes ₃ No ₄ DK
- n. TGE (transmissible gastroenteritis)..... v295 ₁ Yes ₃ No ₄ DK
- o. Undifferentiated pneumonia..... v296 ₁ Yes ₃ No ₄ DK
- p. Other disease problems in preweaned pigs (Specify: _____) v297oth v297 ₁ Yes ₃ No ₄ DK

Section 3—Nursery Aged Pigs

Note: Nursery Aged pigs are the age between weaning and approximately 60 pounds, or until switched to a Grower/Finisher type diet or switched to being managed as Grower/Finishers or moved to a specific Grower/Finisher facility to raise to market weight.

1. Between **December 1, 2019** and **May 31, 2020**, did this site raise weaned pigs? v300 ₁ Yes ₃ No
[If Item 1 = No, SKIP to Section 5.]

2. Between **December 1, 2019** and **May 31, 2020**, did this site raise **nursery aged** pigs (weaning to approximately 60 pounds)? 0301 ₁ Yes ₃ No
[If Item 2 = No, SKIP to Section 4.]

3. Between **December 1, 2019** and **May 31, 2020**, in which of the following facilities did this site initially place **most** of its weaned pigs? **Check one box below only (3a or 3b)**
 - a. A Nursery facility v302 ₁
 - b. A Wean-to-Finish facility v303 ₁

Note: All questions in this section refer to the time period between December 1, 2019 and May 31, 2020 UNLESS otherwise specified (Items 7, 8-14 and Item 19).

4. Were the following disease problems present in **nursery aged** pigs? [DK = Don't know]

a. APP (<i>Actinobacillus pleuropneumoniae</i>).....	v304	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
b. <i>E.coli</i> diarrhea	v305	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
c. Edema disease (<i>E.coli</i> enterotoxemia)	v306	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
d. Glasser's disease (<i>Haemophilus parasuis</i>).....	v307	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
e. Greasy pig disease (<i>Staph.hyicus</i>)	v308	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
f. Influenza	v309	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
g. Lice	v310	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
h. Mange.....	v311	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
i. <i>Mycoplasma pneumonia</i>	v312	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
j. Porcine circovirus 2 (PCVAD, formerly known as PMWS)	v313	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
k. Porcine deltacoronavirus (PDCoV)	v314	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
l. Porcine dermatitis and nephropathy syndrome (PDNS)	v315	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
m. Porcine epidemic diarrhea (PED).....	v316	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
n. PRRS (porcine reproductive and respiratory syndrome)	v317	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
o. Roundworms	v318	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
p. <i>Salmonella</i>	v319	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
q. Seneca Valley Virus (SVV or SVA).....	v320	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
r. <i>Strep. suis</i> (Strep. meningitis).....	v321	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
s. Swine dysentery	v322	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
t. TGE (transmissible gastroenteritis).....	v323	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
u. Other disease problems (Specify: _____)	v324oth v324	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK

5. [Show vaccine list to respondent.] Were **nursery aged** pigs on this site vaccinated against the following diseases?

a. APP (<i>Actinobacillus pleuropneumoniae</i>).....	v325	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
b. <i>Actinobacillus suis</i> (autogenous).....	v326	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
c. Atrophic rhinitis (<i>Bordatella/Pasteurella</i>).....	v327	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
d. <i>Clostridium difficile</i> (autogenous).....	v328	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
e. <i>Clostridium perfringens</i> Type A.....	v329	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
f. <i>Clostridium perfringens</i> Types C and D	v330	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK
g. Erysipelas	v331	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ DK

5. (continued)

- h. *E. coli* (K88, K99, 987P, F41)..... v332 ₁ Yes ₃ No ₄ DK
- i. Glasser's disease (*Haemophilus parasuis*)..... v333 ₁ Yes ₃ No ₄ DK
- j. Ileitis (*Lawsonia intracellularis*) v334 ₁ Yes ₃ No ₄ DK
- k. Influenza..... v335 ₁ Yes ₃ No ₄ DK
- l. Leptospirosis v336 ₁ Yes ₃ No ₄ DK
- m. *Mycoplasma hyopneumoniae* v337 ₁ Yes ₃ No ₄ DK
- n. Porcine circovirus 2 v338 ₁ Yes ₃ No ₄ DK
- o. PRRS..... v339 ₁ Yes ₃ No ₄ DK
- p. Porcine epidemic diarrhea..... v340 ₁ Yes ₃ No ₄ DK
- q. Rotavirus v341 ₁ Yes ₃ No ₄ DK
- r. *Salmonella*..... v342 ₁ Yes ₃ No ₄ DK
- s. *Streptococcus suis* v343 ₁ Yes ₃ No ₄ DK
- t. TGE (transmissible gastroenteritis)..... v344 ₁ Yes ₃ No ₄ DK
- u. Other vaccinations (Specify: _____) v345oth..... v345 ₁ Yes ₃ No ₄ DK

[If Item 5k = No or Don't Know, SKIP to Item 7.]

6. Were the following types of influenza vaccines used in **nursery aged** pigs?

- a. Commercial influenza vaccine (killed) [*Show vaccine list to respondent.*]..... v346 ₁ Yes ₃ No ₄ DK
- b. Autogenous influenza vaccine (killed)..... v347 ₁ Yes ₃ No ₄ DK
- c. Modified Live influenza vaccine [*Show vaccine list to respondent.*] v348 ₁ Yes ₃ No ₄ DK

Item 7-Action Codes	
1 – Have not had clinical respiratory disease in nursery aged pigs during last 12 months	4 – Treated all pigs in same pen with clinically ill pigs with antibiotics
2 – Did not treat any pigs with antibiotics	5 – Treated all pigs in same pen and pens adjacent to clinically ill pigs with antibiotics
3 – Treated only clinically ill pigs with antibiotics	6 – Treated all pigs in entire room with clinically ill pigs with antibiotics (all pigs with shared airspace)

7. For the **most recent** occurrence of a respiratory disease outbreak in **nursery aged** pigs, which option from the code list above best describes the action taken? [*Enter one code only from list above. Antibiotics can be given in water/feed or by injection.*]..... v349 _____ code

8. During the last **6** months, approximately how many **weaned pigs** were fed and managed as **nursery aged** pigs? v350 _____ head

9. During the last 6 months, were any medications given by **injection** to **nursery aged** pigs?
v351 ₁ Yes ₃ No ₄ DK

[If Item 9 = No or Don't Know, SKIP to Item 11.]

Item 10-Primary Reason Codes	
1 – Disease prevention or control	4 – Polyserositis/meningitis treatment
2 – Respiratory disease treatment	5 – Parasite treatment/deworming
3 – Enteric (intestinal or GI) disease treatment	6 – Other treatment (Specify: _____) v351aoth (Specify: _____) v351both

10. [Show medication list to respondent.] For any medications given by **injection** in the last 6 months to **nursery aged** pigs, enter the **primary** reason given [enter one code only from list above] and the **approximate number of nursery aged** pigs that received injected medication in the 6 month period.

	Active ingredient	Trade name (example)		Primary reason code	Number of nursery aged pigs treated
a.	Ampicillin	Polyflex	v352/a		
b.	Amoxicillin	Amoxi-Inject	v353/a		
c.	Ceftiofur	Excenel; Naxcel; Exced	v354/a		
d.	Enrofloxacin	Baytril 100, Enroflox [®] 100	v355/a		
e.	Erythromycin	Erythro	v356/a		
f.	Florfenicol	Nuflor	v357/a		
g.	Gentamicin	Garacin	v358/a		
h.	Lincomycin	Lincocin	v359/a		
i.	Oxytetracycline	LA200; Oxytet; Biomylin	v360/a		
j.	Penicillin benzathine	BP48, long-acting Pen	v361/a		
k.	Procaine Penicillin G	Pen-G	v362/a		
l.	Tulathromycin	Draxxin	v363/a		
m.	Tylosin	Tylan	v364/a		
n.	Dexamethasone	Glucortin-20	v365/a		
o.	Doramectin	Dectomax	v366/a		
p.	Flunixin meglumine	Banamine S	v367/a		
q.	Isoflupredone	Predef 2x	v368/a		
r.	Ivermectin	Ivomec	v369/a		
s.	Levamisole	Tramisol; Levasole	v370/a		
t.	Vitamin A, D, E		v371/a		
u.	Other medications (Specify: _____) v372oth		v372/a		

11. During the last 6 months, were any medications given by **water** to **nursery aged** pigs?

v373 1 Yes 3 No 4 DK

[If Item 11 = No or Don't Know, SKIP to Item 13.]

Item 12-Primary Reason Codes	
1 – Disease prevention or control	4 – Polyserositis/meningitis treatment
2 – Respiratory disease treatment	
3 – Enteric (intestinal or GI) disease treatment	5 – Other treatment (Specify: _____) v373aoth (Specify: _____) v373both

12. [Show medication list to respondent.] For any medications given by **water** in the last 6 months to **nursery aged** pigs, enter the **primary** reason given [enter one code only from list above], **total** number of **days** medication was given in the water and the **approximate percent of Item 8 pigs** medicated by water in the 6 month period.

	Active ingredient	Trade name (example)		Primary reason code	Total days in water per treated group	Percent of Item 8 pigs
a.	Amoxicillin		v374/a/b			
b.	Bacitracin Methylene Disalicylate	BMD® soluble, Solutracin	v375/a/b			
c.	Bacitracin zinc	Baciferm® soluble	v376/a/b			
d.	Chlortetracycline	Aureomycin soluble powder	v377/a/b			
e.	Chlortetracycline/sulphamethazine	Chloronex® Sulmet® soluble powder	v378/a/b			
f.	Florfenicol	Florvio™ 2.3% concentration solution	v379/a/b			
g.	Gentamicin	Garacin® oral solution	v380/a/b			
h.	Lincomycin	LinxMed® soluble powder	v381/a/b			
i.	Lincomycin/Spectinomycin	L-S 50 Water soluble® powder	v382/a/b			
j.	Neomycin	Neosol, Neomix® soluble powder	v383/a/b			
k.	Oxytetracycline	Terramycin® soluble, Tetroxy®	v384/a/b			
l.	Penicillin G Potassium	PenAqua Sol G®, Solu-Pen	v385/a/b			
m.	Spectinomycin	Spectam®, Spectogard Scour-Chek™	v386/a/b			
n.	Sulfachlorpyridazine	Vetisulid®, Prinzone oral suspension	v387/a/b			
o.	Sulfadimethoxine	Albon® oral suspension, Agribon soluble powder,	v388/a/b			
p.	Sulfamethazine	Sulmet®, Purina® sulfa	v389/a/b			
q.	Sulfaquinoxaline	S.Q. 20% Solution, Sul-Q-Nox	v390/a/b			
r.	Tetracycline	Tet-Sol® 324, Duramycin-10	v391/a/b			
s.	Tiamulin	Denagard® liquid concentrate	v392/a/b			
t.	Tilmicosin	Pulmotil® AC	v393/a/b			
u.	Trimethoprim/Sulfadiazine	TMP/Sulfa, Tribriksen	v394/a/b			
v.	Tylosin	Tylan® soluble, Tylovet® soluble	v395/a/b			
w.	Tylvalosin	Aivlosin®	v396/a/b			
x.	Salicylic Acid	Aspirin	v397/a/b			
y.	Other medications (Specify: _____)		v398a/b			

13. During the last 6 months, were any medications given by **feed** to **nursery aged** pigs?

..... v399 1 Yes 3 No 4 DK

[If Item 13 = No or Don't Know, SKIP to Item 15.]

Item 14-Primary Reason Codes	
1 – Growth promotion	5 – Parasite treatment/deworming
2 – Disease prevention or control	
3 – Respiratory disease treatment	6 – Other treatment (Specify: _____) v399aoth (Specify: _____) v399both
4 – Enteric (intestinal or GI) disease treatment	

14. [Show medication list to respondent.] For any medications given by **feed** during the last 6 months to **nursery aged** pigs, enter the **primary** reason given [enter one code only from list above], **average starting age** (in weeks since birth) of pigs when medications began, **total** number of **days** medication was given in the feed and **approximate percent of Item 8 pigs** medicated by feed in the 6 month period.

	Active ingredient	Trade name (example)		Primary reason code	Average starting age (weeks)	Total days in feed per treated group	Percent of Item 8 pigs
a.	Avilamycin	Kavault®	v3001/a/b/c				
b.	Bacitracin Methylene Disalicylate	BMD®	v3002/a/b/c				
c.	BMD/Chlortetracycline	BMD®/Aureomycin®	v3003/a/b/c				
d.	Bacitracin Zinc	Albac®, Baciferm®	v3004/a/b/c				
e.	Bambermycin	Flavomycin®	v3005/a/b/c				
f.	Carbadox	Mecadox®	v3006/a/b/c				
g.	Carbadox/Oxytetracycline	Terramycin®	v3007/a/b/c				
h.	Chlortetracycline	Aureomycin®	v3008/a/b/c				
i.	Chlortetracycline/Sulfamethazine	Aureomix® S, Pennchlor S	v3009/a/b/c				
j.	Chlortetracycline/Tiamulin	Denagard® Plus CTC®	v3010/a/b/c				
k.	Florfenicol	Nuflo®	v3011/a/b/c				
l.	Lincomycin	Lincomix®	v3012/a/b/c				
m.	Narasin	Skycis®	v3013/a/b/c				
n.	Neomycin/Terramycin	Neo-Oxy 100/100®	v3014/a/b/c				
o.	Oxytetracycline	Terramycin®, OXTC®	v3015/a/b/c				
p.	Tiamulin	Denagard®	v3016/a/b/c				
q.	Tilmicosin	Pulmotil® 90	v3017/a/b/c				
r.	Tylosin	Tylan®, Tylovet®	v3018/a/b/c				
s.	Tylosin/Sulfamethazine	Tylan® Sulfa-G	v3019/a/b/c				
t.	Tylvalosin	Aivlosin® 17%	v3020/a/b/c				
u.	Virginiamycin	Stafac®	v3021/a/b/c				
v.	Fenbendazole	Safeguard	v3022/a/b/c				
w.	Ivermectin	Ivomec	v3023a/b/c				
x.	Pyrantel tartrate	Banmith	v3024a/b/c				
y.	Zinc oxide		v3025/a/b/c				
z.	Other medications (Specify: _____)		v3026oth v3026/a/b/c				

15. Were the following ingredients in any of the **nursery aged** pig diets and if **YES** were they imported into this country?

Ingredient		Used?	Imported?
a. Tallow (animal fat from cattle or sheep).....	v3027/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
b. Lard or choice white grease (pork fat).....	v3028/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
c. Other animal fat (Specify: _____)	v3029/a/oth	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
d. Soybean oil.....	v3030/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
e. Corn oil.....	v3031/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
f. Other vegetable fat (Specify: _____)	v3032/a/oth	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
g. Molasses.....	v3033/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
h. Spray dried plasma.....	v3034/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
i. Blood meal, serum albumin, or other blood products.....	v3035/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
j. Mucosal products such as dried porcine soluble or PEP products.....	v3036/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
k. Fish meal.....	v3037/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
l. Feather meal.....	v3038/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
m. Meat meal or meat-and-bone meal.....	v3039/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
n. Soybean meal or other vegetable protein source.....	v3040/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
o. Other protein sources (Specify: _____)	v3041/a/oth	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
p. Bakery/food manufacture byproducts (not table waste)	v3042/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
q. Vitamin Mineral Mix.....	v3043/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
r. Distiller's dried grain and solubles (DDGS).....	v3044/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
i. If Yes , what is the average percentage of DDGS in the diet?.....		v3045 _____ %	

16. How many different rations were routinely fed to **nursery aged** pigs? v3046 _____ rations

17. How many of the different rations fed routinely to **nursery aged** pigs were: (**Enter Zero if None in a category**)

a. Meal/mash?	v3047 _____ rations
b. Pellet?.....	v3048 _____ rations
c. Liquid?	v3049 _____ rations
d. Other? (Specify: _____)	v3050oth..... v3050 _____ rations
e. Total rations (<i>should equal answer to Item 16</i>).....	v3051 _____ rations

18. On average, what was the total amount of feed (on an as-fed basis) a pig consumed as a **nursery aged** pig? v3052 _____ lb/pig

19. During the last **6** months, how many shipments of **nursery aged** pigs left this site to go to the following destinations? For each shipment indicate the distance and state characteristics.

Destination		Number of shipments	Distance to closest destination (miles)	Distance to farthest destination (miles)	Number of shipments that crossed State lines	If shipped out of State, destination State(s) (2 letter code)
a. Grower/finisher site	v3053/a/b/c/d					
b. Slaughter plant	v3054/a/b/c/d					
c. Auction/livestock market	v3055/a/b/c/d					
d. Other (Specify: _____)	v3056oth					

Section 4—Grower/finisher Aged Pigs

Note: Grower/Finisher Aged pigs can weigh approximately 60 lbs. and market weight. Nursery aged pigs become Grower/Finisher Aged when switched to a Grower/Finisher type diet or when managed as Grower/Finishers or when moved to a specific Grower/Finisher facility to raise to market weight.

1. Between **December 1, 2019** and **May 31, 2020**, did this site raise **grower/finisher aged** pigs? v400 ₁ Yes ₃ No

[If Item 1 = No, SKIP to Section 5.]

2. Between **December 1, 2019** and **May 31, 2020**, in which of the following facilities did this site raise most of the **grower/finisher aged** pigs? **Check one box below only (2a or 2b)**
- a. A Grower/Finisher facility v401 ₁
- b. A Wean-to-Finish facility v402 ₁

Note: All questions in this section refer to the time period between December 1, 2019 and May 31, 2020 UNLESS otherwise specified (Items 6, 7-13 and Item 18).

3. Were the following disease problems present in **grower/finisher aged** pigs? [DK = Don't know]
- a. APP (*Actinobacillus pleuropneumoniae*) v403 ₁ Yes ₃ No ₄ DK
 - b. Atrophic rhinitis v404 ₁ Yes ₃ No ₄ DK
 - c. Erysipelas v405 ₁ Yes ₃ No ₄ DK
 - d. Gastric ulcers v406 ₁ Yes ₃ No ₄ DK
 - e. Glasser's disease (*Haemophilus parasuis*) v407 ₁ Yes ₃ No ₄ DK
 - f. Hemorrhagic bowel syndrome v408 ₁ Yes ₃ No ₄ DK
 - g. Ileitis (*Lawsonia intracellularis*) v409 ₁ Yes ₃ No ₄ DK
 - h. Influenza v410 ₁ Yes ₃ No ₄ DK
 - i. Lice v411 ₁ Yes ₃ No ₄ DK
 - j. Mange v412 ₁ Yes ₃ No ₄ DK
 - k. *Mycoplasma pneumoniae* v413 ₁ Yes ₃ No ₄ DK
 - l. Porcine circovirus 2 (PCVAD, formerly known as PMWS) v414 ₁ Yes ₃ No ₄ DK
 - m. Porcine deltacoronavirus (PDCoV) v415 ₁ Yes ₃ No ₄ DK
 - n. Porcine dermatitis and nephropathy syndrome (PDNS) v416 ₁ Yes ₃ No ₄ DK
 - o. Porcine epidemic diarrhea (PED) v417 ₁ Yes ₃ No ₄ DK
 - p. PRRS (porcine reproductive and respiratory syndrome) v418 ₁ Yes ₃ No ₄ DK
 - q. Roundworms v419 ₁ Yes ₃ No ₄ DK
 - r. *Salmonella* v420 ₁ Yes ₃ No ₄ DK
 - s. Seneca Valley Virus (SVV or SVA) v421 ₁ Yes ₃ No ₄ DK
 - t. Swine dysentery v422 ₁ Yes ₃ No ₄ DK
 - u. Other disease problems (Specify: _____) v423oth v423 ₁ Yes ₃ No ₄ DK

4. [Show vaccine list to respondent.] Were **grower/finisher aged** pigs on this site vaccinated against the following diseases?
- a. APP (*Actinobacillus pleuropneumoniae*) v424 ₁ Yes ₃ No ₄ DK
 - b. *Actinobacillus suis* (autogenous) v425 ₁ Yes ₃ No ₄ DK
 - c. Atrophic rhinitis (*Bordetella/Pasteurella*) v426 ₁ Yes ₃ No ₄ DK
 - d. *Clostridium difficile* (autogenous) v427 ₁ Yes ₃ No ₄ DK
 - e. *Clostridium perfringens* Type A v428 ₁ Yes ₃ No ₄ DK
 - f. *Clostridium perfringens* Types C and D v429 ₁ Yes ₃ No ₄ DK
 - g. Erysipelas v430 ₁ Yes ₃ No ₄ DK
 - h. *E. coli* (K88, K99, 987P, F41) v431 ₁ Yes ₃ No ₄ DK
 - i. Glasser's disease (*Haemophilus parasuis*) v432 ₁ Yes ₃ No ₄ DK
 - j. Ileitis (*Lawsonia intracellularis*) v433 ₁ Yes ₃ No ₄ DK

4. (continued)

- k. Influenza v434 ₁ Yes ₃ No ₄ DK
- l. Leptospirosis v435 ₁ Yes ₃ No ₄ DK
- m. *Mycoplasma hyopneumoniae* v436 ₁ Yes ₃ No ₄ DK
- n. Porcine circovirus 2 v437 ₁ Yes ₃ No ₄ DK
- o. PRRS..... v438 ₁ Yes ₃ No ₄ DK
- p. Porcine epidemic diarrhea..... v439 ₁ Yes ₃ No ₄ DK
- q. *Salmonella*..... v440 ₁ Yes ₃ No ₄ DK
- r. TGE (transmissible gastroenteritis)..... v441 ₁ Yes ₃ No ₄ DK
- s. Other vaccinations (Specify: _____) v442oth .. v442 ₁ Yes ₃ No ₄ DK

[If Item 4k = No or Don't Know, SKIP to Item 6.]

5. Were the following types of influenza vaccines used in **grower/finisher aged** pigs?

- a. Commercial influenza vaccine (killed) *[Show vaccine list to respondent.]*..... v443 ₁ Yes ₃ No ₄ DK
- b. Autogenous influenza vaccine (killed)..... v444 ₁ Yes ₃ No ₄ DK
- c. Modified Live influenza vaccine *[Show vaccine list to respondent.]* v445 ₁ Yes ₃ No ₄ DK

Item 6-Action Codes	
1 – Have not had clinical respiratory disease in grower/finisher aged pigs during last 12 months	4 – Treated all pigs in same pen with clinically ill pigs with antibiotics
2 – Did not treat any pigs with antibiotics	5 – Treated all pigs in same pen and pens adjacent to clinically ill pigs with antibiotics
3 – Treated only clinically ill pigs with antibiotics	6 – Treated all pigs in entire room with clinically ill pigs with antibiotics (all pigs with shared airspace)

6. For the **most recent** occurrence of a respiratory disease outbreak in **grower/finisher aged** pigs which option from the code list above best describes the action taken? *[Enter one code only from list above. Antibiotics can be given in water/feed or by injection.]* v446 _____ code

7. During the last **6** months, approximately how many **weaned pigs** were fed and managed as **grower/finisher aged** pigs? V447 _____ head

8. During the last 6 months, were any medications given by **injection** to **grower/finisher aged** pigs?

..... v448 1 Yes 3 No 4 DK

[If Item 8 = No or Don't Know, SKIP to Item 10.]

Item 9-Primary Reason Codes	
1 – Disease prevention or control	4 – Polyserositis/meningitis treatment
2 – Respiratory disease treatment	5 – Parasite treatment/deworming
3 – Enteric (intestinal or GI) disease treatment	6 – Other treatment (Specify: _____) v448aoth (Specify: _____) v448both

9. *[Show medication list to respondent.]* For any medications given by **injection** in the last 6 months to **grower/finisher aged** pigs, enter the **primary** reason given *[enter one code only from list above]* and the **approximate number of grower/finisher aged** pigs that received injected medication in the 6 month period.

	Active ingredient	Trade name (example)		Primary reason code	Number of grower/finisher aged pigs treated
a.	Ampicillin	Polyflex	v449/a		
b.	Amoxicillin	Amoxi-Inject	v450/a		
c.	Ceftiofur	Excenel; Naxcel; Exced	v451/a		
d.	Enrofloxacin	Baytril 100, Enroflox® 100	v452/a		
e.	Erythromycin	Erythro	v453/a		
f.	Florfenicol	Nuflor	v454/a		
g.	Gentamicin	Garacin	v455/a		
h.	Lincomycin	Lincocin	v456/a		
i.	Oxytetracycline	LA200; Oxytet; Biomycin	v457/a		
j.	Penicillin benzathine	BP48, long-acting Pen	v458/a		
k.	Procaine Penicillin G	Pen-G	v459/a		
l.	Tulathromycin	Draxxin	v460/a		
m.	Tylosin	Tylan	v461/a		
n.	Dexamethasone	Glucortin-20	v462/a		
o.	Doramectin	Dectomax	v463/a		
p.	Flunixin meglumine	Banamine S	v464/a		
q.	Isoflupredone	Predef 2x	v465/a		
r.	Ivermectin	Ivomec	v466/a		
s.	Levamisole	Tramisol; Levasole	v467/a		
t.	Vitamin A, D, E		v468/a		
u.	Other medications (Specify: _____)v469oth		v469/a		

10. During the last 6 months, were any medications given by **water** to **grower/finisher aged** pigs?

v470 1 Yes 3 No 4 DK

[If Item 10 = No or Don't Know, SKIP to Item 12.]

Item 11-Primary Reason Codes	
1 – Disease prevention or control	4 – Polyserositis/meningitis treatment
2 – Respiratory disease treatment	
3 – Enteric (intestinal or GI) disease treatment	5 – Other treatment (Specify: _____) v470aoth (Specify: _____) v470both

11. [Show medication list to respondent.] For any medications given by **water** in the last 6 months to **grower/finisher aged** pigs, enter the **primary** reason given [enter one code only from list above], **total** number of **days** medication was given in the water and the **approximate percent of Item 7 pigs** medicated by water in the 6 month period.

	Active ingredient	Trade name (example)		Primary reason code	Total days in water per treated group	Percent of Item 7 pigs
a.	Amoxicillin		v471/a/b			
b.	Bacitracin Methylene Disalicylate	BMD® soluble, Solutracin	v472/a/b			
c.	Bacitracin zinc	Baciferm® soluble	v473/a/b			
d.	Chlortetracycline	Aureomycin soluble powder	v474/a/b			
e.	Chlortetracycline/sulphamethazine	Chloronex® Sulmet® soluble powder	v475/a/b			
f.	Florfenicol	Florvio™ 2.3% concentration solution	v476/a/b			
g.	Gentamicin	Garacin® oral solution	v477/a/b			
h.	Lincomycin	LinxMed® soluble powder	v478/a/b			
i.	Lincomycin/Spectinomycin	L-S 50 Water soluble® powder	v479/a/b			
j.	Neomycin	Neosol, Neomix® soluble powder	v480/a/b			
k.	Oxytetracycline	Terramycin® soluble, Tetroxy®	v481/a/b			
l.	Penicillin G Potassium	PenAqua Sol G®, Solu-Pen	v482/a/b			
m.	Spectinomycin	Spectam®, Spectogard Scour-Chek™	v483/a/b			
n.	Sulfachlorpyridazine	Vetisulid®, Prinzone oral suspension	v484/a/b			
o.	Sulfadimethoxine	Albon® oral suspension, Agribon soluble powder,	v485/a/b			
p.	Sulfamethazine	Sulmet®, Purina® sulfa	v486/a/b			
q.	Sulfaquinoxaline	S.Q. 20% Solution, Sul-Q-Nox	v487/a/b			
r.	Tetracycline	Tet-Sol® 324, Duramycin-10	v488/a/b			
s.	Tiamulin	Denagard® liquid concentrate	v489/a/b			
t.	Tilmicosin	Pulmotil® AC	v490/a/b			
u.	Trimethoprim/Sulfadiazine	TMP/Sulfa, Tribriksen	v491/a/b			
v.	Tylosin	Tylan® soluble, Tylovet® soluble	v492/a/b			
w.	Tylvalosin	Aivlosin®	v493/a/b			
x.	Salicylic Acid	spirin	v494/a/b			
y.	Other medications (Specify: _____) v495oath		v495/a/b			

12. During the last 6 months, were any medications given by **feed** to **grower/finisher aged** pigs?

..... v496 1 Yes 3 No 4 DK

[If Item 12 = No or Don't Know, SKIP to Item 14.]

Item 13-Primary Reason Codes	
1 – Growth promotion	5 – Parasite treatment/deworming
2 – Disease prevention or control	
3 – Respiratory disease treatment	6 – Other treatment (Specify: _____) v496aoth (Specify: _____) v496bott
4 – Enteric (intestinal or GI) disease treatment	

13. [Show medication list to respondent.] For any medications given by **feed** during the last 6 months to **grower/finisher aged** pigs, enter the **primary** reason given [enter one code only from list above], **average starting age** (in weeks since birth) of pigs when medications began, **total** number of **days** medication was given in the water **approximate percent of Item 7 pigs** medicated by feed in the 6 month period.

	Active ingredient	Trade name (example)		Primary reason code	Average starting age (weeks)	Total days in feed per treated group	Percent of Item 7 pigs
a.	Avilamycin	Kavault®	v497/a/b/c				
b.	Bacitracin Methylene Disalicylate	BMD®	v498/a/b/c				
c.	BMD/Chlortetracycline	BMD®/Aureomycin®	v499/a/b/c				
d.	Bacitracin Zinc	Albac®, Baciferm®	v4000/a/b/c				
e.	Bambermycin	Flavomycin®	v4001/a/b/c				
f.	Carbadox	Mecadox®	v4002/a/b/c				
g.	Carbadox/Oxytetracycline	Terramycin®	v4003/a/b/c				
h.	Chlortetracycline	Aureomycin®	v4004/a/b/c				
i.	Chlortetracycline/Sulfamethazine	Aureomix® S, Pennchlor S	v4005/a/b/c				
j.	Chlortetracycline/Tiamulin	Denagard® Plus CTC®	v4006/a/b/c				
k.	Florfenicol	Nuflor®	v4007/a/b/c				
l.	Lincomycin	Lincomix®	v4008/a/b/c				
m.	Narasin	Skycis®	v4009/a/b/c				
n.	Neomycin/Terramycin	Neo-Oxy 100/100®	v4010/a/b/c				
o.	Oxytetracycline	Terramycin®, OXTC®	v4011/a/b/c				
p.	Tiamulin	Denagard®	v4012/a/b/c				
q.	Tilmicosin	Pulmotil® 90	v4013/a/b/c				
r.	Tylosin	Tylan®, Tylovet®	v4014/a/b/c				
s.	Tylosin/Sulfamethazine	Tylan® Sulfa-G	v4015/a/b/c				
t.	Tylvalosin	Aivlosin® 17%	v4016/a/b/c				
u.	Virginiamycin	Stafac®	v4017/a/b/c				
v.	Fenbendazole	Safeguard	v4018/a/b/c				
w.	Ivermectin	Ivomec	v4019/a/b/c				
x.	Pyrantel tartrate	Banmith	v4020/a/b/c				
y.	Ractopamine	Paylean	v4021/a/b/c				
z.	Zinc oxide		v4022/a/b/c				
aa.	Other medications (Specify: _____) v4023oth		v4023/a/b/c				

14. Were the following ingredients in any of the **grower/finisher age** pig diets and if **YES** were they imported into this country?

Ingredient		Used?	Imported?
a. Tallow (animal fat from cattle or sheep).....	v4024/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
b. Lard or choice white grease (pork fat).....	v4025/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
c. Other animal fat (Specify: _____)	v4026/a/oth	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
d. Soybean oil.....	v4027/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
e. Corn oil.....	v4028/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
f. Other vegetable fat (Specify: _____)	v4029/a/oth	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
g. Molasses.....	v4030/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
h. Spray dried plasma.....	v4031/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
i. Blood meal, serum albumin, or other blood products.....	v4032/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
j. Mucosal products such as dried porcine soluble or PEP products.....	v4033/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
k. Fish meal.....	v4034/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
l. Feather meal.....	v4035/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
m. Meat meal or meat-and-bone meal.....	v4036/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
n. Soybean meal or other vegetable protein source.....	v4037/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
o. Other protein sources (Specify: _____)	v4038/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
p. Bakery/food manufacture byproducts (not table waste)	v4039a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
q. Vitamin Mineral Mix.....	v4040/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
r. Distiller's dried grain and solubles (DDGS).....	v4041/a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 4 DK
i. If Yes , what is the average percentage of DDGS in the diet?.....		v4042 _____ %	

15. How many different rations were routinely fed to **grower/finisher aged** pigs? v4043 _____ rations

16. How many of the different rations fed routinely to **grower/finisher aged** pigs were: **(Enter Zero if None in a category)**

a. Meal/mash?	v4044 _____ rations
b. Pellet?.....	v4045 _____ rations
c. Liquid?	v4046 _____ rations
d. Other? (Specify: _____)	v4047 _____ rations
e. Total rations (<i>should equal answer to Item 15</i>).....	v4048 _____ rations

17. On average, what was the total amount of feed (on an as-fed basis) a pig consumed as a **grower/finisher aged** pig? 4049 _____ lb/pig

18. During the last **6** months, how many shipments of **grower/finisher aged** pigs left this site to go to the following destinations? For each shipment indicate the distance and state characteristics.

Destination		Number of shipments	Distance to closest destination (miles)	Distance to farthest destination (miles)	Number of shipments that crossed State lines	If shipped out of State, destination State(s) (2 letter code)
a. Slaughter as market hogs	v4050/a/b/c/d					
b. Slaughter as culled pigs	v4051/a/b/c/d					
c. Breeding herd at another site	v4052/a/b/c/d					
d. Auction/livestock market	v4053/a/b/c/d					
e. Other (Specify: _____)	v4054/oth					

Section 5—Site Demographics

1. In all the hog rearing facilities on this site today, what type of pigs live in each facility, how many pens are in that building and what is the approximate number of pigs in the building? (Check **all** that apply for each facility before filling in numbers.)

Note: Each facility or singular structure may have different age groups within it. For example, if a site has 3 buildings, there may be sows, gilts and unweaned pigs in one facility, developing gilts in another, and nursery/growers in the last. In this case only fill in the first three rows - Facility 1, 2 and 3.

Facility Number		Types of Pigs					Number of Pens in Building	Approximate Number of Pigs in Building
		Sows and gilts	Developing gilts	Unweaned pigs	Nursery aged pigs	Grower/finisher aged pigs		
1	v501/a/b/c/ d/e/f/g	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
2	v502/a/b/c/ d/e/f/g	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
3	v503/a/b/c/ d/e/f/g	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
4	v504/a/b/c/ d/e/f/g	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
5	v505/a/b/c/ d/e/f/g	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
6	v506/a/b/c/ d/e/f/g	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
7	v507/a/b/c/ d/e/f/g	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
8	v508/a/b/c/ d/e/f/g	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
9	v509/a/b/c/ d/e/f/g	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
10	v510/a/b/c/ d/e/f/g	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		

Section 6—Office Use Only

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

1. Total time for interview including time to discuss the program and complete the questionnaire.
If more than one data collector present, enter the combined time VITIME _____ min

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

3. Data collector(s) (Enter the number for each category.)

_____ Federal VMO	_____ Federal AHT	VVMO/VAHT
_____ State personnel	_____ Other (Specify in margin)	VST/VOTH

4. Enter response code 99 if questionnaire is completed or enter one code (00–07) that best describes the reason why the site contact is not participating VRCO _____ code
 - 99 = Survey completed
 - 00 = Inaccessible after 5 contact attempts
 - 01 = Poor time of year to contact or no time available to participate
 - 02 = Doesn't want anyone on operation
 - 03 = Bad experience with government veterinarian(s)
 - 04 = Doesn't want to do another survey or divulge information
 - 05 = Told NASS they didn't want to be contacted by VS
 - 06 = Ineligible (no longer in operation)
 - 08 = Other (explain in the comments section below)

5. Will oral fluid samples be taken? VORL 1 Yes 3 No

6. Will fecal samples be taken? VFEC 1 Yes 3 No

7. Which of the following best describes interviewee's position with this site? VPOS _____ code
 - 1 = Independent producer/owner of operation
 - 2 = Farm manager/herdsman
 - 3 = Company Veterinarian
 - 4 = Private or Other Veterinarian
 - 5 = Other-include combination of respondents if applicable (Specify: _____) VPOS_{oth}

8. Producer data quality VPDQ 1 Good 2 OK 3 Poor

9. Comments regarding this questionnaire or operation:

VMO or AHT Signature: _____

TO BE COMPLETED BY COORDINATOR:

10. Field data quality VFDQ 1 Good 2 OK 3 Poor