  


Health Management on

National Animal Health Monitoring System

2150 Centre Ave Bldg B

Fort Collins, CO 80526

Form Approved

OMB Number 0579-0079

Approval expires: xxxx

Animal and Plant Health

Inspection Service

Veterinary Services

U.S. Feedlots 2020

NASS Questionnaire

DRAFT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| State FIPS |  | Operation # |  | Interviewer |  | Date | / / |
|  | 2-digits |  | 4-digits |  | Initials |  | (mm/dd/yy) |
| Beginning time (military)…………………………………………………………… | | | | | | c100 |  |
|  | | | | | | | |
| 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 operation. Response is **voluntary**.  Please make corrections to names, address, and Zip code, if necessary.  Unless otherwise noted, all questions refer to the time period of the previous 12 months.  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 in another feedlot, or to be returned to pasture. * **Exclude** cows and bulls being fed by you for the slaughter market. | | | | | | | |

**NAHMS-380**

# XXX 2020

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   
0.75 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

|  |  |  |
| --- | --- | --- |
| **Section A—Cattle on Feed** | | |
| 1. In the previous 12 months, how many steers and heifers were placed on feed for slaughter on this feedlot?........................................................................................ |  | # |
| **[If question 1 = 0, SKIP to Section C]** | | |
| 1. For cattle placed on feed in the previous 12 months, how many were of the following breed types and weights upon placement? | | |
| **Breed type and arrival weight** |  | **Number of cattle placed** |
| 1. Beef breeds with arrival weight <500 lb |  | # |
| 1. Dairy breeds or dairy cross breeds with arrival weight <500 lb |  | # |
| 1. Total cattle placed with arrival weights <500 lb *[add 2a and 2b]* |  | # |
| 1. Beef breeds with arrival weight 500-699 lb |  | # |
| 1. Dairy breeds or dairy cross breeds with arrival weight 500-699 lb |  | # |
| 1. Total cattle placed with arrival weights 500-699 lb *[add 2d and 2e]* |  | # |
| 1. Beef breeds with arrival weight ≥700 lb |  | # |
| 1. Dairy breeds or dairy cross breeds with arrival weight ≥700 lb |  | # |
| 1. Total cattle placed with arrival weights ≥700 lb *[add 2g and 2h]* |  | # |
| 1. Total cattle placed *[Add 2c, 2f, and 2i – should equal number from Question 1]* |  | # |
| 1. For cattle placed on feed in the previous 12 months, what was the average days on feed (from placement to marketing) for the following breed types? | | |
| **Breed type** |  | **Average days on feed** |
| 1. Beef breeds with arrival weight <500 lb |  |  |
| 1. Beef breeds with arrival weight 500-699 lb |  |  |
| 1. Beef breeds with arrival weigh t≥700 lb |  |  |
| 1. Dairy breeds or dairy cross breeds with arrival weight <500 lb |  |  |
| 1. Dairy breeds or dairy cross breeds with arrival weight 500-699 lb |  |  |
| 1. Dairy breeds or dairy cross breeds with arrival weight ≥700 lb |  |  |
|  |  |  |
| 1. Of cattle that weighed <500 lb when placed (Question 2c) how many died? |  | # |
| 1. Of cattle that weighed 500-699 lb when placed (Question 2f) how many died? |  | # |
| 1. Of cattle that weighed ≥700 lb when placed (Question 2i) how many died? |  | # |
|  |  |  |
| 1. Approximately how many shipments of cattle arrived at the feedlot in the previous 12 months? |  | # |
| 1. What was the average size of a shipment (i.e., how many cattle per shipment) in the previous 12 months? |  | # |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. In terms of the origin of the cattle placed on feed in the previous 12 months (*Question 1),* what percentage or how many were: | | | | **Percent** | | **OR** | | | | | **Head** | |
| 1. Provided by a custom feeder? | | | |  | |  | | | | |  | |
| 1. Purchased by this feedlot via online auction? | | | |  | |  | | | | |  | |
| 1. Purchased by this feedlot at a sale barn or other physical building where cattle are congregated for sale? | | | |  | |  | | | | |  | |
| 1. Purchased by this feedlot via private treaty through an order buyer? | | | |  | |  | | | | |  | |
| 1. From a cow/calf operation owned by this feedlot? | | | |  | |  | | | | |  | |
| 1. Calves shipped from a dairy operation? | | | |  | |  | | | | |  | |
| 1. Obtained from other sources? (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |  | |  | | | | |  | |
| 1. Total *[should equal 100% or total inventory from question 1]* | | | | **100%** | |  | | | | |  | |
|  | | | |  | |  | | | | | |  |
| 1. How many cattle arrived at this feedlot in the previous 12 months from the following distances away from the feedlot? | | | | **Percent** | | **OR** | | | | | | **Head** |
| 1. ≤50 miles | | | |  | |  | | | | | |  |
| 1. 51-250 miles | | | |  | |  | | | | | |  |
| 1. 251-500 miles | | | |  | |  | | | | | |  |
| 1. 500-999 miles | | | |  | |  | | | | | |  |
| 1. >1000 miles | | | |  | |  | | | | | |  |
| 1. Total *[should equal 100% or total inventory from question 1]* | | | | **100%** | |  | | | | | |  |
|  | | | |  | |  | | | | | |  |
| 1. From what region do you source your cattle *[based on the map below]*? | | | | **Percent** | | **OR** | | | | | | **Head** |
| 1. Region 1 *[ME, VT, NH, MA, NY, PA, NJ, MD, DE, RI, CT]* | | | |  | |  | | | | | |  |
| 1. Region 2 *[WV, VA, NC, SC, KY, TN, GA, FL, AL, MS, LA, AR]* | | | |  | |  | | | | | |  |
| 1. Region 3 *[ND, SD, NE, KS, MN, IA, MO, WI, IL, IN, OH, MI]* | | | |  | |  | | | | | |  |
| 1. Region 4 *[CA, NV, UT, CO, AZ, NM, OK, TX, HI]* | | | |  | |  | | | | | |  |
| 1. Region 5 *[WA, OR, ID, MT, WY, AK]* | | | |  | |  | | | | | |  |
| 1. Canada | | | |  | |  | | | | | |  |
| 1. Mexico | | | |  | |  | | | | | |  |
| 1. Total *[should equal 100% or total inventory from question 1]* | | | | **100%** | |  | | | | | |  |
|  | | | | | | | | | | | | |
| 1. Of the cattle placed on feed *[question 1]*, what percentage were identified with an individual official identification? | | | | | | | | | | % | | |
| 1. Which of the following best describes the type of official identification used? | | | | | | | | | | | | |
| 🞏1 Electronic (RFID) tag | | | | | | | | | | | | |
| 🞏2 National Uniform Eartagging System Number (NUES) or Animal Identification Number (AIN) eartag | | | | | | | | | | | | |
| 🞏3 Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | |
| 1. What was the primary housing type used for cattle on this feedlot? | | | | | | | | | | | | |
| 🞏1 Open/dry lot/multiple animal outside area without barn or shed (with or without shade structures) | | | | | | | | | | | | |
| 🞏2 Open/dry lot with open shed/loafing shed | | | | | | | | | |  | | |
| 🞏3 Multiple animals inside covered area/barn | | | | | | | | | | | | |
| 🞏4 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | |
| **Section B—Antimicrobial Use and Stewardship** | | | | | | | | | | | | |
| *For the purposes of this questionnaire, “antimicrobial” and “antibiotic” are equivalent.]* | | | | | | | | | | | | |
| **Label Claims** | | | | | | | | | | | | |
| 1. Of the cattle placed on feed in the previous 12 months, what percentage were raised using practices to meet the following specific label claims? | | | |  | |  | | | | | |  |
|  | | | | **Percent** | | **OR** | | | | | | **Head** |
| 1. Raised with a claim regarding antimicrobial use (excluding certified USDA organic) | | | |  | |  | | | | | |  |
| 1. Raised with a claim that has no specific claims regarding antimicrobial use | | | |  | |  | | | | | |  |
| 1. Raised certified USDA organic | | | |  | |  | | | | | |  |
| 1. Raised as conventional (no specific label claims) | | | |  | |  | | | | | |  |
| 1. Total *[should equal 100% or total inventory from Section A question 1]* | | | | **100%** | |  | | | | | |  |
| **[If the percent or number of head of cattle in 1a = 0, SKIP to question 3]** | | | | | | | | | | | | |
| 1. Which of the following are part of the claim regarding antimicrobial use under which your cattle are marketed?   *[Check all that apply]* | | | | | | | | | | | | |
| 🞏1 No antimicrobials ever (includes “raised without antibiotics”) | | | | | | | | | | | | |
| 🞏2 No medically important antimicrobials ever (e.g. only ionophores) | | | | | | | | | | | | |
| 🞏3 No growth promotants ever (e.g., no implants, beta agonists, or melengestrol acetate) | | | | | | | | | | | | |
| 🞏4 No antimicrobials in the last 100 days prior to slaughter | | | | | | | | | | | | |
| 🞏5 Other claim regarding antimicrobial use: (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | |
| 1. Were any antimicrobials (medically or non-medically important) used in cattle on this feedlot by any route in the previous 12 months? | | | | | | | | 🞏1 Yes 🞏3 No | | | | |
| **[If question 3 = NO, SKIP to question X]** | | | | | | | | | | | | |
| **Record Keeping** | | | | | | | | | | | | |
| 1. Were any cattle treated as a **group** (i.e., at least 90 percent of cattle in the pen were treated) with an **injectable antimicrobial** or orally bolused antimicrobial (e.g. for therapy\* of shipping fever) in the previous 12 months? | | | | | | | | 🞏1 Yes 🞏3 No | | | | |
| *\*Treatment, prevention, and control of disease* | | | | | | | |  | | | | |
| **[If question 4 = NO, SKIP to question X]** | | | | | | | |  | | | | |
| 1. How frequently was the following information recorded (via handwritten records or records entered into a computer), including the pen number, lot number, and/or individual identification number of the animal treated, when cattle were treated as a **group** with an **injectable or orally bolused** antimicrobial? | | | | | | | | | | | | |
| *[Place one X per row in the appropriate column below.]* | | | | | | | | | | | | |
|  | **Never**1 | **Sometimes**2 | | **Most of the time**3 | | | | | **Always**4 | | | |
| 1. Date(s) treated |  |  | |  | | | | |  | | | |
| 1. Antimicrobial given |  |  | |  | | | | |  | | | |
| 1. Antimicrobial dose or regimen |  |  | |  | | | | |  | | | |
| 1. Date animal has “cleared” antimicrobial withdrawal period and is safe to ship |  |  | |  | | | | |  | | | |
| 1. Were any of the **individual** cattle that became sick on this feedlot treated with **injectable antimicrobials** in the previous 12 months? | | | | | | | | 🞏1 Yes 🞏3 No | | | | |
| **[If question 6 = NO, SKIP to question X]** | | | | | | | |  | | | | |
| 1. How frequently was the following information recorded (via handwritten records or records entered into a computer) including the pen number, lot number, and/or individual identification number of the animal treated for **individual** sick animals treated with**injectable** antimicrobials? | | | | | | | | | | | | |
| *[Place one X per row in the appropriate column below.]* | | | | | | | | | | | | |
|  | **Never**1 | **Sometimes**2 | | **Most of the time**3 | | | | | **Always**4 | | | |
| 1. Date(s) treated |  |  | |  | | | | |  | | | |
| 1. Antimicrobial given |  |  | |  | | | | |  | | | |
| 1. Antimicrobial dose or regimen |  |  | |  | | | | |  | | | |
| 1. Date animal has “cleared” antimicrobial withdrawal period and is safe to ship |  |  | |  | | | | |  | | | |
| 1. Were any cattle on this feedlot given any type of antimicrobial (medically or non-medically important\*) in **feed** in the previous 12 months? | | | | | | 🞏1 Yes 🞏3 No | | | | | | |
| *\*FDA definition* | | | | | |  | | | | | | |
| **[If Question 8 = NO, SKIP to question X]** | | | | | |  | | | | | | |
| 1. Were any cattle on this feedlot given medically important antimicrobials\* in **feed** in the previous 12 months (i.e., EXCLUDING antimicrobials such as ionophores [e.g., monensin, lasalocid, laidlomycin], bambermycin, and bacitracin, that do not require a veterinary feed directive)? | | | | | | 🞏1 Yes 🞏3 No | | | | | | |
| *\*FDA definition* | | | | | |  | | | | | | |
| 1. Were all cattle on this feedlot given ONLY non-medically important antimicrobials in **feed** in the previous 12 months (i.e., antimicrobials such as ionophores [e.g., monensin, lasalocid, laidlomycin], bambermycin, and bacitracin, that do not require a veterinary feed directive)? | | | | | | 🞏1 Yes 🞏3 No | | | | | | |
| *\*FDA definition* | | | | | |  | | | | | | |
| 1. How frequently was the following information recorded (via handwritten records or records entered into a computer) including the pen number, lot number, and/or individual identification number of the animal treated, for medically important antimicrobials used in **feed**? | | | | | | | | | | | | |
| *[Place one X per row in the appropriate column below.]* | | | | | | | | | | | | |
|  | **Never**1 | **Sometimes**2 | | **Most of the time**3 | | | | | **Always**4 | | | |
| 1. Date antimicrobial use began |  |  | |  | | | | |  | | | |
| 1. Date antimicrobial use ended |  |  | |  | | | | |  | | | |
| 1. Antimicrobial given |  |  | |  | | | | |  | | | |
| 1. Antimicrobial dose or regimen |  |  | |  | | | | |  | | | |
| 1. Date animal has “cleared” antimicrobial withdrawal period and is safe to ship |  |  | |  | | | | |  | | | |
| 1. Were any cattle on this feedlot given antimicrobials in **water** in the previous 12 months? | | | | | | 🞏1 Yes 🞏3 No | | | | | | |
| **[If question 12 = NO, SKIP to question X]** | | | | | |  | | | | | | |
| 1. How frequently was the following information recorded (via handwritten records or records entered into a computer) including the pen number, lot number, and/or individual identification number of the animal treated, for antimicrobials used in **water**? | | | | | | | | | | | | |
| *[Place one X per row in the appropriate column below.]* | | | | | | | | | | | | |
|  | **Never**1 | **Sometimes**2 | | **Most of the time**3 | | | | | **Always**4 | | | |
| 1. Date antimicrobial use began |  |  | |  | | | | |  | | | |
| 1. Date antimicrobial use ended |  |  | |  | | | | |  | | | |
| 1. Antimicrobial given |  |  | |  | | | | |  | | | |
| 1. Antimicrobial dose or regimen |  |  | |  | | | | |  | | | |
| 1. Date animal has “cleared” antimicrobial withdrawal period and is safe to ship |  |  | |  | | | | |  | | | |
| 1. Do you use computerized record-keeping systems to store production and/or animal health related information? | | | | | | | 🞏1 Yes 🞏3 No | | | | | |
| **[If question 14 = NO, skip to question X]** | | | | | | |  | | | | | |
| 1. Which of the following was the primary record system used? *[Check one only]* | | | | | | | | | | | | |
| 🞏1 Commercially available software | | | | | | | | | | | | |
| 🞏2 Proprietary software (specifically designed for this feedlot) | | | | | | | | | | | | |
| 🞏3 Microsoft Excel or other spreadsheet software | | | | | | | | | | | | |
| 🞏4 Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | |
| 1. How important to this feedlot are these computer record-keeping systems for: | | | **Very Important** | | **Somewhat Important** | | | | | | | **Not Important** |
| 1. Comparing your feedlot to other feedlots? | | | 🞏 | | 🞏 | | | | | | | 🞏 |
| 1. Comparing current information to historical information for this feedlot? | | | 🞏 | | 🞏 | | | | | | | 🞏 |
| 1. Determining and recording when animals have “cleared” antimicrobial withdrawal times | | | 🞏 | | 🞏 | | | | | | | 🞏 |
| 1. Tracking production? | | | 🞏 | | 🞏 | | | | | | | 🞏 |
| 1. Tracking economic records? | | | 🞏 | | 🞏 | | | | | | | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Training** | | | |
| 1. During the previous 5 years, have you or someone representing this feedlot attended or completed a Beef Quality Assurance (BQA) meeting or training session (online, national, State, or local)? | |  | 🞏1 Yes 🞏3 No |
| 1. During the previous 5 years, has this feedlot participated in a BQA Feedyard Assessment? | |  | 🞏1 Yes 🞏3 No |
| **[If question 18 = NO, SKIP to question X]** | |  |  |
| 1. During the previous 5 years, how many times has this feedlot participated in a BQA Feedyard Assessment? | |  | # |
| **Use of Veterinarians** | | | |
| 1. Did your feedlot use the services of a veterinarian in the previous 12 months? | |  | 🞏1 Yes 🞏3 No |
| **[If question 20 = YES, SKIP question 21 and ANSWER questions 22-25]** | | | |
| **[If question 20 = NO, ANSWER question 21 and SKIP questions 22-25]** | | | |
| 1. For feedlots that did not use the services of a veterinarian in the previous 12 months, which of the following was the primary reason for not using a veterinarian? | | | |
| *[Check one only.]* | | | |
| 🞏1 Veterinarian was available in the local area but not knowledgeable about beef cattle | | | |
| 🞏2 Veterinarian was not available in the local area | | | |
| 🞏3 Too expensive | | | |
| 🞏4 Not needed | | | |
| 🞏5  Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
| 1. For feedlots that did use a veterinarian in the previous 12 months, was the primary veterinarian or veterinary clinic you used a: | | | |
| *[Check one only.]* | | | |
| 🞏1 Full-time veterinarian(s) on staff (includes if the owner of the feedlot is a veterinarian) | | | |
| 🞏2 Private veterinary clinic whose veterinarian(s) made routine visits for preventive care and care of sick animals | | | |
| 🞏3 Private veterinary clinic you called as needed | | | |
| 🞏4 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
| 1. For feedlots that did use a veterinarian in the previous 12 months, how frequently was a veterinarian physically on the feedlot? | | | |
| 🞏1 Daily | | | |
| 🞏2 Weekly | | | |
| 🞏3 Monthly | | | |
| 🞏4 Every 6 months | | | |
| 🞏5 Only as needed | | | |
| 1. For feedlots that did use a veterinarian in the previous 12 months, how frequently was your feedlot in contact with a veterinarian, e.g., by telephone, video conference, or data transfer? | | | |
| 🞏1 Daily | | | |
| 🞏2 Weekly | | | |
| 🞏3 Monthly | | | |
| 🞏4 Every 6 months | | | |
| 🞏5 Only as needed | | | |
| 1. Do you have a veterinarian-client-patient-relationship (VCPR) with a veterinarian/veterinary clinic for cattle on this feedlot? |  | | 🞏1 Yes 🞏3 No |

|  |  |  |
| --- | --- | --- |
| **Veterinary Feed Directive** | | |
| The following information refers to questions 23-24. The U.S. Food and Drug Administration (FDA) implemented the Veterinary Feed Directive (VFD) final rule on January 1, 2017. The VFD final rule eliminated the use of medically important antimicrobials for growth promotion and feed efficiency and brought their remaining therapeutic uses in feed and water under the supervision of a licensed veterinarian. The following questions ask about how the implementation of the VFD final rule affected you and your feedlot. | | |
| 1. Prior to the VFD final rule implementation, I used medically important antimicrobials in feed or water for growth promotion and feed efficiency. |  | 🞏1 Yes 🞏3 No |
| 1. Prior to the VFD final rule implementation, I used medically important antimicrobials in feed or water for indications that are still approved uses but now require a VFD or prescription. |  | 🞏1 Yes 🞏3 No |
| 1. Overall, the implementation of the VFD final rule on my feedlot was | | |
| Easy 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7  Difficult | | |
| Good 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Bad | | |
| Convenient 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7  Inconvenient | | |
| Beneficial 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7  Harmful | | |
| Affordable 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7  Unaffordable | | |
| Useful 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7  Worthless | | |
| The following questions measure the strength of your beliefs and concerns about the effects of the implementation of the VFD final rule. | | |
| 1. Please indicate how strongly you agree or disagree with the following statements. As a result of the implementation of the VFD final rule… | | |
| As a result of the implementation of the VFD final rule… | | |
| 1. I have stopped using antimicrobials in feed on my feedlot that require a VFD. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. I interact more regularly with a veterinarian. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. My veterinarian has more influence on antimicrobial use practices on my feedlot. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. I changed the method of administering certain antimicrobials on my feedlot. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. I believe that cattle on U.S. feedlots are healthier. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. I believe that beef from U.S. feedlots is safer. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. My feedlot is more profitable. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. I am now only using antimicrobials that are necessary for cattle health on my feedlot. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. Please indicate how desirable or undesirable the following outcomes are for you personally. | | |
| 1. Stopping use of antimicrobials in feed on my feedlot that require a VFD. | | |
| Extremely desirable 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely undesirable | | |
| 1. Interacting more regularly with a veterinarian. | | |
| Extremely desirable 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely undesirable | | |
| 1. My veterinarian having more influence on antimicrobial use practices on my feedlot. | | |
| Extremely desirable 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely undesirable | | |
| 1. Changing the method of administering certain antimicrobials on my feedlot. | | |
| Extremely desirable 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely undesirable | | |
| 1. Cattle on U.S. feedlots being healthier | | |
| Extremely desirable 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely undesirable | | |
| 1. Beef from U.S. feedlots being safer | | |
| Extremely desirable 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely undesirable | | |
| 1. My feedlot being more profitable | | |
| Extremely desirable 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely undesirable | | |
| 1. Only using antimicrobials that are necessary for cattle health | | |
| Extremely desirable 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely undesirable | | |
| 1. Please indicate how strongly you agree or disagree with the following statement: | | |
| At the time of the implementation of the VFD final rule, I felt I had all the resources and knowledge necessary to carry out its implementation on my feedlot. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| The following questions ask about factors that may have influenced your capacity to implement the VFD on your feedlot. | | |
| 1. Please indicate how strongly you agree or disagree with the following statements at the time of the VFD implementation. | | |
| 1. I had access to a veterinarian that treats cattle. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. I had access to a veterinarian that treats cattle that I trusted and in whom I had confidence. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. I had access to a veterinarian who was knowledgeable about the VFD final rule and how it affected my feedlot. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. I knew where to find out information about the VFD final rule. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. I had the financial resources to pay a veterinarian for services related to the VFD rule change. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| 1. Please indicate how the following conditions impacted the likelihood that you had the capacity to implement the VFD on your feedlot. | | |
| 1. Having access to a veterinarian that treats cattle. | | |
| Extremely more likely 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely less likely | | |
| 1. Having access to a veterinarian that treats cattle that I trust and in whom I have confidence. | | |
| Extremely more likely 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely less likely | | |
| 1. Having access to a veterinarian who was knowledgeable about the VFD final rule and how it affected my feedlot. | | |
| Extremely more likely 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely less likely | | |
| 1. Knowing where to find out information about the VFD final rule. | | |
| Extremely more likely 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely less likely | | |
| 1. Having the financial resources to pay a veterinarian for services related to the VFD rule change. | | |
| Extremely more likely 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Extremely less likely | | |
| 1. The implementation of the VFD final rule was smooth on my feedlot. | | |
| Strongly agree 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 Strongly disagree | | |
| **[If Question 34 = 1,2, 3 or 4, SKIP to Section C]** | | |
| **[If Question 34 = 5, 6, or 7, ANSWER question 35]** | | |
| 1. Which of the following would have been helpful to you in implementing the VFD final rule? | | |
| 🞏1 More education about where to get information about the VFD | | |
| 🞏2 A more knowledgeable veterinarian with whom to consult | | |
| 🞏3 | | |
| 🞏4 | | |
| 🞏5 Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |

**Thank you for your help in completing this survey.**

**Section C—Office Use Only**

|  |  |  |
| --- | --- | --- |
| 1. For operations that complete this questionnaire, request signature on CONSENT FORM to be contacted for participation in Phase 2 of the study. | | |
| 1. Total time for interview..………………………………………………………………. | c301 | min |
| 1. Total travel time **[round trip]**…………………………………………………………. | c302 | min |
| 1. Interview response code | c303 |  |
| **[Check one only.]** | | |
| 🞏1 Complete, Consent Form signed – Go to Item 6  🞏2 Complete, Consent Form refused – Continue  🞏3 Refused – Continue  🞏4 Zero cattle on feed – Go to Item 6  🞏5 Out of business – Go to Item 6  🞏6 Backgrounder/stocker operation only – Go to Item 6  🞏7 Otherwise out of scope – Go to Item 6  🞏8 Office hold – Go to Item 6  🞏9 Inaccessible – Go to Item 6 |  | Code |
| 1. Refusal response code | c304/c304oth |  |
| **[Check one only.]** | | |
| 🞏1 Does not want to commit time to the project  🞏2 Does not want involvement with government veterinarian or has had previous bad experience with veterinarian  🞏3 Does not have necessary records available  🞏4 Has participated in too many surveys  🞏5 Does not want outside people on the feedlot  🞏6 A bad time of year (planting, harvesting, second job, etc.)  🞏7 Currently has or recently had a disease problem with herd  🞏8 Believes that surveys and reports hurt the farmer more than help  🞏9 Could not get owner’s permission  🞏10 No reason given or other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  | Code |
| 1. Which of the following best describes the respondent’s position with this operation? | c305/c305oth |  |
| **[Check one only.]** |  |  |
| 🞏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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
| 1. Did the respondent use records to assist in answering this survey?....................... | c306 | 🞏1 Yes 🞏3 No |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Response** | | **Respondent** | | **Mode** | | **Enum.** | **Eval.** | **Rpt. Unit** | **Office Use for POID** | |
| 1-Comp  2-R  3-Inaccesible | 9901 | 1-Op/Mgr  2-Sp  3-Acct/Bkpr  4-Partner  9-Oth | 9902 | 2-Telephone  3-Face-to-Face  8-CAPI  19-Other | 9903 | 0098 | 0100 | 0921 | 0789  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | |
| **Optional Use** | |
| 0407 | 0408 |