

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-XXXX. The time required to complete this information collection is estimated to average 75 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

OMB Approved
0579-XXXX
EXP: XX/20XX

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

COMMERCIAL TABLE EGG FLOCK CASE CONTROL SURVEY

The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response is **voluntary**.

Study ID: _____ frmid

Date (mm/dd/yy): _____ date

Instructions

The U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) and state and industry partners are conducting a case-control study as part of the highly pathogenic avian influenza (HPAI) investigation efforts to identify factors that may contribute to the transmission of H5N1 influenza virus to poultry.

We are asking you to fill out this survey to provide information on daily farm activities, facility and premises condition, deliveries to the farm, and ill birds. This survey covers a 2-week (14-day) period on the farm starting on a specific date that we will provide. We recommend using a pocket calendar or other agenda manager and any feed and other delivery records that might be available to assist in recalling the requested information.

Term	Case definition	Control definition
Premises	Farm location with flocks confirmed to be HPAI H5N1 infected by NVSL, including all barns and buildings, even if not all barns and buildings contain infected birds.	Farm location with no HPAI H5N1 infected birds in any barn or building, in same state as case farm.
House/barn	Barn or building that houses HPAI H5N1-infected birds.	On control premises, a barn or building that does not house any HPAI H5N1 infected birds.

Dates of study focus:

Case farms answer questions for the time frame of 14 days prior to the onset of clinical signs or increased mortality. All questions that ask about the “reference period” refer to this time period.

Control farms answer questions for the time frame of 14 days prior to date of first detection on the matched case farm. All questions that ask about the “reference period” refer to this time period.

Section A - Case or Control

1. Is this a case or control farm?e201
₁ Case **[Go to question 2.]**
₃ Control **[Go to question 3.]**

2. If this is a **case** farm,
 - a. When were clinical signs or increased mortality first observed?
(This is what we will refer to as the **reference date**.).....e202 _____ mm/dd/yy
 - b. Enter the date 14 days prior to the date of first detection.
(Clarifying time frame of study focus.).....e203 _____ mm/dd/yy
All questions regarding the “reference period” refer to the 14 days prior to the reference date (the time between “a” and “b”).
We will refer to this as the “reference period.”
 - c. How many birds were on this farm on the reference date?.....e204 _____ # birds
 - d. On the reference date, was this farm in an existing control zone?e205 ₁ Yes ₃ No
 - e. When was the flock diagnosed as positive by laboratory confirmation?.....e206 _____ mm/dd/yy
 - f. During the 2022 outbreak, how many of the barns on this farm were confirmed or were suspected to be infected with HPAI?.....e207 _____ # barns

[Go to Section B.]

3. If this is a **control** farm,
 - a. Enter reference date.
(Enter date of matched case farm prior to interview.).....e208 _____ mm/dd/yy
 - b. Enter the date 14 days prior to the reference date.....e209 _____ mm/dd/yy
All questions regarding the “reference period” refer to the 14 days prior to the reference date (the time between “a” and “b”).
We will refer to this as the “reference period.”
 - c. How many birds were on this farm on this reference date?.....e210 _____ # birds
 - d. Was this farm located in a control zone during the reference period?.....e211 ₁ Yes ₃ No
 - e. Was this farm located in a control zone during some other time frame? ₁ Yes ₃ No

f. If Yes to either d or e, what was the total time this farm was in a control zone? _____ days
OR _____ weeks

Section B - Premises Description

1. What stages of production of egg-type poultry are on this farm?
 - a. Pullets..... e302 ₁ Yes ₃ No
 - b. Layers..... e303 ₁ Yes ₃ No
 - c. Breeders..... e304 ₁ Yes ₃ No
 - d. Other (specify: _____) e305oth..... e305 ₁ Yes ₃ No

2. What other type(s) of poultry are present on this farm?
 - a. Turkey..... e306 ₁ Yes ₃ No
 - b. Broiler..... e307 ₁ Yes ₃ No
 - c. Other (specify: _____) e308oth..... e308 ₁ Yes ₃ No

3. Is this farm certified organic?..... e309 ₁ Yes ₃ No

4. Is this facility enrolled in NPIP?..... e310 ₁ Yes ₃ No

5. Is this farm multiple age or single age? *[Check one only.]*..... e311

₁ Multiple age
₂ Single age

6. How many barns are on this farm? e312 _____ # barns

7. How many barns are:
 - a. Conventional cage housing?..... e313 _____ #
 - b. Enriched caged housing?..... e314 _____ #
 - c. Cage-free (certified organic)?..... e315 _____ #
 - d. Cage-free (not certified organic)?..... e316 _____ #
 - Total** (must equal question 6 response)..... e317 _____ #

8. Do any birds on the farm have access to the outdoors? e318 ₁ Yes ₃ No

9. Are any poultry on this farm pastured?..... e319 ₁ Yes ₃ No

10. Were other non-poultry livestock and animals (such as beef or dairy cattle, horses, sheep, goats, or pigs) or pets (such as dogs or cats) present on the farm premises during the reference period?

₁ Yes ₃ No

11. Did any non-poultry livestock on the farm, or located within 350 yards of the farm, receive supplemental feed (for example, hay or grain) during the 14-day reference period?

(350 yards is about the length of three football fields.) ₁ Yes ₃ No N/A ₄ Don't Know

12. Were other poultry or domesticated waterfowl (noncommercial) present on the farm premises during the 14-day reference period?.....e347 ₁ Yes ₃ No

13. What is the water source for poultry?

a. Municipal.....e349 ₁ Yes ₃ No

b. Well.....e350 ₁ Yes ₃ No

c. Surface water (e.g., pond).....e351 ₁ Yes ₃ No

d. Other (specify: _____) e352oth.....e352 ₁ Yes ₃ No

14. Are water treatments such as chlorination used in the drinking water for the poultry on this farm?
₁ Yes ₃ No

14a. If Yes, are these treatments given ₁ continuously or ₃ intermittently?

15. Are windbreaks present on this farm?

Windbreak type	Present?	If Yes, distance to closest poultry barn (in yards)	
a. Evergreen or juniper	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ yards	e358/e361
b. Deciduous tree	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ yards	e359/e362
c. Structural (for example, hill, natural break)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ yards	e360/e363

16. Excluding driveways on the farm, what is the distance (in yards or miles) from this farm to the nearest public gravel or dirt road?.....e364y _____yards
e364m OR _____miles

17. Are the following water body type(s) visible or within 350 yards (about three football fields) of this farm?

- a. Pond..... e320 ₁ Yes ₃ No
- b. Lake..... e321 ₁ Yes ₃ No
- c. Stream..... e322 ₁ Yes ₃ No
- d. River..... e323 ₁ Yes ₃ No
- e. Wetland or swamp or marsh..... e324 ₁ Yes ₃ No
- f. Wastewater lagoon..... e325 ₁ Yes ₃ No
- g. Drainage ditch..... ₁ Yes ₃ No
- h. Other (specify: _____) e326oth..... e326 ₁ Yes ₃ No

18. For those water bodies within 350 yards, including drainage ditches and lagoons, approximately how many wild waterfowl or shorebirds might have been seen on the water during the 14-day reference period?

- ₁ None
- ₂ Tens
- ₃ Hundreds
- ₄ Thousands

19. What is the distance (in yards) of the closest body of water (for example, pond, lake, stream, river, wetland) to this farm? _____yards
Specify this water body type: _____

20. Approximately how many wild waterfowl (for example, ducks, geese) or shorebirds might have been seen on this body of water at one time? (Try to answer the question for the 14-day reference period.)

- ₁ None
- ₂ Tens
- ₃ Hundreds
- ₄ Thousands

21. What is the distance (in yards) to the closest field where crops or hay are harvested?e331
_____yards (up to 350 yards)

21a. If no fields are within 350 yards, please check here. ₁

22. What crop was being grown in this field during the 14-day reference period? [Check one only.].....e332
- ₁ Corn
- ₂ Soybeans
- ₃ Alfalfa or grass intended for livestock feed
- ₄ Other (specify: _____) e332oth
23. Was this field tilled last fall?.....e333 ₁ Yes ₃ No ₄ Don't know
24. Was this field actively worked (for example, tilled, disked) during the 14-day reference period?e334
- ₁ Yes ₃ No ₄ Don't know
25. For this closest field, approximately how many wild waterfowl (for example, ducks, geese) or shorebirds were seen during the 14-day reference period?
- ₁ None – Skip to next section
- ₂ Tens
- ₃ Hundreds
- ₄ Thousands
26. What type(s) of waterfowl or shorebirds were observed in the field in the 14-day reference period?
- a. Ducks.....e240 ₁ Yes ₃ No ₄ Don't Know
- b. Geese.....e241 ₁ Yes ₃ No ₄ Don't Know
- c. Shorebirds (for example, wading birds, gulls).....e242 ₁ Yes ₃ No ₄ Don't Know
- d. Other (specify: _____) e243/e243oth ₁ Yes ₃ No ₄ Don't Know

Section C - Wild Birds

1. Were the following types of wild birds seen on the farm but outside of the barns (within 100 yards) during the 14-day reference period?

Bird type	Often	Sometimes	Never
a. Large birds (for example, pigeons, crows)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Small birds (for example, finches, sparrows, starlings)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Waterfowl or shorebirds	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Other (specify: _____) e515oth	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

2. How frequently were the following types of wild birds seen **in** the barns during the 14-day reference period?

Bird type	Often	Sometimes	Never	
a. Large birds (for example, pigeons, crows)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	e510
b. Small birds (for example, finches, sparrows, starlings)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	e511
c. Other (specify: _____) e512oth	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	e512

3. Did you observe any of the following types of **dead** wild birds **in** the barns or **outside** the barns during the 14-day reference period?

Dead bird type	Inside the barns	Outside the barns	
a. Large birds (for example, pigeons, crows)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e513/e516
b. Small birds (for example, finches, sparrows, starlings)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e514/e517
c. Other (specify: _____) e515oth	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e515/e518

Section D - Farm Biosecurity

1. Is there a house with people living in it on the property?.....e401 ₁ Yes ₃ No
[If question 1 = No, SKIP to question 3.]

2. Is there a common drive entrance to farm and residence?.....e402 ₁ Yes ₃ No

3. How many entrances are there to the farm that could provide access to the poultry area?
 e403 _____#

4. What best describes the road surface on this farm that vehicles coming onto the operation drive on?
 [Check one only.]..... e404

- ₁ Hard top/asphalt
- ₂ Gravel
- ₃ Dirt
- ₄ Other (specify: _____) e404oth

5. In general, do the following types of vehicles:

Codes for question 5
1 = come to the perimeter of the farm only
2 = enter the farm but not near the barns
3 = come near the barns
4 = N/A

Enter the codes that apply

- a. Garbage/dumpster pick up?.....e405 _____ code
- b. Propane delivery?.....e406 _____ code
- c. Feed delivery?.....e407 _____ code
- d. Feed ingredient delivery?..... _____ code
- e. Renderer?.....e408 _____ code
- f. Company personnel (for example, processing plant and barn workers, service person, veterinarian)?.....e409 _____ code
- g. Egg trucks moving eggs **off** the farm
(for example, to processing, for breaking, to the consumer market)?.....e410 _____ code
- h. Egg truck moving eggs **to** the farm (such as, sideloading)?.....e411 _____ code
- i. Other business visitors (for example, meter reader, repairman)?e412 _____ code

6. In general, how many vehicles (including employee vehicles) come to the following locations on a weekly basis?

- Perimeter of the farm only..... _____ vehicles per week
- Enter the farm but not near the barns..... _____ vehicles per week
- Come near the barns..... _____ vehicles per week

7. Is there a gate to this farm entrance?.....e413 ₁ Yes ₃ No

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

8. Is the gate secured/locked?.....e414 ₁ Always ₂ After hours only ₃ Never

9. Is the farm area perimeter surrounded by a security fence?.....e415 ₁ Yes ₃ No

10. How frequently is vegetation mowed/bush hogged on the premises?

(Answer for when vegetation is present, for example, spring and summer.) ...e416 _____ times/month

11. Was there a wash station/spray area being used for vehicles during the 14-day reference period?

e417 ₁ Yes ₃ No

[If question 11 = No, SKIP to question 13.]

12. For wash station/spray area:

- a. Is it located on the farm?.....e418 ₁ Yes ₃ No
- b. Are the tires washed?.....e419 ₁ Yes ₃ No
- c. Is the vehicle exterior washed?.....e420 ₁ Yes ₃ No
- d. Is the vehicle interior cleaned (for example, floor mats).....e421 ₁ Yes ₃ No
- e. Which vehicles are washed?
- i. Worker vehicles.....e422 ₁ Yes ₃ No
- ii. Feed trucks.....e423 ₁ Yes ₃ No
- iii. Egg trucks.....e424 ₁ Yes ₃ No
- iv. Other (specify: _____) e425oth.....e425 ₁ Yes ₃ No
- f. What disinfectant is used? _____e426
- g. Was the wash station: [*Check one only.*].....e427
- ₁ Recently put into use as a response to heightened biosecurity concerns.
- ₂ A permanent station (such as, in use prior to the HPAI incident).
- h. What is the distance from the wash station to the nearest barn in yards? _____yards
13. Did workers and visitors park in a restricted area away from the barns during the 14-day reference period?
- a. Workers.....e428 ₁ Always ₂ Sometimes ₃ Never
- b. Visitors.....e429 ₁ Always ₂ Sometimes ₃ Never
14. What pest and wildlife control measures were used on this farm during the 14-day reference period?
- a. Rat and mouse bait stations.....e430 ₁ Yes ₃ No
- If Yes, how frequently are they checked.....e431 _____times/month
- b. Beetle control.....e432 ₁ Yes ₃ No
- If Yes, type: _____
15. Overall, how severe a problem were rodents during the 14-day reference period?
- [*Check one only.*]e445
- ₁ High (for example, significant damage to building, significant impact on layer health or feed efficiency)
- ₂ Moderate (for example, moderate damage to building, moderate impact on layer health or feed efficiency)
- ₃ Low (for example, minor impact on building or feed efficiency)
- ₄ No problem

16. Do you monitor rodent index as part of your rodent control program?.....e446 ₁ Yes ₃ No

Note: Rodent index (RI) is the equivalent of number of mice caught in 7 days with 12 traps using the formula: $RI = (\text{number of mice caught}) \times (7/\text{days trapped}) \times (12/\text{number of traps})$.

[If question 16 = No, SKIP to question 18.]

17. Which of the following ranges best describes your rodent index during the 14-day reference period?
[Check one only.].....e447

- ₁ Low (0 to 10 mice)
- ₂ Medium (11 to 25 mice)
- ₃ High (26 or more mice)

18. During the 14-day reference period, were wild mammals, such as raccoons, opossums, coyotes, or foxes (or evidence of their presence), seen in or around poultry barns?.....e448 ₁ Yes ₃ No

19. During the 14-day reference period, prior to feeding, how frequently did wild birds, wild animals, and rodents have access to poultry feed or feed ingredients (for example, feed spillage, open bag, cover left open)?

For this question, "Always" is 100% of the time, "Most of the time" is 51-99% of the time, "Sometimes" is 1-50% of the time, and "Never" is 0% of the time.

Type	Always	Most of the time	Sometimes	Never	
a. Wild birds	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e449
b. Wild animals, such as raccoons, opossums, coyotes, or foxes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e450
c. Rodents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e451

20. Does this premises have a wildlife management plan? ₁ Yes ₃ No ₄ Don't know

21. Describe the protocol or plan for when feed spills on your farm?.....e452

22. What form of feed is fed to the poultry?

- a. Mash.....e453 ₁ Yes ₃ No
- b. Pellets.....e454 ₁ Yes ₃ No
- c. Other (specify: _____) e455oth.....e455 ₁ Yes ₃ No

23. Is the feed treated with:

- a. Formaldehyde (such as Termin-8)?.....e456 ₁ Yes ₃ No
- b. Antimicrobial (for example, ionophores)?.....e457 ₁ Yes ₃ No
- c. Other? (specify: _____) e458oth.....e458 ₁ Yes ₃ No

24. Is the feed heat treated?.....e459 ₁ Yes ₃ No

25. Considering the following biosecurity topics, how challenging would you say these are for producers to achieve? Please check one box per row.

	Not at all challenging	Slightly challenging	Somewhat challenging	Quite challenging	Extremely challenging
a. Keeping feed safe from rodents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Keeping feed safe from wildlife	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Section E - Farm Help/Workers

Questions in this section refer to persons such as the producer, employees, farm help, crews, and similar.

1. What is the total number of employees working on this farm who have access to or directly work with poultry facilities (including family, both paid and unpaid)?.....e601 _____#

2. Did this farm use occasional or emergency workers such as family members or part-time help to fill in for any employees during the 14-day reference period? ₁ Yes ₃ No

3. During the 14-day reference period, how frequently were the following measures required for workers entering the poultry barns?

For this question, “Always” is 100% of the time, “Most of the time” is 51-99% of the time, “Sometimes” is 1-50% of the time, and “Never” is 0% of the time.

Measure	Always/ nearly always	Most of the time	Sometimes	Never	
a. An established clean/dirty line	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e602
b. Shower	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e603
c. Wash hands or use hand sanitizer before entering the barn	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e604
d. Different personnel for different barns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e605
e. Wear disposable coveralls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e606
f. Change of clothing (washable)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e607
g. Change of shoes or use of shoe covers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e608
h. Foot bath (liquid)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e609
i. Foot bath (dry)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e610
j. Scrub footwear (bucket and brush)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	e611

4. Is there a policy in place to prevent workers on this farm from working on other farms? e612 ₁ Yes ₃ No

5. Are workers or members of their household employed by other poultry operations, rendering plants, or processing plants?.....e613 ₁ Yes ₃ No
6. Do any employees own their own poultry, including small backyard flocks?..e614 ₁ Yes ₃ No ₄ Don't know
7. Are employees required to stay off farm after exposure to other poultry?.....e615 ₁ Yes ₃ No
If Yes, for how long (hours)?.....e616 _____ hours
8. Considering the following personnel-related topics, how challenging would you say these are for producers to achieve?

	Not at all challenging	Slightly challenging	Somewhat challenging	Quite challenging	Extremely challenging
a. Hiring new personnel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Retaining trained personnel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Communicating the importance of biosecurity to personnel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Enforcing daily biosecurity measures	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Other personnel-related challenges (Please describe: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Section F - Farm Visitors

1. Is a visitor log used to record visitor traffic onto the farm?.....e701 ₁ Yes ₃ No
2. Did any of the following types of people visit the farm during the 14-day reference period?
If Yes, how many times did they visit and did they enter the poultry barn?

Visitor type	Did they visit the farm?	If Yes,		
		How many times did they visit?	Did this visitor enter the poultry barn?	
a. Federal/State veterinary or animal health worker	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e702/e720/e738
b. Extension agent or university veterinarian	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e703/e721/e739
Visitor type	Did they visit the farm?	If Yes,		
		How many times did they visit?	Did this visitor enter the poultry barn?	

c. Private or company veterinarian	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e704/e722/e740
d. Company service person	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e705/e723/e741
e. Nutritionist or feed company consultant	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e706/e724/e742
f. Feed ingredient delivery person	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
g. Pullet delivery	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e707/e725/e743
h. Vaccination crew	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e708/e726/e744
i. Catch crew	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e709/e727/e745
j. Feed delivery personnel	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e710/e728/e746
k. Egg truck personnel	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e711/e729/e747
l. Bedding/new litter services (delivery, pick up)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e712/e730/e748
m. Customer (private individual)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e713/e731/e749
n. Wholesaler, buyer, or dealer	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e714/e732/e750
o. Renderer	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e715/e733/e751
p. Dead bird pickup other than by renderer	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
q. Occasional worker (for example, family member, part-time help over holiday)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e716/e734/e752
r. Construction workers, repair or maintenance personnel	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e717/e735/e753
s. Other business visitors (including other producers, meter readers, package delivery (UPS), propane, etc.)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e718/e736/e754
t. Other nonbusiness visitors (including neighbors, family members, friends, and school field trips)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____ # visits	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e719/e737/e755

3. For those visitors who entered the poultry barn during the 14-day reference period, did you require the following?

	Yes, verified at farm	Yes, visitor responsibility	No	
a. Change of outer clothing/farm specific clothing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	e756
b. Foot covers or change of footwear	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	e757
c. Mask	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	e758
d. Hand sanitizing, handwashing, or gloves	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	e759
e. Not visit multiple farms in the same day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	e760
f. Other (specify: _____)e761oth	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	e761

4. What are some of the biggest visitor-related challenges to biosecurity that producers face?
Please describe:

Section G - Farm Vehicles and Equipment

1. Were the following vehicles shared with another farm during the 14-day reference period?
If Yes, were they cleaned and disinfected prior to returning to this farm?

Vehicle type	Shared with another farm in the 14-day reference period?	If Yes, was it cleaned and disinfected prior to returning to this farm?	
a. Company trucks/trailers (for example, pickup truck, trailer with supplies, supervisor truck, or similar)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e801
b. Feed trucks	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e802
c. Feed ingredient truck	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	
d. Pullet delivery vehicles (for example, placing pullets)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e803
e. Bird removal vehicles	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e804
f. Egg delivery vehicles	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e805
Vehicle type	Shared with	If Yes, was it	

	another farm in the 14-day reference period?	cleaned and disinfected prior to returning to this farm?	
g. Egg removal vehicles	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e806
h. Manure/litter hauling	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e807
i. ATV/4-wheeler	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e808
j. Other (specify: _____) e809oth	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e809

2. Were the following pieces of equipment shared with another farm during the 14-day reference period?
If Yes, were they cleaned and disinfected prior to returning to this farm?

Equipment type	Shared with another farm in the 14-day reference period?	If Yes, was it cleaned and disinfected prior to returning to this farm?	
a. Gates/panels	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e810
b. Lawn mowers	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e811
c. Live haul loaders	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e812
d. Egg racks or pallets	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e813
e. Egg flats	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e814
f. Pressure sprayers/washers/foamers	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e815
g. Skid-steer loaders	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e816
h. Litter/manure handling	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e817
i. Mortality bin	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	
j. Other (specify: _____) e819oth	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₂ Sometimes	e818

3. Considering the following equipment-related topics, how challenging would you say these are for producers to achieve?

	Not at all challenging	Slightly challenging	Somewhat challenging	Quite challenging	Extremely challenging
a. Keeping shared vehicles cleaned and disinfected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Keeping shared small equipment (such as egg racks or flats) cleaned and disinfected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Other equipment or vehicle-related challenges (Please describe: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Section H - Egg Handling

1. During the 14-day reference period, were any eggs from this farm marketed as:
 - a. Shell eggs?..... e901 ₁ Yes ₃ No
[If question 1a = No, SKIP to question 1b.]
 - i. Washed and sanitized eggs?..... e902 ₁ Yes ₃ No
 - ii. Nest runs?..... e903 ₁ Yes ₃ No
 - b. Liquid eggs (sent to further processing)?..... e904 ₁ Yes ₃ No

2. Which best describes the **primary** location for shell egg processing (washing, grading, and packing into cartons)? *[Check one only.]*..... e905 ₁ On-farm
₂ Off-farm
[If question 2 = Off-farm (2), SKIP to question 4.]

3. Are shell eggs from other farms processed on this farm (for example, side-loading)?
e906 ₁ Yes ₃ No

[SKIP to Section I.]

4. When shell eggs are processed off-farm, what is the:
 - a. Average number of days between egg pickups from the farm?.....e907 _____ days
 - b. Distance (in miles) to the processing plant where the majority of the eggs are processed.
e908 _____ miles
 - c. Are poultry present on the property where the processing facility is located?
e909 ₁ Yes ₃ No

Section I - Litter and Manure Handling

1. Is litter (bedding) used on this farm?.....e1001 ₁ Yes ₃ No

[If question 1 = No, SKIP to question 9.]

2. Was litter brought onto the farm during the 14-day reference period? ₁ Yes ₃ No

If Yes, what was the last day litter was brought onto the farm during the reference period?

e1002 _____mm/dd/yy

3. Who brings litter onto the farm: *[Check one only.]*e1003

₁ Company personnel?

₂ Litter provider?

₃ Other? (specify: _____) e1003oth

4. Is the litter heat treated prior to delivery?.....e1004 ₁ Yes ₃ No ₄ Don't know

5. Is litter stored on the farm prior to use:

a. Outside?e1005 ₁ Yes ₃ No

If Yes, is it covered?e1006 ₁ Yes ₃ No

b. In a shed?e1007 ₁ Yes ₃ No

If Yes, is the shed closed?.....e1008 ₁ Yes ₃ No

[If both questions 5a and 5b = No, SKIP to question 8.]

6. What is the minimum distance (in yards) from the on-site litter storage area to the nearest barn?

e1009 _____yards

7. Prior to use, is litter accessible to:

a. Wild birds?.....e1010 ₁ Yes ₃ No

b. Wild animals (for example, raccoons, opossum, coyotes, foxes)?.....e1011 ₁ Yes ₃ No

c. Domestic animals (for example, dogs, cats)?e1012 ₁ Yes ₃ No

8. What was the date that litter was last removed from any barn on this farm prior to the end of the reference period?.....e1013 _____mm/dd/yy

9. Was manure or used litter from other farms spread on this farm or adjacent farms prior to or during the reference period?.....e1014 ₁ Yes ₃ No

If Yes, what was the last date this occurred?.....e1015 _____mm/dd/yy

Section J - Dead Bird Disposal

1. What is the approximate normal daily mortality on this farm?.....e1101 _____ # birds/day
Note: Ratio this number to number of birds in section A, question 2c or 3c (page 2). Verify if the mortality is more than 0.01 (1 percent).

2. What are the method(s) of dead bird (daily mortality) disposal on this farm?
 - a. Composting.....e1102 ₁ Yes ₃ No
 If Yes, is this onsite ₁ or offsite ₃?
 - b. Burial.....e1103 ₁ Yes ₃ No
 If Yes, is this onsite ₁ or offsite ₃?
 - c. Incineration.....e1104 ₁ Yes ₃ No
 - d. Rendering.....e1105 ₁ Yes ₃ No
 - e. Landfill.....e1106 ₁ Yes ₃ No
 - f. Other (specify: _____) e1107oth.....e1107 ₁ Yes ₃ No

3. If question 2a (composting) or question 2b (burial) is Yes, how frequently are carcasses covered with:
 - a. Soil?.....e1108 ₁ Daily ₂ Every 2 or more days ₃ Never
 - b. Manure?.....e1109 ₁ Daily ₂ Every 2 or more days ₃ Never

4. If question 2d (rendering) is Yes,
 - a. Is the carcass bin kept covered?e1110 ₁ Yes ₃ No
 - b. Are carcasses: *[Check one only.]*.....e1111
 - ₁ Taken by the producer/worker to the renderer?
 - ₂ Picked up by the renderer from the farm?
 - c. How many times were carcasses moved to the renderer during the 14-day reference period?

e1112 _____ # times

5. Were any wild birds or wild mammals observed around the dead bird collection area (such as burial, compost pile, rendering bin, or similar) during the 14-day reference period?
 - a. Wild birds.....e1114 ₁ Yes ₃ No
 - b. Wild mammals.....e1115 ₁ Yes ₃ No

Barn-Level Questions

Instructions:

1. **Control farm:** Select one barn to complete this section. Answer questions for the 14 days prior to the reference date specified on page 2 (reference period).

2. **Case farm:** Select the **first** barn on this premises that was confirmed to be HPAI positive. Answer questions for the 14 days prior to the onset of clinical signs or increased mortality (reference period).

1. What is the barn ID?		e1201
2. What type(s) of poultry are present in this barn?		
a. Pullet	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1202
b. Layer	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1203
c. Breeder	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1204
d. Other	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No If Yes, specify: _____	e1205/ e1205oth
3. Are there multiple ages of birds in the barn?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
3a. If yes, how many times have birds been placed in the barn?	_____ times	
4. How many birds were placed in this barn?	_____ # birds	e1206
5. What was the date of placement in this barn? If there is more than one placement date, please select the date that applies to most birds in the barn.	_____ mm/dd/yy	e1207
6. How old were birds when placed in this barn?	_____ weeks	e1208
7. Has this flock been molted?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1209
8. Did birds in this barn have outside access?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1210/ e1210oth
9. What was the bird density in the barn?	_____ sq in/bird	e1211
10. Was there another health concern in this flock during the 14-day reference period?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No If Yes, specify condition: _____ _____	e1212

<p>11. Was this flock being treated for a condition or health concern during the 14-day reference period?</p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₃ No</p> <p>If Yes, specify treatment: _____ _____</p> <p>If Yes, specify condition: _____ _____</p>	<p>e1213</p>
<p>12. Was this flock vaccinated during the 14-day reference period?</p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₃ No</p>	<p>e1214/ e1214oth</p>
<p>13. How are birds housed in this barn? <i>[Enter code 1, 2, or 3.]</i></p> <p>1. Conventional cage 2. Enriched cage 3. Cage-free</p>	<p>_____ code [If 3 (Cage-free), SKIP to question 16.]</p>	<p>e1215</p>
<p>14. Are cages curtain backed?</p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₃ No</p>	<p>e1216</p>
<p>15. Do birds have access to droppings from other birds (e.g., manure belt running across top tier of cage)?</p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₃ No</p>	<p>e1217</p>
<p>16. How old is this barn structure?</p>	<p>_____ years</p>	<p>e1218</p>
<p>17. How long has it been since the last remodel of the outside physical barn structure?</p>	<p>_____ years_____</p>	<p>e1219</p>
<p>17a. Please describe other updates to the barn: When were these performed?</p> <p>Ventilation system update</p> <p>Manure system update</p> <p>Other (please describe): _____</p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₃ No Date: _____</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₃ No Date: _____</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₃ No Date: _____</p>	<p>e1220</p>
<p>18. How well has the barn structure been maintained? <i>[Enter code 1, 2, or 3.]</i></p> <p>1. Well For example, concrete foundation, no visible daylight, the barn is tight, intact inlet vent screens, doors well sealed</p> <p>2. Moderate For example, barn tin could have rust or small holes, intact inlet vent screens, doors not completely sealed</p> <p>3. Poor For example, holes in walls are apparent, tin is rusted, may have leaks in roof, there might be some holes large enough for wild birds to enter, multiple areas with daylight visible, inlet vent screens not intact, doors not sealed</p>	<p>_____ code</p>	

<p>19. What type of ventilation was used for this barn during the 14-day reference period? <i>[Enter code 1, 2, 3, or 4.]</i></p> <ol style="list-style-type: none"> 1. Curtain ventilated 2. Side wall inlet 3. Ceiling or eaves inlet 4. Tunnel ventilation (may have side wall or ceiling inlets) 	<p>_____ code</p>	<p>e1221</p>
<p>20. Where are fans located?</p>	<p><input type="checkbox"/>₁ Sidewall <input type="checkbox"/>₂ End of barn <input type="checkbox"/>₃ Both</p>	<p>e1222</p>
<p>21. Is intake air filtered?</p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₃ No If Yes, specify type of filter: _____</p>	<p>e1223</p>
<p>22. Which best describes the ground surface immediately surrounding (within 1 yard) this barn (excluding vehicle approach and loading area). <i>[Enter code 1, 2, 3, or 4.]</i></p> <ol style="list-style-type: none"> 1. Gravel or hard surface 2. Dirt 3. Short grass 4. Tall grass or brush 	<p>_____ code</p>	<p>e1225/ e1225oth</p>
<p>23. Does this barn have a hard-surface entry pad (for example, concrete, asphalt)?</p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₃ No</p>	<p>e1226a/ e1226b</p>
<p>If Yes, a. Is the entry pad cleaned and how frequently?</p>	<p><input type="checkbox"/>₁ Yes, <input type="checkbox"/>₃ No If Yes, specify frequency: _____</p>	<p>e1227</p>
<p>b. Is disinfectant used?</p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₃ No If Yes, specify disinfectant: _____</p>	<p>e1228/ e1229</p>

24. How frequently were the following used in this barn during the 14-day reference period?		
a. Locks on the doors	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	e1230
b. A service room that personnel must enter through separating “outside area” from “inside area”	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	
c. Changing area for employees	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	e1231
d. A shower for employees	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	e1232
e. Cool cell pads	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	e1233
f. Misters	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	e1234
25. What type of footbath was used in this barn during the 14-day reference period? <i>[Enter code 1, 2, 3, 4, or 5.]</i> 1. Dry (i.e., powdered or particulate) 2. Liquid 3. Both dry and liquid 4. Other 5. None	_____ code If 4 (Other), specify: _____ [If 5 (None), SKIP to question 30.]	e1235
26. What is the frequency that footbath solutions are changed?	_____ times/ <input type="checkbox"/> ₁ day, <input type="checkbox"/> ₂ week, or <input type="checkbox"/> ₃ month	e1236
27. What disinfectant is used in the footbaths?	Specify: _____	e1237/ e1237oth
28. Does this barn have drop boards?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1238/ e1238f

29. What type(s) of litter is used in this barn? [Enter Code 1, 2, 3, or 4.] 1. None (skip to question 39) 2. Wood shavings 3. Hulls (for example, oat, rice, sunflower, other) 4. Straw 5. Other	_____ code If 5 (Other), specify: _____	e1240
30. Is the litter bagged (such as bailed) or bulk (such as load from shavings mill)?	<input type="checkbox"/> ₁ Bag <input type="checkbox"/> ₂ Bulk	e1241
31. Was litter "tilled" after it was placed in the barn?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1243
If Yes, when was it tilled?	_____ mm/dd/yy	e1244
32. How many times was litter added to the barn during the 14-day reference period?	_____ times	e1245
33. What was the date of the last full clean out of manure and litter?	_____ mm/dd/yy	e1246
34. Were birds present during the last full clean out?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1247
35. Who performed the last full clean out? [Enter Code 1 or 2.] 1. Producer 2. Contractor	_____ code	e1248
36. Were the following wild birds seen in this barn during the 14-day reference period?		
a. Large birds (for example, pigeons, crows)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1250
b. Small birds (for example, finches, sparrows, starlings)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
37. Were wild waterfowl observed on the nearest body of water during the 14-day reference period?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1252
38. How far is this barn (in yards) from:		
a. Dead bird disposal/holding area including carcass bin for rendering?	_____ yards	e1254
b. Nearest road?	_____ yards	
39. Did any of the following types of people enter this barn during the 14-day reference period?		
a. Federal/State veterinary or animal health worker	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1256
b. Extension agent or university veterinarian.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
c. Private or company veterinarian	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1257
d. Company service person	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1258
e. Nutritionist or feed company consultant	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1259
f. Pullet delivery	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1260
g. Vaccination crew	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1261
h. Catch crew (bird removal)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1262
i. Feed delivery personnel	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1263

j. Egg truck personnel	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1264
k. Litter services (delivery, pick up)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1265
l. Customer (private individual)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1266
m. Wholesaler, buyer, or dealer	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1267
n. Renderer	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1268
o. Occasional worker (for example, family member, part time help over holiday)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1269
p. Construction workers, repair, or maintenance person	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1270
q. Other business visitors (including other producers, meter readers, package delivery (UPS), or similar)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1271
r. Other nonbusiness visitors (including neighbors, friends, and school field trips)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1272
If this is a control barn, skip to the next section. If this is a case barn, continue.		e1273
40. Where specifically in this barn did increased mortality or clinical signs first appear (for example, near entry, near vents, back of barn)? <i>[A diagram may help.]</i>	Describe: _____ _____	e1274
41. Was there a pattern of spread in the barn?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No If Yes, describe: _____ _____	e1275/ e1276
42. What was the first indication of infection within the barn?		
a. Surveillance testing	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1276/ e1276oth
b. Premovement testing	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
c. Increased mortality	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	e1277
d. Clinical signs	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No If Yes, specify: _____ _____	

Comment Section

Please use this section for anything else that you would like to add. For example, how do you think HPAI was/is spreading within your geographic area?

Interview Information

Study ID: _____ frmid

EMRS (premises) ID: _____ premid

Date (mm/dd/yy): _____ date

Interviewer instruction: Bring satellite image of farm to interview at a neutral off-site location determined ahead of the scheduled interview.

Premises Information

Farm name: _____ frmname

Farm address: _____ frmadd

County: _____ frmcty Township: _____ frmtsp

Lat: _____ frmlat Long: _____ frmlong

1. Supervisor contact name: _____ e101 Phone: _____ e102

Cell phone: _____ e103 Email: _____ e104

2. Farm manager contact name: _____ e105 Phone: _____ e106

Cell phone: _____ e107 Email: _____ e108

3. Flock veterinarian: _____ e109 Phone: _____ e110

Cell phone: _____ e111 Email: _____ e112

Interviewer information

Interviewer name/organization: _____ intrname

Interviewee name/organization: _____ intename