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**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**

Health Management on U.S. Feedlots 2020 Phase 2 Questionnaire

Beginning time (military) _____

Ending time (military)..... _____

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

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept **confidential** and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both, if he or she willfully discloses ANY identifiable information about you or your feedlot. Response is **voluntary**.

General Instructions

Unless otherwise noted, questions refer to the time period from **September 1, 2019, to August 31, 2020.**

We would like to know about all cattle and calves on feed for the slaughter market, regardless of ownership, on this particular feedlot.

- Include cattle being fed by you for others.
- Exclude any of your cattle being custom fed in feedlots operated by others.
- Exclude cattle being “backgrounded only” for sale as feeders, for later placement on feed on another feedlot, or to be returned to pasture.
- Exclude cows and bulls being fed by you for the slaughter market

If “Don’t Know” is provided as an answer option, it is abbreviated as “DK.”

If “Not Applicable” is provided as an answer option, it is abbreviated as “NA.”

The following 4-point scale is utilized in many questions when possible instead of asking specifically for percentages. This is done because we recognize that in many cases percentages supplied are approximations and we would like the response to reflect that.

“None” (0%)

“Some” (50% or less)

“Most” (51% or more)

“All” (100%)

If a different scale is used it is specified in the question.

Section A—Cattle Health and Health Practices

Preconditioning and Backgrounding

1. Preconditioning and backgrounding comprises procedures such as acclimatization to feed bunks, vaccinations, implants, antibiotic use, weaning, deworming, castration, and dehorning that occur before cattle arrive at the feedlot. For this question, **reliable** information about preconditioning and backgrounding is defined as information that is trusted, but not necessarily documented. For each of the following arrival weight and breed classes, answer yes or no for whether they were placed on this feedlot. If yes, for what proportion of these cattle did you have **reliable** information about pre-conditioning/backgrounding they received prior to arrival at this feedlot?

	Weight class and breed placed on the feedlot?		Reliable information?			
			None	Some	Most	All
a. Beef breed cattle (less than 400 lb at arrival)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	If No, SKIP to 2b If Yes →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Beef breed cattle (400-699 lb at arrival)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	If No, SKIP to 2c If Yes →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Beef breed cattle (700 lb or greater at arrival)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	If No, SKIP to 2d If Yes →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Dairy or dairy cross breed cattle (less than 400 lb at arrival)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	If No, SKIP to 2e If Yes →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Dairy or dairy cross breed cattle (less than 400-699 lb at arrival)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	If No, SKIP to 2f If Yes →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Dairy or dairy cross breed cattle (700 lb or greater at arrival)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	If No, SKIP to 3 If Yes →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

2. Between September 1, 2019 and August 31, 2020, were all cattle placed on this feedlot bred and raised by this operation?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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[If Question 2 = Yes, then SKIP to Question 6]

3. How important is it to have reliable information on the preconditioning and backgrounding that cattle received prior to arrival? *[Choose one only]*

Not important	Slightly important	Moderately important	Very important	Extremely important
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

[If Question 3 = Not Important, SKIP to Question 6]

4. Are you able to access all the reliable information that you want?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
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[If Question 4 = Yes, SKIP to Question 6]

5. Why can't you access the reliable information that you want?

a. Finding cattle to purchase for which this information is known is inconvenient.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Cattle are purchased at a sale barn where this information is not available.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Cattle for which this information is known are too expensive.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. There is no practical mechanism for transfer of this information.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Other (specify: _____)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

NAHMS ID: _____

6. When you were aware of the history of cattle you purchased, or in calves you raised yourself, what proportion of the cattle had the following pre-conditioning and backgrounding procedures performed?

	None	Some	Most	All	DK
a. Introduction to the feed bunk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Given respiratory vaccines less than 2 weeks prior to or at weaning?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Given respiratory vaccines more than 2 weeks prior to weaning?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Given modified live, not killed, respiratory vaccines?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Weaned 4-6 weeks before arrival at feedlot?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Weaned more than 6 weeks before arrival at feedlot?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Bull calves and/or bulls castrated at least 3 weeks prior to arrival at feedlot ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Non-polled cattle dehorned at least 3 weeks prior to arrival at feedlot? (write N/A in margin if only naturally polled cattle placed)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Treated for external or internal parasites?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. Given antibiotics within 4 weeks of arrival at feedlot?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Initial Processing and Management at the Feedlot

7. Were cattle assessed for their risk for bovine respiratory disease when they arrived at this feedlot and initial processing protocols modified based on this assessment?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
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[If Question 7 = No, SKIP to Question 9]

8. How important were the following factors when making this risk assessment?

	Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
a. Long shipping distance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Arrival weight class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Appearance of cattle at arrival	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Respiratory disease in cattle previously received from same source	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Presence of respiratory disease in some cattle in group	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Whether cattle were commingled with other cattle prior to arrival	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Geographic origin of the cattle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Lack of previous respiratory vaccination	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Lack of preconditioning/backgrounding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. Season of the year	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Weather at time of arrival at the feedlot	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. Experience of receiving crew	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. Breed of cattle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. History of prior antibiotic treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. Other (specify: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

NAHMS ID: _____

<p>9. Processing includes procedures such as vaccinations, tagging, implants, deworming, mineral or vitamin supplementation, castration, dehorning, and antibiotic administrations. Excluding cattle processed separately for treating illness, were any cattle processed as a group at, or within 4 weeks, of placement?</p>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
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[If Question 9 = NO, then SKIP to Question 13]

10. What proportion of cattle were initially processed as a group during the following time periods?

	None	Some	Most	All	DK
a. 24 hours or less after arrival	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. 25 to 72 hours after arrival	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. 73 hours to 2 weeks after arrival	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. 2 to 4 weeks after arrival	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Not processed as a group at placement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃		<input type="checkbox"/> ₅

11. When cattle were initially processed as a group at placement, what proportion of the cattle had the following procedures performed? Answer 1 for "None" or 0% of cattle, 2 for "Some" for 50% or less, 3 for "Most" or 51% or more, 4 for "All" or 100%, or DK for "Don't Know." Answer for all cattle of all weight classes at arrival. If the answer is 2 or 3, "Some" or "Most," then also answer by arrival weight class if possible. *[Refer to Reference Card 2 (Vaccine Examples) for examples of common trade names of vaccines. For combination products, enter information into all relevant rows]*

	All Cattle	Weights at arrival		
		Cattle <400 lb	Cattle 400-699 lb	Cattle ≥700 lb
Vaccinations				
a. Vaccination against bovine viral diarrhea (BVD)?				
b. Vaccination against clostridial diseases (e.g., blackleg)?				
c. Vaccination against tetanus specifically?				
d. Vaccination against <i>Moraxella</i> (pinkeye)?				
e. Vaccination against any respiratory diseases?				
[If Question 11e = 0% for all, SKIP to Other Procedures 11i]				
f. Injectable vaccination against viral respiratory disease?				
g. Intranasal vaccination against viral respiratory disease?				
h. Vaccination against bacterial respiratory disease due to <i>Mannheimia</i> and/or <i>Pasteurella</i> ?				
Other procedures				
i. Testing for bovine viral diarrhea (BVD) infection				
j. Implantation?				
k. Administration of a parasiticide?				
l. Administration of an immunostimulant (e.g., Zelnate™)?				
m. Individual weighing of the animal?				
n. Taking the temperature of the animal?				
o. Listening to lungs with stethoscope?				
p. Administration of injectable antibiotic?				
q. Administration of vitamin and/or mineral injection?				
r. Other procedure? (specify: _____)				

NAHMS ID: _____

12. Continue to enter 1 for None, 2 for Some, 3 for Most, 4 for All, and DK for Don't Know for these questions about subgroups of cattle.

	Heifers
a. For heifers, what proportion had a pregnancy check at arrival?	
b. For heifers, what proportion were administered an abortifacient such as prostaglandin at arrival?	
	Bulls or bull calves
c. For bulls and bull calves, what proportion arrived at the feedlot uncastrated?	
	Non-polled cattle
d. For non-polled cattle, what proportion arrived at the feedlot with horns?	
[If Question 12d = None or DK, SKIP to Question 13]	
e. What proportion of non-polled cattle were dehorned at the feedlot?	
f. What proportion of non-polled cattle were tipped at the feedlot?	

13. How frequently did you conduct pen-riding or walking procedures for:
[Enter one code for each line: 1. Once a day; 2. Twice a day; 3. More than twice a day; 4. Less than once a day; 5. No standard procedure]

a. New arrivals (at feedlot less than 15 days)?	
b. Animals at feedlot 15 to 30 days?	
c. Animals at feedlot 30 days or more?	

14. Were the following used to mitigate weather-related stress on this feedlot?

a. Shade/shelter	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
b. Sprinklers, misters, and/or water trucks	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
c. Wind breaks	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
d. Building mounds	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
e. Feed additives, such as yeast, essential oils, or pepper extract	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
f. Other (specify: _____)	<input type="checkbox"/> ₁ Yes

Disease Conditions

15. What percentage of all placed cattle of the following arrival weight classes were **affected** with bovine respiratory disease (BRD) from September 1, 2019 to August 31, 2020? What percentage of all placed cattle of the following arrival weight classes **died** due to bovine respiratory disease during this time period?
[If it is not possible to estimate these percentages stratified by weight classes, enter DK for Don't Know and complete the cattle of all arrival weight classes row. If it is not possible to estimate the percentage for all arrival weight classes, enter DK for Don't Know]

	Affected	Died
a. Cattle less than 400 lb at arrival	%	%
b. Cattle 400 to 699 lb at arrival	%	%
c. Cattle 700 lb or greater at arrival	%	%
OR		
d. Cattle of all arrival weight classes	%	%

[If Question 15 all = 0 or DK, SKIP to Question 19]

NAHMS ID: _____

16. The occurrence of BRD on feedlots can vary throughout the year for many reasons, particularly seasonal factors. What percentage of cattle were affected with BRD on this feedlot during the fall/winter months compared to the spring/summer months? If this is unknown, enter "DK" for Don't Know.	Percentage of cattle affected with BRD
a. Cattle affected with BRD in fall/winter months	
b. Cattle affected with BRD in spring/summer months	
c. Total (Cattle affected with BRD all year)	100%

17. How did the overall percentage of cattle on this feedlot affected with BRD seasonally compare to the expected or "normal" percentages on this feedlot for: [Check one only]	Lower	Similar	Higher
a. BRD in fall/winter months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. BRD in spring/summer months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

[If Question 17.a and 17.b = Similar, SKIP to Question 19]

18. If the percentage of cattle affected with BRD was higher or lower than expected, describe reasons why you think this occurred in the space at the end of the questionnaire.

19. What percentage of cattle developed the following conditions from September 1, 2019 to August 31, 2020? If you are not familiar with the condition or do not think you can provide an accurate estimate of the percentage of cattle that developed it, answer DK.

[Refer to Reference Card 3 (Disease Conditions) for descriptions of these disease conditions]

a. Acute interstitial pneumonia (i.e., AIP, dust pneumonia, atypical pneumonia)	%	<input type="checkbox"/> ₄ DK
b. Bloat	%	<input type="checkbox"/> ₄ DK
c. Other digestive disorders excluding bloat (e.g., coccidiosis, diarrhea)	%	<input type="checkbox"/> ₄ DK
d. Footrot (infectious pododermatitis)	%	<input type="checkbox"/> ₄ DK
e. Hairy heel wart (papillomatous digital dermatitis)	%	<input type="checkbox"/> ₄ DK
f. Central nervous system (CNS) disease (e.g., polio, listeriosis, "brainers")	%	<input type="checkbox"/> ₄ DK
g. Pinkeye	%	<input type="checkbox"/> ₄ DK
h. Cardiovascular disease (e.g., heart failure, brisket disease)	%	<input type="checkbox"/> ₄ DK
i. Fatigued cattle syndrome	%	<input type="checkbox"/> ₄ DK
j. Other (specify: _____)	%	

[If Question 19.e. Hairy heel wart = 0% or DK, skip to Question 22]

20. Were the following used for therapy of hairy heel wart?

a. Cattle footbaths	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Topical sprays	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

[If both 20.a and 20.b = No, SKIP to Question 22]

21. What was the active ingredient in the footbaths or sprays? *[Check one only]*

<input type="checkbox"/> ₁ Copper sulfate
<input type="checkbox"/> ₂ Formalin/formaldehyde
<input type="checkbox"/> ₃ Hydrogen peroxide
<input type="checkbox"/> ₄ Oxytetracycline
<input type="checkbox"/> ₅ Other (specify: _____)

NAHMS ID: _____

	None	Some	Most	All	DK
22. When cattle died on this feedlot, what proportion of cattle had a post-mortem examination (i.e., necropsy) performed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

23. Are the following given to sick cattle as part of the **initial course** of treatment for:

Treatment	Bovine respiratory disease	Digestive disorders other than bloat (e.g., coccidiosis, diarrhea)	Footrot	Pinkeye
If no disease, SKIP column	<input type="checkbox"/> No BRD	<input type="checkbox"/> No digestive disorders	<input type="checkbox"/> No footrot	<input type="checkbox"/> No pinkeye
a. Injectable antibiotic?	<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	<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. Bolus-dosed oral antibiotic?	<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	<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. In feed antibiotic?	<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. Topical antibiotic?			<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. Respiratory vaccine?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK			
f. Corticosteroid (e.g., Azium®)?	<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	<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. Nonsteroidal anti-inflammatory (e.g., Banamine®, aspirin)?	<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	<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. Antihistamine?	<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	<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. Vitamin B injection?	<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	<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. Vitamin C injection?	<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	<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. Immunostimulant (e.g., Zelnote™)?	<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	<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. Injectable mineral supplement (e.g., MultiMin®)?	<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	<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. Probiotic paste	<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	<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. Other? (specify: _____)	<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	<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

NAHMS ID: _____

24. Were there separate pens to house sick cattle (e.g., hospital pens)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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[If question 24 = No or DK, SKIP to Question 26]

25. Were the following resources provided to cattle in the hospital pen? Answer none of the time, some of the time (as needed), or all of the time.

	None of the time	Some of the time	All of the time	DK
a. Wind breaks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Shade	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Sprinklers/misters to keep cattle cool	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Additional bedding (e.g., straw) compared to home pen	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Additional hay to eat compared to home pen	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Increased waterer/bunk space per animal compared to home pen	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Increased observation/surveillance compared to home pen	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Dust control	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Other (specify: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

26. Did you receive information from slaughter facilities about the percentage of cattle from this feedlot affected with liver abscesses resulting in condemnation of livers?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
---	--

[If Question 26 = No or DK, SKIP to Question 28]

27. Approximately what percentage of slaughtered cattle of the following types had liver condemnations due to liver abscesses?

	Placed on this feedlot?		Percentage with liver condemnations?	
a. Beef breed cattle given in-feed antibiotics	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	If No, SKIP to 27b If Yes →	%	<input type="checkbox"/> ₄ DK
b. Dairy or dairy cross breed cattle given in-feed antibiotics	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	If No, SKIP to 27c If Yes →	%	<input type="checkbox"/> ₄ DK
c. Beef breed cattle NOT given in-feed antibiotics	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	If No, SKIP to 27d If Yes →	%	<input type="checkbox"/> ₄ DK
d. Dairy or dairy cross breed cattle NOT given in-feed antibiotics	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	If No, SKIP to 28 If Yes →	%	<input type="checkbox"/> ₄ DK

28. Over the past 5 years, has there been an increase in death loss in late-fed cattle on this feedlot (i.e., cattle fed 100 days or more)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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[If Question 28 = No or DK, SKIP to Section B]

29. Were the following associated with this increased late-fed death loss?

a. Bovine respiratory disease, excluding acute interstitial pneumonia	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
b. Acute interstitial pneumonia (i.e., dust pneumonia, atypical pneumonia)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
c. Injury	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
d. Fatigued cattle syndrome	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
e. Heart failure	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
f. Other (specify: _____)	<input type="checkbox"/> ₁ Yes

Section B—Antibiotic Use

1. Were any antibiotics used in cattle on this feedlot (all forms; e.g., injectable, bolus-dosed, in feed, and/or in water) from September 1, 2019 to August 31, 2020?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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[If Question 1 = No or DK, SKIP to Section C]

Injectable and Bolus-Dosed Antibiotic Use

2. Were injectable or bolus-dosed antibiotics used on this feedlot?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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[If Question 2 = No or DK, SKIP to Question 12]

3. How important are the following factors in the selection of injectable and bolus-dosed antibiotics?

	Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
a. Veterinarian recommendations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Other producers' recommendations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Laboratory test results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Drug company advertisement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Personal experience (past response rates)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Cost of antibiotic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Approved route by which antibiotic is given	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Duration of action (e.g., only needs to be given once)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Drug withdrawal time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. Over the counter availability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Other (specify _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

4. For this question, individual treatment is defined as the administration of antibiotics only to those cattle identified to be sick. Were cattle administered injectable or bolus-dosed antibiotics for the individual treatment of bovine respiratory disease (BRD) ?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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[If Question 4 = No or DK, SKIP to Question 8]

5. For this question, consider only the cattle that you identified in Section A, Question 15; Page 5, to be **affected with BRD**. For each of the following **injectable or bolus-dosed antibiotics**, what percentage of these cattle were **individually treated for BRD** with this antibiotic for their initial treatment?
[Answer by weight class at arrival if possible. Otherwise, answer by % all sick cattle. Write in DK if the estimate is unknown. Refer to Reference Card 4 (Antibiotics Given via Injection or Bolus)]

Active ingredient name (Trade name examples)	Arrival Weight			OR	% all sick cattle
	% sick cattle <400 lb	% sick cattle 400 - 699 lb	% sick cattle ≥700 lb		
a. Tilmicosin (Micotil®)					
b. Gamithromycin (Zactran®)					
c. Tulathromycin (Draxxin®)					
d. Tylosin (Tylan® 200)					
e. Tildipirosin (Zuprevo®)					
f. Florfenicol (Nuflor®)					
g. Florfenicol w/ flunixin meglumine (Resflor Gold®)					
h. Enrofloxacin (Baytril®)					
i. Danofloxacin (Advocin™)					
j. Ceftiofur (Naxcel®, Excenel®, Excede®)					
k. Oxytetracycline (LA-200®, Oxytet 100, BioMycin®)					
l. Penicillin (Aquacillin™, Penicillin G Procaine)					
m. Ampicillin (Polyflex®)					
n. Sulfadimethoxine (Albon® Injection)					
o. Sulfadimethoxine (Albon® Bolus)					
p. Sulfamethazine (Sustain III® Bolus, Supra Sulfa® III)					

6. Of the sick cattle described in Question B5 that were initially treated for BRD, what percentage:
[Answer by weight class at arrival if Question B5 was answered by weight class. If Question B5 was answered for all cattle, answer by % all sick cattle. Write DK if unknown]

	Arrival Weight			OR	% all sick cattle
	% sick cattle <400 lb	% sick cattle 400-699 lb	% sick cattle ≥700 lb		
a. Responded and recovered?					%
b. Died or were euthanized?					%
c. Were considered chronics and marketed early?					%
d. Did not respond and were re-treated?					%

7. For this question, **GROUP** administration of antibiotics means that the majority of the pen was given an antibiotic at one time.

Were cattle on your feedlot administered **injectable or bolus-dosed** antibiotics as a **GROUP** for the prevention, control, or treatment of **BRD**?

1 Yes 3 No 4 DK

[If Question 7= No or DK, SKIP to Question 9]

8. For each of the following injectable or bolus-dosed antibiotics, what percentage of cattle were given this antibiotic **as a GROUP** for the prevention, control, or treatment of **BRD**?
[Answer by weight class at arrival if possible. If not, answer for all cattle overall. Write in DK if the estimate is unknown. Refer to Reference Card 4 (Antibiotics Given via Injection or Bolus)]

Active ingredient name (Trade name examples)	Arrival Weight			% all cattle
	% cattle <400 lb	% cattle 400 - 699 lb	% cattle ≥700 lb	
a. Tilmicosin (Micotil®)				OR
b. Gamithromycin (Zactran®)				
c. Tulathromycin (Draxxin®)				
d. Tylosin (Tylan® 200)				
e. Tildipirosin (Zuprevo®)				
f. Florfenicol (Nuflor®)				
g. Florfenicol w/ flunixin meglumine (Resflor Gold®)				
h. Enrofloxacin (Baytril®)				
i. Danofloxacin (Advocin™)				
j. Ceftiofur (Naxcel®, Excenel®, Excede®)				
k. Oxytetracycline (LA-200®, Oxytet 100, BioMycin®)				
l. Penicillin (Aquacillin™, Penicillin G Procaine)				
m. Ampicillin (Polyflex®)				
n. Sulfadimethoxine (Albon® Injection)				
o. Sulfadimethoxine (Albon® Bolus)				
p. Sulfamethazine (Sustain III® Bolus, Supra Sulfa® III)				

9. Were sick cattle on your feedlot administered injectable or bolus-dosed antibiotics for the individual treatment of conditions other than BRD ?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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[If Question 9 = No or DK, SKIP to Question 11]

10. For this question, consider only the cattle that you identified in Section A, Question 19; Page 6 to have developed the conditions in that question, also listed in the reason codes below. If an injectable or bolus-dosed antibiotic in the list below was used to individually treat cattle with these conditions, enter the reason code corresponding to the **most common reason** (primary reason) in the list that this antibiotic was used. *[Refer to Reference Card 4 (Antibiotics Given via Injection or Bolus)]*

Active ingredient name (Trade name examples)	Reason Code	Reason Codes for Question 10	
		1	2
a. Tilmicosin (Micotil®)		1	Acute Interstitial Pneumonia
b. Gamithromycin (Zactran®)		2	Bloat
c. Tulathromycin (Draxxin®)		3	Other digestive disorders
d. Tylosin (Tylan® 200)		4	Footrot
e. Tildipirosin (Zuprevo®)		5	Hairy heel wart
f. Florfenicol (Nuflor®)		6	CNS disease
g. Florfenicol with flunixin meglumine (Resflor Gold®)		7	Pinkeye
h. Ceftiofur (Naxcel®, Excenel®, Excede®)		8	Cardiovascular disease
i. Oxytetracycline (LA-200®, Oxytet 100, BioMycin®)		9	Fatigued cattle syndrome
j. Penicillin (Aquacillin™, Penicillin G Procaine)		10	Other (specify: _____)
k. Ampicillin (Polyflex®)			
l. Sulfadimethoxine (Albon® Injection)			
m. Sulfadimethoxine (Albon® Bolus)			
n. Sulfamethazine (Sustain III® Bolus, Supra Sulfa® III)			

Antibiotic Use in Feed

<p>11. Were any antibiotics used in feed on this feedlot?</p> <p>Include antibiotics that DO require a veterinary feed directive such as chlortetracycline and tylosin, and antibiotics that DO NOT require a veterinary feed directive (VFD), such as ionophores (e.g., Rumensin®, Monovet®, Bovatec®, and Cattlyst®), bambermycin, and bacitracin.</p>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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If Question 11 = No or DK, SKIP to Question 16]

12. For each of the following antibiotics that DO NOT require a VFD, what percentage of cattle overall received it in feed for any reason? If the antibiotic was used, designate up to 2 reason codes from the box below and the percentage of cattle that received it specifically for the reason(s).
[Refer to Reference Card 5 (Antibiotics Given via Feed or Water)]

Reason codes for Question 12	
1	Coccidiosis
2	Growth promotion/improved feed efficiency
3	Reduction in the number of liver condemnations due to abscesses
4	Other (specify: _____)

Active ingredient name (Trade name examples)	% cattle overall	Reason Code I	% cattle for Reason Code I	Reason Code II	% cattle for Reason Code II
a. Any ionophore (e.g., Rumensin®, Bovatec®)					
b. Bambermycin (Gainpro® 10)					
c. Bacitracin (BMD®, Bacifer®)					

13. This question asks about in-feed antibiotics that DO require a VFD used in cattle that were **less than 700 lb** at arrival. For each of the following antibiotics, what percentage of cattle **less than 700 lb** at arrival overall received it in feed for any reason? If the antibiotic was used, designate up to 2 reason codes from the box below and the percentage of cattle that received it specifically for the reason(s).
[Refer to Reference Card 5 (Antibiotics Given via Feed or Water)]

Reason codes for Question 13	
1	Liver abscesses
2	Respiratory disease (e.g., bacterial pneumonia, shipping fever)
3	Gastrointestinal disease (e.g., bacterial enteritis [diarrhea])
4	Anaplasmosis
5	Other (specify: _____)

Active ingredient name (Trade name examples)	% cattle overall	Reason Code I	% cattle for Reason Code I	Reason Code II	% cattle for Reason Code II
a. Chlortetracycline (Aureomycin®, Aureomix®, CTC)					
b. Oxytetracycline (Terramycin®, OTC)					
c. Sulfamethazine/sulfadimethoxine (Aureomix®)					
d. Neomycin (Neomix)					
e. Tylosin (Tylan, Tylovet)					
f. Virginiamycin (Vmax)					
g. Tilmicosin (Pulmotil®, Tilmovet®)					

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14. This question asks about in-feed antibiotics that DO require a VFD used in cattle that were **700 lb or greater** at arrival. For each of the following antibiotics, what percentage of cattle **700 lb or greater** at arrival overall received it in feed for any reason? If the antibiotic was used, designate up to 2 reason codes from the box below and the percentage of cattle that received it specifically for the reason(s).
[Refer to Reference Card 5 (Antibiotics Given via Feed or Water)]

Reason codes for Question 14	
1	Liver abscesses
2	Respiratory disease (e.g., bacterial pneumonia, shipping fever)
3	Gastrointestinal disease (e.g., bacterial enteritis [diarrhea])
4	Anaplasmosis
5	Other (specify: _____)

Active ingredient name (Trade name examples)	% cattle overall	Reason Code I	% cattle for Reason Code I	Reason Code II	% cattle for Reason Code II
a. Chlortetracycline (Aureomycin®, Aureomix®, CTC)					
b. Oxytetracycline (Terramycin®, OTC)					
c. Sulfamethazine/sulfadimethoxine (Aureomix®)					
d. Neomycin (Neomix)					
e. Tylosin (Tylan, Tylovet)					
f. Virginiamycin (Vmax)					
g. Tilmicosin (Pulmotil®, Tilmovet®)					

[If Question B13.a and B14.a = 0, i.e. no chlortetracycline was used in feed, SKIP to Question 16. If chlortetracycline was used but reason code was NOT 2, SKIP to Question 16]

15. In-feed chlortetracycline (10 mg/lb/day) is currently approved for use in cattle for 5 days to treat respiratory disease. If cattle do not respond to this pulse treatment, producers have the option to obtain a second VFD from a veterinarian to administer a second pulse, and so on.

	None	Some	Most	All	DK
When chlortetracycline was used in feed for the treatment of respiratory disease, what proportion of pen groups treated with chlortetracycline required more than one pulse treatment? Answer None (0%), Some (50% or less), Most (more than 50%), or All (100%).	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Antibiotic Use in Water

16. Were any antibiotics used in water on this feedlot?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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[If Question 16 = No or DK, SKIP to Section C]

NAHMS ID: _____

17. For each of the following **in-water antibiotics**, what percentage of cattle overall received it in water for any reason? If the antibiotic was used, designate up to 2 reason codes from the box below and the percentage of cattle that received it specifically for the reason(s).

[Refer to Reference Card 5 (Antibiotics Given via Feed or Water)]

Reason codes for Question 16	
1	Respiratory disease (e.g., bacterial pneumonia, shipping fever)
2	Gastrointestinal disease (e.g., bacterial enteritis [diarrhea])
3	Pinkeye
4	Footrot
5	Other (specify: _____)

Active ingredient name	% cattle overall	Reason Code I	% cattle for Reason Code I	Reason Code II	% cattle for Reason Code II
a. Chlortetracycline (Aureomycin®, Aureomix®, CTC)					
b. Oxytetracycline (Terramycin®, OTC)					
c. Tetracycline (Duramycin, Tet-Sol)					
d. Sulfamethazine/sulfadimethoxine (Sulfasol)					
e. Neomycin (Neosol)					
f. Spectinomycin (Spectam, SpectoGard)					

Section C—Nutrition

1. Of all cattle placed on feed, what percentage were ever given the following during the feeding period?

a. A coccidiostat other than an ionophore, such as amprolium (e.g., Corid®) or decoquinate (e.g., Deccox®)?	%	<input type="checkbox"/> ₄ DK
b. A beta-agonist (e.g., ractopamine)	%	<input type="checkbox"/> ₄ DK

2. Did this feedlot use the services of a nutritionist?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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3. Which of the following water sources were used for the cattle on this feedlot?

a. Ground water (well)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
b. Surface water (ponds, lakes, streams, water storage from river flows)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
c. Municipal water supply	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK

4. Were any of the following feed additives used on this feedlot? If yes, which of the following were reasons they were included in the ration? *[Check all that apply]*

	Used on feedlot?	If used on feedlot, for what reason(s)					
		Improve growth rate and/or feed efficiency	Antibiotic Alternative	Bovine respiratory disease	Hoof health	Pre-harvest food safety	Reduce liver abscesses
a. Direct-fed microbial or probiotic (e.g., <i>Lactobacillus acidophilus</i> or yeast)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. Yeast fermentation products	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Prebiotics (e.g., mannan-oligosaccharides)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. Vitamin supplements	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. Organic mineral supplements	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f. Inorganic mineral supplements	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g. Enzymes	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
h. Essential oils and plant-derived products (e.g., yucca extract)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
i. Other (specify: _____)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Section D—Biosecurity

1. Were the following practices used on this feedlot?

a. Control access for visitors entering animal areas	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ No visitors
b. Disposable or clean boots for visitors entering animal areas	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ No visitors
c. Footbaths for visitors entering animal areas	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ No visitors
d. Restrictions on vehicles entering animal area	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ No vehicles
e. Restrict movement of horses onto the feedlot premises	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ No horses
f. Insect control	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
g. Rodent control	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
h. Bird control	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
i. Have dead cattle picked up at edge of property	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
j. Compost deads on site	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

2. Did this feedlot have a written or electronic biosecurity plan?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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3. Does this feedlot have a shared fenceline with another operation such that there could be nose to nose contact with other cattle, bison or other ruminants?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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[If Question 3 = YES, then SKIP to Question 5]

4. How close, to the nearest ½ mile, is this feedlot to another operation with cattle, bison, or other ruminants?	miles
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5. How many employees directly involved in cattle care did this feedlot have on average from September 1, 2019 to August 31, 2020?	Number of employees
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[If Question 5 = 0, SKIP to Question 7]

6. Did employees of this feedlot...

a. Have contact with cattle, bison, or other ruminants on other operations?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
b. Own cattle, bison, or other ruminants at another location?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK

7. Did cattle stay in the same pen during the entire feeding period?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ DK
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[If Question 7 = YES or DK, then SKIP to Question 9]

8. How many times were cattle re-sorted during the feeding period?	Number
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9. How familiar are you with the Secure Beef Supply Plan? *[Check one only]*

<input type="checkbox"/> ₁ Very familiar
<input type="checkbox"/> ₂ Somewhat familiar
<input type="checkbox"/> ₃ Heard of name only
<input type="checkbox"/> ₄ Not familiar

NAHMS ID: _____

Thank you for your help in completing this survey. Please feel free to use the following space and the back of this questionnaire to communicate comments about the survey or any other information about health management on your feedlot that you think is relevant.

NAHMS ID: _____

Section E—Office Use Only

State FIPS: _____ 2-digits	Operation #: _____ 5-digits	Interviewer: _____ Initials	Date: ____/____/____ (mm/dd/yy)
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1. Total time for interview [include time to discuss the program and complete the questionnaire] _____ min

2. Total travel time [round trip] _____ min

3. Data collector(s) (Enter the number for each category.)
_____ Federal VMO _____ Other (specify in margin) VFED/VOTH
_____ State VMO _____ VST

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

- 99 = Survey completed
- 00 = Producer not contacted by VMO
- 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)
- 07 = Other (explain in the comments section below)

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

- 1 = Owner
- 2 = Manager
- 3 = Family member (other than owner or manager)
- 4 = Other hired employee (non-veterinarian)
- 5 = Veterinarian on staff (e.g., company veterinarian)
- 6 = Herd veterinarian or other veterinarian
- 7 = Other (specify: _____)

6. Producer data quality..... 1 Good to excellent 2 OK 3 Poor

7. Comments regarding this questionnaire or operation:

VMO signature: _____

TO BE COMPLETED BY COORDINATOR:

8. Field data quality..... 1 Good to excellent 2 OK 3 Poor

NAHMS ID: _____

REFERENCE CARD 1: Paperwork Reduction Act

<p>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 0579-0079. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.</p>	<p>OMB Approved 0579-0079 EXP: XX/20XX</p>
<p>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</p>	<p>Health Management on U.S. Feedlots 2020 Phase 2 Questionnaire</p>

REFERENCE CARD 2: Vaccine Examples

[For use with Phase 2 questionnaire, Section A, Question 11]

Type of Vaccine	Example trade names
Injectable vaccines against BVD and/or viral respiratory disease (e.g., IBR, BVD, PI3, BRSV)	Boehringer Ingelheim Elite, Express, Prism, Pyramid, Triangle Colorado Serum Pre-Breed, Respira Elanco Master Guard, Titanium, Vira Shield Merck Vista Texas Vet Lab Multi-Vac 3L, Super Poly-Bac B Zoetis Bovi-Shield 4, GOLD, and IBR, Cattle Master, One Shot BVD or Ultra 7, PregGuard GOLD FP 10, Resvac 4/Somubac
Intranasal vaccines against BVD and/or viral respiratory disease (e.g., IBR, BVD, PI3, BRSV)	Zoetis Inforce 3, TSV-2 Merck Nasalgen IP
Vaccines against bacterial respiratory disease (<i>Mannheimia haemolytica</i> and <i>Pasteurella multocida</i>)	AgriLabs Pulmo-Guard Boehringer Ingelheim Bar Somnus 2P, Presponse, Triangle 4 or 9 PH-K, Pyramid+Presponse, Bo-Bac 2X Colorado Serum Mannheimia Haemolytica-Pasteurella Multocida Bacterin Elanco Titanium PH-M, Nuplura PH, Vira Shield 6 +/- Somnus Durvet Durvac Past HM Immvac ENDOVAC Merck Vista Once SQ, Once PMH Texas Vet Lab Poly-Bac B or Super Poly-Bac B Zoetis Bovi-Shield GOLD One Shot, One Shot, One Shot Ultra
Vaccines against clostridial diseases	Boehringer Ingelheim Alpha 7 or CD, Bar-Vac., Caliber 3 or 7 Colorado Serum Essential Elanco Pili Shield + C, Clostri Shield, Scour Bos 9 Merck 20/20 Vision 7 with Spur, Cavalry 9, Covexin 8, Guardian, Vision 7, 8, CD, or DC-T with Spur, Piliguard Pinkeye + 7, Super-Tet with Havlogen Professional Biological Clostridium perfringens Type C&D Toxoid and Toxoid-Tetanus Toxoid Zoetis One Shot Ultra 7 or 8, Ultrabac 7, 8, or CD, UltraChoice 7, 8, or CD, ScourGuard 4KC
Vaccines against <i>Moraxella</i> (pinkeye)	AgriLabs I-Site XP, <i>Moraxella bovoculi</i> bacterin Addison Maxi/Guard Pinkeye Bacterin Boehringer Ingelheim Ocu-Guard-MB-1, Alpha7/MB-1 Elanco Pinkeye Shield XT4 Merck 20/20 Vision 7 with Spur, Piliguard Pinkeye+7, Piliguard Pinkeye-1 Trivalent Zoetis SolidBac Pinkeye IR/PR

REFERENCE CARD 3: Disease Conditions other than BRD

Code	Disease Condition
1	Acute Interstitial Pneumonia (e.g., AIP, dust pneumonia, atypical pneumonia)
2	Bloat
3	Other digestive disorders (e.g., coccidiosis, diarrhea)
4	Footrot
5	Hairy heel wart
6	Central Nervous System disease (e.g., polio, listeriosis, "brainers")
7	Pinkeye
8	Cardiovascular disease (e.g., heart failure, brisket disease)
9	Fatigued cattle syndrome
10	Other

REFERENCE CARD 4: Antibiotics Given via Injection or Bolus

Codes are provided for use in electronic questionnaire and are not necessary for paper-administered questionnaire

ANTIBIOTICS GIVEN VIA INJECTION OR BOLUS		
Code	Active Ingredient	Product Name
1	Tilmicosin	Micotil
2	Gamithromycin	Zactran
3	Tulathromycin	Draxxin
4	Tylosin	Tylan 200
5	Tildipirosin	Zuprevo
6	Florfenicol	Nuflor
7	Florfenicol with Flunixin meglumine	Resflor Gold
8	Enrofloxacin*	Baytril
9	Danofloxacin*	Advocin
10	Ceftiofur	Naxcel, Excenel, Excede
11	Oxytetracycline	LA-200, Oxytet 100, BioMycin
12	Penicillin	Aquacillin, Penicillin G Procaine
13	Ampicillin	Polyflex
14	Sulfadimethoxine (injectable)	Albon Injection
15	Sulfadimethoxine (Bolus)	Albon Bolus
16	Sulfamethazine	Sustain III Bolus, Supra Sulfa

*These antibiotics are labeled only for the treatment of bovine respiratory disease (BRD) associated with *Mannheimia haemolytica*, *Pasteurella multocida*, *Histophilus somni* and *Mycoplasma bovis* in beef and non-lactating dairy cattle and for the control of BRD in beef and non-lactating dairy cattle at high risk of developing BRD associated with *Mannheimia haemolytica*, *Pasteurella multocida*, *Histophilus somni* and *Mycoplasma bovis*, and their extra-label use is prohibited. Therefore, these antibiotics are not presented as options for Section B, Question 10 (individual treatment of conditions other than BRD).

REFERENCE CARD 5: Antibiotics Given via Feed or Water

Codes for antibiotics that don't require a veterinary feed directive (VFD) are not necessary for either the electronic questionnaire or the paper-administered questionnaire so are not provided

ANTIBIOTICS USED IN FEED THAT DO NOT REQUIRE A VFD	
Active Ingredient	Product Name
Ionophore	Rumensin, Bovatec
Bambermycin	Gainpro 10
Bacitracin	BMD, Baciferm

Codes for VFD antibiotics and antibiotics used in water are provided for use in electronic questionnaire and are not necessary for paper-administered questionnaire

ANTIBIOTICS USED IN FEED THAT DO REQUIRE A VFD		
Code	Active Ingredient	Product Name
1	Chlortetracycline	Aureomycin, Aureomix
2	Oxytetracycline	Terramycin, OTC
3	Sulfamethazine / Sulfadimethoxine	Aureomix
4	Neomycin	Neomix
5	Tylosin	Tylan, Tylovet
6	Virginiamycin	Vmax
7	Tilmicosin	Pulmotil, Tilmovet

ANTIBIOTICS USED IN WATER		
Code	Active Ingredient	Product Name
1	Chlortetracycline	Aureomycin, Chloronex
2	Oxytetracycline	Terramycin, OTC
3	Tetracycline	Duramycin, Tet-Sol
4	Sulfamethazine / Sulfadimethoxine	Sulfasol
5	Neomycin	Neosol
6	Spectinomycin	Spectam, SpectoGard