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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 SMALL ENTERPRISE SURVEY

Information requested in this survey is used to prepare estimates of selected agricultural commodities. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept confidential and used only for statistical purposes in combination with similar reports from other producers. Response is **voluntary**.

Project Code: ? NAHMS ?
QID: NAHMS ? SMetaKey: ?

SECTION 1 – OPERATION CHARACTERISTICS

INSTRUCTIONS: For the purposes of this study, an “operation” includes all sites where swine belonging to the operation are raised. Alternatively, if this operation is a contractee for someone else’s swine answer for all sites where you raise swine for someone else.

1. Between **June 1, 2019** and **May 31, 2020**, were there any swine on this operation?

0100

1 YES – Continue 3 NO – **SKIP to Section 11.**

INSTRUCTIONS: For the purposes of this study, a “site” site is one geographic location or address that functions to produce one or more production phases (e.g., breeding, nursery, grower/finish).

2. Did this operation keep swine at more than one site?

0101

1 YES – Continue 3 NO – **SKIP to Section 3. This one site will be the “selected site.”**

3. On how many separate sites were swine raised between **June 1, 2019** and **May 31, 2020**?

Sites
0102
0103

4. Of these (Question 3) sites, how many sites were located within the state of [STATE]?

5. Of these (Question 4) sites, how many sites had:

- a. **Any** breeding animals such as sows, gilts, boars and nursing pigs (may also have weaned pigs)?
- b. **No** breeding animals such as sites with only nursery and/or grower/finisher aged pigs?

Sites
0104
0105

INSTRUCTIONS: Questions 5a + 5b should total to the number of sites in Question 4.

6. Of the total swine on hand **June 1, 2020** on **all sites in Question 4**, how many were:
(Enter **Zero** if None)

- a. Sows, open (unmated) replacement gilts and bred gilts in the breeding herd?
- b. Open (unmated) replacement gilts for breeding not yet in the breeding herd, such as those in a Gilt Development Unit?
- c. Nursing pigs?
- d. Boars and young males for breeding, including teaser boars?
- e. Cull sows, gilts and boars?
- f. Weaned hogs under 60 pounds?
- g. Market hogs 60 pounds and over, **excluding cull sows, gilts and boars**?
- h. **Other** such as Show or Pet Pigs? (Specify: ^{0113oth} _____)

Head
0106
0107
0108
0109
0110
0111
0112
0113
= 0114

i. Then the **total** number of swine on all sites **in Question 4** is:

SECTION 1 – OPERATION CHARACTERISTICS

7. Of the total swine on hand **June 1, 2020** on **all sites in Question 4**, which of the following breed types were present? (Check **Yes** or **No** for all categories listed below)
- a. Common Commercial breeds such as Yorkshire, Duroc or Hampshire..... 0115 1 YES 3 NO
- b. Heritage breeds such as Old Spot, Tamworth, Hereford or Mangalitsa 0116 1 YES 3 NO
- c. Miniature Pet breeds such as Kunekune or Potbellied)..... 0117 1 YES 3 NO
- d. Other breed types (Specify: 0118oth _____) 0118 1 YES 3 NO
8. Between **June 1, 2019** and **May 31, 2020**, what was the **primary purpose** for this operation owning swine? (Check **all** that apply below from left to right.)

0119 <input type="checkbox"/> 1 Pleasure (e.g., a hobby)	0120 <input type="checkbox"/> 1 Income	0121 <input type="checkbox"/> 1 Education (e.g., 4H for kids)	0122 <input type="checkbox"/> 1 Home consumption
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9. For the following information sources, how important are they to this **operation**?

	Not Important	Somewhat Important	Moderately Important	Very Important
a. Pork industry publications, magazines or websites 0123	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Pork industry programs and/or meetings..... 0124	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Local veterinarian (including their website)..... 0125	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Extension service (including website)..... 0126	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Another pig producer..... 0127	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Feed or animal health product supplier other than a veterinarian..... 0128	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Producer web discussion groups (e.g., Facebook)..... 0129	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Internet website..... 0130	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Other (Specify: 0131oth _____) 0131	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

10. Does the **operation** advertise their pork as the following? (Check **Yes** or **No** for all categories listed below)
- a. Natural pork 0132 1 YES 3 NO
- b. Breed specific pork 0133 1 YES 3 NO
- c. Locally Grown 0134 1 YES 3 NO
- d. Pasture raised..... 0135 1 YES 3 NO
- e. Humanely raised..... 0136 1 YES 3 NO
- f. "In State" raised..... 0137 1 YES 3 NO
- g. Organic..... 0138 1 YES 3 NO
- h. Raised without Antibiotics 0139 1 YES 3 NO
- i. Other (Specify: 0140oth _____) 0140 1 YES 3 NO

SECTION 2 – OPERATION SITE SELECTION

INSTRUCTIONS: Pick a site closest to where this interview is taking place (can own the site and the swine **OR** just the swine **OR** just the site and you raise swine for someone else) that is in the State identified in Question 4. **This site you selected will be the one you refer to when answering the rest of the questionnaire.**

SECTION 3 – SELECTED SITE INVENTORY

	Head
1. Of the total swine on hand June 1, 2020 on the selected site , how many were: (Enter Zero if None)	0300
a. Sows, open (unmated) replacement gilts and bred gilts in the breeding herd?.....	0301
b. Open (unmated) replacement gilts for breeding <u>not yet in the breeding herd</u> , such as those in a Gilt Development Unit?..... +	0302
c. Nursing pigs?..... +	0303
d. Boars and young males for breeding, including teaser boars?..... +	0304
e. Cull sows, gilts and boars?..... +	0305
f. Weaned hogs under 60 pounds?..... +	0306
g. Market hogs 60 pounds and over, excluding cull sows, gilts and boars ?..... +	0307
h. Other such as Show or Pet Pigs? (Specify: ^{0307oth} _____) +	0308
i. Then the total number of swine on the selected site is:..... =	0308

SECTION 4 – SELECTED SITE PRODUCTION PHASES AND HOUSING

LIST 1 – Flow Management

LIST 2 - Facility

1 - Continual flow 2 - All swine removed, but swine areas not cleaned and disinfected 3 - All in, all out by room 4 - All in, all out by building 5 - All in, all out by site 6 - Other (Specify: ^{0401aoth} _____)	1 - Total confinement often with mechanical ventilation 2 - Open building with no outside access 3 - Open building with outside access 4 - Lot with hut or no building 5 - Pasture with hut or no building 6 - Other (Specify: ^{0402aoth} _____)
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INSTRUCTIONS: All-in/all-out management means that every animal is removed from a room, building, or site, and the swine areas are cleaned (and usually disinfected) before any new animals arrive. If a facility (room, building, or site) is never completely empty of swine, the management approach is called continual flow.

1. Did the **selected site** have a **Gestation phase** between **June 1, 2019** and **May 31, 2020**?

0400

1 YES – Continue 3 NO – SKIP to **Question 2**.

	Code
a. How is pig flow managed for the majority of animals in this phase at this site? (Enter code from <u>List 1</u>).....	0401
b. What type of facility is used for the majority of animals in this phase at this site? (Enter code from List 2).....	0402

2. Did the **selected site** have a **Farrowing phase** between **June 1, 2019** and **May 31, 2020**?

0403

1 YES – Continue 3 NO – SKIP to **Question 3**.

	Code
a. How is pig flow managed for the majority of animals in this phase at this site? (Enter code from <u>List 1</u>).....	0404
b. What type of facility is used for the majority of animals in this phase at this site? (Enter code from <u>List 2</u>).....	0405

3. Did the **selected site** have a **Wean to Finish phase** between **June 1, 2019** and **May 31, 2020**?

0406

1 YES – Continue 3 NO – SKIP to **Question 4**.

	Code
a. How is pig flow managed for the majority of animals in this phase at this site? (Enter code from <u>List 1</u>).....	0407
b. What type of facility is used for the majority of animals in this phase at this site? (Enter code from <u>List 2</u>).....	0408

SECTION 4 – SELECTED SITE PRODUCTION PHASES AND HOUSING

4. Did the **selected site** have a **Nursery phase** between **June 1, 2019** and **May 31, 2020**?

0409 1 YES – Continue 3 NO – SKIP to **Question 5**.

a. How is **pig flow managed** for the **majority** of animals in this phase at this site?

(Enter code from List 1)..... Code

0410

b. What type of **facility** is used for the **majority** of animals in this phase at this site?

(Enter code from List 2)..... Code

0411

5. Did the **selected site** have a **Grower/Finisher phase** between **June 1, 2019** and **May 31, 2020**?

0412 1 YES – Continue 3 NO – SKIP to **Section 5**.

a. How is **pig flow managed** for the **majority** of animals in this phase at this site?

(Enter code from List 1)..... Code

0413

b. What type of **facility** is used for the **majority** of animals in this phase at this site?

(Enter code from List 2)..... Code

0414

SECTION 5 –SELECTED SITE BREEDING PRODUCTION AND HEALTH

1. Between **December 1, 2019** and **May 31, 2020**: (Check **Yes** or **No** for both)

a. Did any sows or gilts farrow on the **selected site**?..... 0500 1 YES 3 NO

b. Were any sows or gilts bred on the **selected site**?..... 0501 1 YES 3 NO

INSTRUCTIONS: If Questions 1a and 1b BOTH = NO, SKIP to Section 6

2. Between **December 1, 2019** and **May 31, 2020**, how many sows and gilts were bred on the **selected site**? (Enter **Zero** if None and SKIP to **Question 4**)?.....

Head 0502

3. Between **December 1, 2019** and **May 31, 2020**, what was the predominant **breeding method(s)** used for sows and gilts on the **selected site**? (Check **all** that apply below from left to right.)

0503 <input type="checkbox"/> 1 Artificial insemination	0504 <input type="checkbox"/> 1 Individual hand- mating naturally	0505 <input type="checkbox"/> 1 Pen-mate w/multiple females and one or more boars	0506 <input type="checkbox"/> 1 Combination of Artificial and Individual hand- mating	0507 <input type="checkbox"/> 1 - Combination of Artificial and Pen mating	0508 <input type="checkbox"/> 1 Other (Specify: 0508both _____)
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4. Between **December 1, 2019** and **May 31, 2020**: (Enter **Zero** if None for each)

a. How many sows and gilts farrowed, counting each time a sow farrowed separately?..... Head

0509

b. How many piglets were born, **including** stillborn piglets and mummies?..... Head

0510

c. How many of the (Question 4b) piglets were born alive?..... Head

0511

d. Of the (Question 4c) piglets born alive, how many have been or will be weaned?..... Head

0512

5. Subtract Question 4d from Question 4c and enter result. This is the total number of **preweaning deaths** that occurred between **December 1, 2019** and **May 31, 2020**.....

0513

6. Between **December 1, 2019** and **May 31, 2020**, how many sows or gilts on the **selected site**: (Enter **Zero** if None)

a. Died on the farm or were euthanized?..... Head

0514

b. Were culled?..... Head

0515

INSTRUCTIONS: If Question 6a = ZERO, SKIP to Question 8

SECTION 5 –SELECTED SITE BREEDING PRODUCTION AND HEALTH

7. Of the (Question 6a) sows or gilts that died on the **selected site**, what **percent** were disposed of by:
(Enter **Zero** if None)

	Percent
a. Burial ON this site?.....	0516
b. Incineration ON this site?..... +	0517
c. Renderer pickup ON this site such as a “dead box” at the end of the driveway?..... +	0518
d. Renderer pickup OUTSIDE of this site?..... +	0519
e. Composting ON this site?..... +	0520
f. Composting OUTSIDE of this site?..... +	0521
g. Some other means? (Specify: ^{0522oth}) +	0522
Total [Should equal 100%] =	100%

8. Between **December 1, 2019** and **May 31, 2020**, were new sows or gilts introduced into the breeding herd on the **selected site** from **outside** the operation?..... ⁰⁵²³ ₁ YES ₃ NO

INSTRUCTIONS: If Question 8 = NO, SKIP to Question 11

9. Were the newly arriving breeding females (e.g., new gilts) **always, sometimes** or **never** put through an isolation or quarantine process before being introduced to the breeding herd?..... ⁰⁵²⁴ ₁ Always ₂ Sometimes ₃ Never

10. Are **all, some** or **none** of newly arriving breeding females tested for disease before being introduced to the breeding herd?..... ⁰⁵²⁵ ₁ All ₂ Some ₃ None

11. Between **December 1, 2019** and **May 31, 2020**, was a breeding boar from another operation ever **temporarily** brought on to the **selected site** to mate sows or gilts?..... ⁰⁵²⁶ ₁ YES ₃ NO

INSTRUCTIONS: For Question 12 check N/A (not applicable) in the applicable column for 12a-g if the selected site didn't have that type of pig between December 1, 2019 and May 31, 2020.

12. Did any of the following problems cause sickness or death in **any** (column heading) on the **selected site** between **December 1, 2019** and **May 31, 2020**?

	Sows & gilts	Boars	Nursing Pigs
a. Respiratory Disease?.....	⁰⁵²⁷ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵³⁴ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵⁴¹ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A
b. Gastrointestinal Disease?.....	⁰⁵²⁸ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵³⁵ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵⁴² <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A
c. Internal Parasites?.....	⁰⁵²⁹ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵³⁶ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵⁴³ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A
d. External Parasites?.....	⁰⁵³⁰ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵³⁷ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵⁴⁴ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A
e. Reproductive Problems?.....	⁰⁵³¹ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵³⁸ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	
f. Died, reason unknown?.....	⁰⁵³² <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵³⁹ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵⁴⁵ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A
g. Other (Specify: ^{0533oth})	⁰⁵³³ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵⁴⁰ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A	⁰⁵⁴⁶ <input type="checkbox"/> ₁ YES <input type="checkbox"/> ₃ NO <input type="checkbox"/> ₂ N/A

SECTION 6 –SELECTED SITE WEANED PIG HEALTH

1. Between **December 1, 2019** and **May 31, 2020**, did this site raise weaned pigs (e.g., Nursery Aged Pigs and/or Grow/Finisher Aged Pigs for eventual market sale)?..... 1 YES 3 NO 0600

INSTRUCTIONS: If Question 1 = NO, SKIP to Section 7

2. Between **December 1, 2019** and **May 31, 2020**, how many of these weaned pigs died or were euthanized? (Enter **Zero** if None)..... **Head**
0601

3. Of the (Question 2) pigs that died on the **selected site**, what **percent** were disposed of by: (Enter **Zero** if None)

	Percent	
a. Burial ON this site?.....		0602
b. Incineration ON this site?.....	+	0603
c. Renderer pickup ON this site such as a “dead box” at the end of the driveway?.....	+	0604
d. Renderer pickup OUTSIDE of this site?.....	+	0605
e. Composting ON this site?.....	+	0606
f. Composting OUTSIDE of this site?.....	+	0607
g. Some other means? (Specify: ^{0608oth} _____).....	+	0608
Total [Should equal 100%] =		100%

INSTRUCTIONS: For Question 4 check N/A (not applicable) in the applicable column for 4a-f if the selected site didn't have that type of pig between December 1, 2019 and May 31, 2020. If there is another type of weaned pig, please write it in the space in the third column header (“Specify”).

4. Did any of the following problems cause sickness or death in **any** (column heading) on the **selected site** between **December 1, 2019** and **May 31, 2020**?

	Nursery Aged Pigs (e.g., less than 60 lbs.)	Grow/Finisher Aged Pigs (e.g., 60 lbs. +)	Other? ^{0627oth} (Specify: _____)
a. Respiratory Disease?.....	0609 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0615 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0621 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A
b. Gastrointestinal Disease?.....	0610 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0616 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0622 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A
c. Internal Parasites?.....	0611 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0617 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0623 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A
d. External Parasites?.....	0612 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0618 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0624 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A
e. Died, reason unknown?.....	0613 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0619 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0625 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A
f. Other (Specify: ^{0614oth} _____)	0614 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0620 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A	0626 <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 2 N/A

SECTION 7 – SWINE MOVEMENT ON THE SELECTED SITE

LIST 1 – Source of Pig Type

1 - Another producer site not managed by this operation 2 - Another producer site not managed by the operation this site (a contractee) usually raises swine for.	3 - Another producer site managed by this operation or the operation this site (a contractee) usually raises swine for. 4 - Livestock Market/Auction 5 - Buying station 6 - Other (Specify: ^{0701oth} _____)
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1. Between **June 1, 2019** and **May 31, 2020**, how many **Sows and gilts** were either temporarily or permanently brought on to the **selected site**? (Enter **Zero** if None and SKIP to **Question 2**)..... **Head**
0700

a. What was the **primary** Source of these sows and gilts? (Enter code from List 1)..... **Code**
0701

SECTION 7 – SWINE MOVEMENT ON THE SELECTED SITE

2. Between **June 1, 2019** and **May 31, 2020**, how many **Boars** were either temporarily or permanently brought on to the selected site? (Enter **Zero** if None and SKIP to **Question 3**).....
- Head**
0702
- Code**
0703
- a. What was the **primary** Source of these boars? (Enter code from List 1).....
3. Between **June 1, 2019** and **May 31, 2020**, how many **Newly Weaned pigs** were either temporarily or permanently brought on to the selected site? (Enter **Zero** if None and SKIP to **Question 4**).....
- Head**
0704
- Code**
0705
- a. What was the **primary** Source of these newly weaned pigs? (Enter code from List 1).....
4. Between **June 1, 2019** and **May 31, 2020**, how many **Feeder pigs** (approximately 40-60 pounds) were either temporarily or permanently brought on to the selected site? (Enter **Zero** if None and SKIP to **Question 5**).....
- Head**
0706
- Code**
0707
- a. What was the **primary** Source of these feeder pigs? (Enter code from List 1 above).....
- 0708
5. **If** the selected site gets swine from out of state, **how often** do the animals arrive with interstate health certificates?.....
- | | Always | Sometimes | Never | Don't get out of state swine |
|--|----------------------------|----------------------------|----------------------------|------------------------------|
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

SECTION 8 – SWINE MOVEMENT OFF THE SELECTED SITE

LIST 1 – Type of Swine

LIST 2 – Destination

1 - Sows or gilts 2 - Boars 3 - Culled breeding stock 4 - Newly Weaned pigs 5 - Feeder pigs (40-60 pounds) 6 - Market weight hogs 7 - Other (Specify: ^{0801oth} _____)	1 - Other site within this operation or within the operation that owns the swine. 2 - Other site outside this operation or outside the operation that owns the swine. 3 - Federal or State inspected slaughter (regular inspection) 4 - Custom exempt slaughter (no regular inspection) 5 - Custom slaughter for sale to end consumer 6 - Slaughtered on farm 7 - Livestock Market/Auction 8 - Buying station (e.g., for cull swine) 9 - Fair or show or other exhibition 10 - Other (Specify: ^{0802oth} _____) 11 - Don't Know
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1. Between **June 1, 2019** and **May 31, 2020**, how many swine were moved off the selected site for a **Commercial market** (e.g., regular packing plant or rendering)? (Enter **Zero** if None and SKIP to **Question 2**).....
- Head**
0800
- Code**
0801
- a. What was the **primary** Type of these swine? (Enter code from List 1).....
- 0802
- b. What was the **primary** Destination for these swine? (Enter code from List 2).....
2. Between **June 1, 2019** and **May 31, 2020**, how many swine were moved off the selected site for a **"Locally grown" or "In State" market**? (Enter **Zero** if None and SKIP to **Question 3**).....
- Head**
0803
- Code**
0804
- a. What was the **primary** Type of these swine? (Enter code from List 1).....
- 0805
- b. What was the **primary** Destination for these swine? (Enter code from List 2).....

SECTION 8 – SWINE MOVEMENT OFF THE SELECTED SITE

3. Between **June 1, 2019** and **May 31, 2020**, how many swine were moved off the **selected site** for a **Breed specific pork market**? (Enter **Zero** if None and SKIP to **Question 4**).....
- Head**
0806
- a. What was the **primary** Type of these swine? (Enter code from List 1).....
- Code**
0807
- b. What was the **primary** Destination for these swine? (Enter code from List 2).....
- 0808
4. Between **June 1, 2019** and **May 31, 2020**, how many swine were moved off the **selected site** for a **Specialty market** (e.g., organic, pasture raised, antibiotic free)? (Enter **Zero** if None and SKIP to **Question 5**).....
- Head**
0809
- a. What was the **primary** Type of these swine? (Enter code from List 1).....
- Code**
0810
- b. What was the **primary** Destination for these swine? (Enter code from List 2).....
- 0811
5. Between **June 1, 2019** and **May 31, 2020**, how many swine were moved off the **selected site** to go **Direct to another owner**? (Enter **Zero** if None and SKIP to **Question 6**).....
- Head**
0812
- a. What was the **primary** Type of these swine? (Enter code from List 1).....
- Code**
0813
- b. What was the **primary** Destination for these swine? (Enter code from List 2).....
- 0814
6. Between **June 1, 2019** and **May 31, 2020**, what was the number of times **any** swine were transported off the **selected site** and then **returned**? (e.g., showing a hog at a fair, loaned for breeding) (Enter **Zero** if None).....
- Times**
0815

SECTION 9 – GENERAL MANAGEMENT ON THE SELECTED SITE

1. Were any of the following methods of rodent control used on the **selected site**: (Check **Yes** or **No** for all)
- a. Cats?..... 0900 1 YES 3 NO
- b. Dogs?..... 0901 1 YES 3 NO
- c. Traps?..... 0902 1 YES 3 NO
- d. Bait or poison? 0903 1 YES 3 NO
- e. Professional exterminator? 0904 1 YES 3 NO
- f. Grounds keeping (e.g., rock border, regular lawn mowing)? 0905 1 YES 3 NO
- g. Other method? (Specify: ^{0906oth}.....) 0906 1 YES 3 NO

SECTION 9 – GENERAL MANAGEMENT ON THE SELECTED SITE

INSTRUCTIONS: For Questions 2 and 4, DK means the respondent doesn't know and N/A means that the type of swine listed was not present on the selected site in the time frame given.

2. Between **June 1, 2019** and **May 31, 2020**, have any of the following practices been used **at any time** on the **selected site**? (Check **Yes** or **No** or **D/K** or **NA** as applicable for all practices)
- | | | | | |
|---|------|--------------------------------|-------------------------------|--|
| a. Vaccination..... | 0907 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK |
| b. Deworming..... | 0908 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK |
| c. Testing for Pseudorabies virus (other than to diagnosis an illness)..... | 0909 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK |
| d. Testing for Brucellosis (other than to diagnosis an illness)..... | 0910 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK |
| e. Antibiotics included in the feed fed to sows or gilts?..... | 0911 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK <input type="checkbox"/> 2 N/A |
| f. Antibiotics included in the water for sows or gilts?..... | 0912 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK <input type="checkbox"/> 2 N/A |
| g. Antibiotics included in the feed fed to weaned swine?..... | 0913 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK <input type="checkbox"/> 2 N/A |
| h. Antibiotics included in the water for weaned swine?..... | 0914 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK <input type="checkbox"/> 2 N/A |
3. Does the **selected site** have a Veterinary Client Patient Relationship (VCPR) with their primary veterinarian?..... 0915 1 YES 3 NO
4. Between **June 1, 2019** and **May 31, 2020**, how did **most** feed arrive on the **selected site**? (Check **Yes** or **No** for all sources)
- | | | | | |
|---|------|--------------------------------|-------------------------------|-------------------------------|
| a. Home raised and mixed - not delivered or picked up | 0916 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK |
| b. Picked up by employees (including management) and brought to the site..... | 0917 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK |
| c. Delivered to the site, outside buildings where swine are kept..... | 0918 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK |
| d. Delivered to the site, inside buildings where swine are kept..... | 0919 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK |
| e. Other (Specify: ^{0920oth} _____) | 0920 | <input type="checkbox"/> 1 YES | <input type="checkbox"/> 3 NO | <input type="checkbox"/> 4 DK |

SECTION 10 – SELECTED SITE WILDLIFE AND NEARBY SITES

1. To the nearest **quarter mile**, how many miles is it from the **selected site** to the nearest site with any swine? **Include** sites regardless of who owns the swine..... **Miles**
- 1000 . ____
2. How many sites with swine are within three miles of the **selected site**? **Include** sites regardless of who owns the swine
- 1001
3. Do you have a perimeter fence around the **selected site** to prevent the entry of wild animals to the swine areas?..... 1002 1 YES 3 NO
4. Are there feral swine in the **selected site's** county? **Include** swine on hunting clubs or captive on farms..... 1003 1 YES 3 NO 4 DK
5. Between **June 1, 2019** and **May 31, 2020**, how many times have feral swine or evidence of them (such as footprints, rooted up land, low rubbed areas on trees, feces, etc.) been seen on the **selected site**?..... **Times**
- 1004

INSTRUCTIONS: If Question 5 = ZERO, SKIP to Section 11.

6. For any of the times that feral swine or evidence of them were seen on the **selected site**, was there any evidence that the feral swine entered or gained access to facilities used to house swine or store feed?..... 1005 1 YES 3 NO

For Wildlife Services (WS) assistance in your State, call toll-free (866) 4USDA-WS (866-487-3297)

SECTION 11 – CONCLUSION

Have you heard of the NAHMS Swine 2020 study prior to contact by NASS for this survey?

1101

1 YES 3 NO

Respondent Name: _____

9911

Phone: () _____

9910

MM

DD

YY

Date: _____

Thank you for your time. Please return this questionnaire in the enclosed envelope.

OFFICE USE ONLY

Response	9901	Respondent	9902	Mode	9903	Enum	Eval.	Rpt.	Chan	Office Use for POID
1-No hogs		1-Op/Mgr		1-Mail		0098	0100	0921	0785	0789
2-Out of business		2-Sp		4-CATI						- - - - -
3-Refusal		3-Acct/Bkpr		19-Other						
4-Complete		4-Partner								Optional Use
5-Out of scope		9-Oth								
6-Office hold										0407
7-Inaccessible										0408
S/E Name _____										