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OMB Approved  
0579-XXXX  
Exp. XX/XXXX

## DAIRY CATTLE EMERGING HEALTH EVENT: EPIDEMIOLOGICAL QUESTIONNAIRE

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

Your participation is vital and will help APHIS understand the occurrence and extent of HPAI detections in cattle. APHIS will safeguard study data as Confidential Business Information (CBI), as defined in the U.S. Code of Federal Regulations (CFR) 19 CFR 201.6, and we will utilize exemption 4 for any Freedom of Information Act (FOIA) (5 U.S. Code 552) requests for survey information associated with this study. Response is voluntary and you may discontinue participation at any time.

### Instructions

We are asking you to fill out this survey to provide information on daily farm activities, facility and premises practices, deliveries to the premises, and sick cattle. The purpose of this survey is to better understand the emerging health syndrome in dairy cattle first announced by USDA, March 25, 2024, and to explore potential risk factors for infections in cattle. Any reports from this study will combine the data from all participants. The results of this survey will be summarized to develop hypotheses and to identify specific topics for future follow-up studies.

To support rapid data extraction and analysis, please use and save the fillable form electronically when possible. The form can be downloaded and used on any device with Adobe Acrobat.

In the questionnaire, we frequently ask questions about a **30-day reference period**. Questions regarding the **“30-day reference period”** refer to the **30 days prior to the date that clinical signs were first observed** on the premises. You might find it helpful to have a calendar and your records handy.

a. Today's date (mm/dd/yyyy): \_\_\_\_\_ date1

b. Date first clinical signs observed (mm/dd/yyyy): \_\_\_\_\_ date2

c. Date 30-days **before** first clinical signs observed (mm/dd/yyyy): \_\_\_\_\_ date3

**All questions that ask about the “30-day reference period” refer to the dates between b. and c. above.**



## Section A – Premises Information

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National Premises Identification Number: \_\_\_\_\_premid

Name of premises: \_\_\_\_\_prename

Address of premises:

Street: \_\_\_\_\_prestreet

City: \_\_\_\_\_premcity Zip Code: \_\_\_\_\_premzip State: .-- \_\_\_\_\_prestate

County of premises: \_\_\_\_\_premcnty

Corporate affiliation/cooperative membership: \_\_\_\_\_premcorp

Premises owner contact name: \_\_\_\_\_ownname

Primary phone: \_\_\_\_\_ownph Email: \_\_\_\_\_owneml

Premises manager name: \_\_\_\_\_mgrname

Primary phone: \_\_\_\_\_mgrph Email: \_\_\_\_\_mgr eml

Premises veterinarian name: \_\_\_\_\_vetname

Primary phone: \_\_\_\_\_vetph Email: \_\_\_\_\_veteml

Interviewee contact name: \_\_\_\_\_weename

Primary phone: \_\_\_\_\_weeph Email: \_\_\_\_\_weeeml

Interviewer contact name: \_\_\_\_\_wername

Primary phone: \_\_\_\_\_werph Email: \_\_\_\_\_werem

Click "File Name Generator" and Copy the field below it, then click "Save As" button, and paste as file name.

**File Name Generator**

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**Section B – Case Information**

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1. For all cattle that have ever exhibited clinical signs of this syndrome, what clinical sign(s) were observed? [Check **all that apply.**] d0001

**Lactation related clinical signs:**

- a Decreased milk production
- b Abnormal milk (e.g., consistency, color)
- c Dry off early

**Respiratory related clinical signs:**

- i Increased respiratory rate
- j Labored breathing
- k Nasal discharge
- l Blood from nose
- m Pneumonia

**Digestive related clinical signs:**

- d Decreased feed consumption
- e Decreased rumen motility
- f Diarrhea/Loose manure
- g Tacky, dry manure
- h Constipation

**Other clinical signs:**

- n Neurological signs
- o Blisters or ulcers
- p Abortions
- q Lameness
- r Fever (103 °F or greater)
- s Dehydration
- t Other (specify: \_\_\_\_\_ d0001oth)

2. For lactating cows with this syndrome that have produced abnormal milk, were any of the following characteristics observed? [Check **all that apply.**] d0002

- a Yellow discoloration
- b Grey discoloration
- c Clear
- d Apparent blood in milk

- e Thickened
- f Flakes
- g Clots
- h Other (specify: \_\_\_\_\_ d0002oth)

3. On average, for cattle on this premises that have shown clinical signs of this syndrome:

- a. How many days did they show clinical signs (excluding milk drop)?..... d0003 \_\_\_\_\_ # days
- b. How many days did they experience milk drop? ..... d0004 \_\_\_\_\_ # days

4. When was the first time a veterinarian collected samples from cattle on this premises to diagnose the cause of clinical signs due to this syndrome? ..... d0005 \_\_\_\_\_ mm/dd/yy

5. Please complete the following table for the class and number of cattle on this operation **today**.  
 “Recovered” is defined as returning to the milking string even if there is not a full return to the previous level of milk production; or, if non-lactating, are no longer receiving supportive care or appear healthy. (Enter number of animals in whole numbers)

<b>Cattle class</b>	<b>How many animals of this class are on the premises?</b> <i>(If 0, go to next class; if &gt;0, continue this class)</i>	<b>Have any animals of this class exhibited clinical signs to date?</b> <i>(If No, go to next class; if Yes, continue this class)</i>	<b>How many animals of this class have exhibited clinical signs to date?</b>	<b>How many animals of this class have recovered from this syndrome?</b>	<b>How many animals of this class have been culled due to this syndrome?</b>	<b>How many animals of this class have died due to this syndrome?</b>
a. Preweaned dairy or beef calves	_____ d0006	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0016	_____ d0025	_____ d0035	_____ d0045	_____ d0055
b. Weaned but not bred dairy heifers	_____ d0007	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0017	_____ d0026	_____ d0036	_____ d0046	_____ d0056
c. Bred dairy heifers	_____ d0008	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0018	_____ d0027	_____ d0037	_____ d0047	_____ d0057
d. 1 <sup>st</sup> lactation dairy cows	_____ d0009	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0019	_____ d0028	_____ d0038	_____ d0048	_____ d0058
e. 2 <sup>nd</sup> lactation dairy cows	_____ d0010	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0020	_____ d0029	_____ d0039	_____ d0049	_____ d0059
f. 3 <sup>rd</sup> or greater lactation dairy cows	_____ d0011	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0021	_____ d0030	_____ d0040	_____ d0050	_____ d0060
g. Dry dairy cows	_____ d0012	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0022	_____ d0031	_____ d0041	_____ d0051	_____ d0061
h. Beef cows, bulls, steers, and heifers	_____ d0013	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0023	_____ d0032	_____ d0042	_____ d0052	_____ d0062
i. Dairy bulls	_____ d0014	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0024	_____ d0033	_____ d0043	_____ d0053	_____ d0063
j. Total (a. – i.)	0 _____ d0015		0 _____ d0034	0 _____ d0044	0 _____ d0054	0 _____ d0064

6. During the reference period, were any dairy heifers from this premises being raised off-site with retained ownership? ..... d0065 <sub>1</sub> Yes <sub>3</sub> No

a. If Yes, which of the following best describes the off-site rearing facility? [Check only one.] d0066

Dairy heifers are sent to:

<sub>1</sub> A **single rearing facility** and **do not have any contact** with cattle from other operations.

<sub>2</sub> **Multiple rearing facilities** and **do not have any contact** with cattle from other operations.

<sub>3</sub> A **single rearing facility** and **have contact** with cattle from other operations.

<sub>4</sub> **Multiple rearing facilities** and **have contact** with cattle from other operations.

<sub>5</sub> Other (specify: \_\_\_\_\_ d0066oth)

7. How many pens are on this premises? ..... d0067 \_\_\_\_\_ # pens

8. Have clinical signs been observed in multiple pens? ..... d0068  Yes  No

**[If Yes, continue. If No, go to Section C.]**

a. How many pens have animals that have exhibited clinical signs to date? . d0069 \_\_\_\_\_ # pens

b. For each affected pen, what was the first day clinical signs were observed in the pen, the pen number, the cattle class of the pen, and the average days in milk for cattle in the pen?

*(If more space is needed, please use the continuation table at the end of the questionnaire. If possible, please attach labeled site map. Enter average days in whole numbers)*

Date clinical signs were first observed in the pen (mm/dd/yy)	Pen number	Cattle class	Pen average days in milk
_____ d0070a	_____ d0070b	_____ d0070c	_____ d0070d
_____ d0071a	_____ d0071b	_____ d0071c	_____ d0071d
_____ d0072a	_____ d0072b	_____ d0072c	_____ d0072d
_____ d0073a	_____ d0073b	_____ d0073c	_____ d0073d
_____ d0074a	_____ d0074b	_____ d0074c	_____ d0074d
_____ d0075a	_____ d0075b	_____ d0075c	_____ d0075d

[Click to go to Continuation Table](#)

c. Have animals showing clinical signs been observed in: *[Check all that apply.]* d0076

<sub>a</sub> Adjacent pens?

<sub>b</sub> Non-adjacent pens?

<sub>c</sub> Other (specify: \_\_\_\_\_ d0076oth)

d. For pens with lactating cows, has the order that pens have first shown clinical signs followed the same order that those pens visit the milking parlor? ..... d0077 <sub>1</sub> Yes <sub>2</sub> No <sub>3</sub> Don't Know

e. If Yes, please describe:

\_\_\_\_\_ d0078oth

### Section C – Herd Description

1. During the **30-day reference period**, which one of the following practices best describes this dairy operation? *[Check only one.]* d0100

<sub>1</sub> Conventional (majority of forage consumed is not harvested by cows)

<sub>2</sub> Grazing (majority of forage consumed is harvested by cows during the growing season)

<sub>3</sub> Combination of conventional and grazing

<sub>4</sub> Other (specify: \_\_\_\_\_ d0100oth)

2. Of the dairy cows on this operation today, approximately what percent are:

a. Holstein? ..... d0101 \_\_\_\_\_ %

b. Jersey? ..... d0102 \_\_\_\_\_ %

c. Other, including mixed dairy breeds? (specify: \_\_\_\_\_ d0103oth) d0103 \_\_\_\_\_ %

Total (should equal 100%) 0 %

3. Is this premises producing **raw** milk or **raw/unpasteurized** milk cheese products for human consumption or for a cow share program? ..... d0104 <sub>1</sub> Yes <sub>2</sub> No

4. Is this premises certified organic? ..... d0105 <sub>1</sub> Yes <sub>2</sub> No

5. During the **30-day reference period**, what was the primary housing type used for each of the following types of cattle while on this operation?

*[Insert the appropriate housing type code from the table below.]*

Housing type codes	
1 Individual outside hutch/pen	5 Freestall with or without access to open/dry lot
2 Individual inside hutch/pen – heated or nonheated calf barn	6 Open/dry lot/multiple animals outside area with or without barn or shed (excludes pasture)
3 Tie stall or stanchion	7 Multiple animals inside area/barn
4 Pasture	8 Other (specify in Other column according to cattle type)

Other (specify)

- a. Preweaned dairy heifers. .... d0107/d0107oth \_\_\_\_\_
- b. Weaned, but not bred, dairy heifers.....d0108/d0108oth \_\_\_\_\_
- c. Bred dairy heifers .....d0109/d0109oth \_\_\_\_\_
- d. Lactating cows. ....d0110/d0110oth \_\_\_\_\_
- e. Dry cows. ....d0111/d0111oth \_\_\_\_\_

6. During the **30-day reference period**, were the following animal types present on this operation?  
 If Yes, have any of these animal types been sick or died? Were any of the following animal types present on an adjacent operation(s) where fence-line contact with this operation's cattle was possible?

Animal type	On this operation? (If Yes, answer <b>Sick</b> column; if No, go to <b>Adjacent Operation</b> column)	Have any animals of this type been <b>sick</b> or died?	On an <b>adjacent operation</b> where fence-line contact with this operation's cattle was possible?
a. Dairy cattle			<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0132
b. Beef cattle	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0112	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0122	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0133
c. Chickens or other poultry	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0113	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0123	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0134
d. Horses, donkeys, mules, or similar	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0114	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0124	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0135
e. Pigs (domestic)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0115	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0125	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0136
f. Pigs (feral)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0116	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0126	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0137
g. Sheep	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0117	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0127	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0138
h. Goats	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0118	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0128	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0139
i. Dogs (domestic or feral)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0119	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0129	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0140
j. Cats (domestic or feral)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0120	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0130	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0141
k. Other (specify: _____) d0121oth	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0121	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0131	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0142



7. Are there any commercial poultry operations located within 5 miles of this operation's cattle herd?  
..... d0143 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't Know

8. During the **30-day reference period**, where were this operation's dead cattle disposed?

[Check only **one**.] d0144

<sub>1</sub> On-site

<sub>2</sub> Off-site

<sub>3</sub> Both

<sub>4</sub> Not applicable – no deaths

### Section D – Milking Procedures

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1. What type of milking facilities are used on this operation? [Check **all that apply**.] d0201

<sub>a</sub> Parlor

<sub>b</sub> Tie stall or stanchion barn

<sub>c</sub> Robotic/voluntary milking systems

<sub>d</sub> Other (specify: \_\_\_\_\_) d0201oth)

2. During the **30-day reference period**, how many times per day were the majority of cows milked?

[Check only **one**.] d0202

<sub>1</sub> Once a day

<sub>2</sub> Twice a day

<sub>3</sub> Three times a day

<sub>4</sub> More than three times a day

3. Are all cows milked the same number of times per day? ..... d0203 <sub>1</sub> Yes <sub>3</sub> No

a. If No, does the frequency of milking seem to be associated with clinical signs? (i.e., has there been a difference in the number of cows with clinical signs based on the number of times they were milked per day?) ..... d0204 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't know

(1). If Yes to Question 3.a., please explain: \_\_\_\_\_ d0205oth

4. During the **30-day reference period**, were the teats sprayed with water or another solution, excluding pre-teat dip, prior to milking? ..... d0206 <sub>1</sub> Yes <sub>3</sub> No

5. During the **30-day reference period**, was forestripping performed prior to milking?

..... d0207 <sub>1</sub> Yes <sub>3</sub> No

6. During the **30-day reference period**, were teats pre-dipped prior to milking? ..... d0208 <sub>1</sub> Yes <sub>3</sub> No

**[If Yes, continue. If No, go to Question 7.]**

a. Please specify product used: \_\_\_\_\_d0209oth

b. What method was used to apply pre-dip? [Check only one.] d0210

1 Teat dipping cup

2 Teat sprayer

3 Automatic brush with scrubber and dryer

4 Other (specify: \_\_\_\_\_) d0210oth)

7. During the **30-day reference period**, how were the teats dried prior to milking? [Check all that apply.]

d0211

a Paper towel used on one cow only

b Paper towel used on more than one cow

c Cloth towel used on one cow only

d Cloth towel used on more than one cow

e Not applicable – teats were not dried

8. During the **30-day reference period**, were teats post-dipped after milking?..... d0212 1 Yes 3 No

a. If Yes, please specify product used: \_\_\_\_\_ d0213oth

9. During the **30-day reference period**, did this operation use a backflush system in milking units?

..... d0214 1 Yes 3 No

a. If Yes, was the backflush system:

(1). Used for every milking? ..... d0215 1 Yes 3 No

(2). Automatic or manual?..... d0216 1 Automatic 2 Manual

(3). Does the backflush system include a disinfectant?..... d0217 1 Yes 3 No

10. During the **30-day reference period**, did parlor workers wear disposable gloves while milking cows?

..... d0218 1 Always 2 Sometimes 3 Never

a. If Always or Sometimes, on average how many cows were contacted while wearing a single pair of gloves? [Check only one.] d0219 1 Only 1 2 2–10 3 11–50 4 51–100 5 101+

**[If this operation has a parlor, continue. If not, go to Question 13.]**

11. During the **30-day reference period**, was the parlor cleaned after each milking shift?

..... d0220 1 Always 2 Sometimes 3 Never

a. If Always or Sometimes, which of the following best describes the cleaning procedures? [Check only one.] d0221

1 Wash parlor with water or steam only

2 Chemically disinfect only

3 Wash with water and chemically disinfect

4 Other (specify: \_\_\_\_\_) d0221oth)

12. Does this operation use a CIP (clean in place) system? ..... d0222  Yes  No

a. If Yes, how many times a day is cleaning conducted? [Check only **one**.] d0223

<sub>1</sub> 1

<sub>2</sub> 2

<sub>3</sub> 3

<sub>4</sub> 4 or more

13. Have any of the milking or parlor practices changed since the syndrome was first observed on this premises? ..... d0224 <sub>1</sub> Yes <sub>3</sub> No

a. If Yes, please explain: \_\_\_\_\_ d0225oth

14. During the **30-day reference period**, did milk trucks pick up partial semi-truck loads from this dairy? ..... d0226 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't Know

15. During the **30-day reference period**, approximately how much waste milk was produced daily on this premises? ..... d0227 \_\_\_\_\_ (gallons/day)

16. During the **30-day reference period**, which of the following practices were used to dispose of waste milk on this premises? For each practice used, was the waste milk pasteurized/heat treated, chemical treated, or not treated prior to the disposal practice?

<b>Practice to dispose of waste milk:</b> (If checked, answer Treatment column) [Check <b>all that apply</b> .] d0228	<b>Treatment prior to the disposal practice?</b> [Check <b>all that apply</b> .]
<input type="checkbox"/> <sub>a</sub> Fed to calves on this dairy	<input type="checkbox"/> <sub>a</sub> Pasteurized/ heat treated <input type="checkbox"/> <sub>b</sub> Chemical treatment <input type="checkbox"/> <sub>c</sub> No treatment d0229
<input type="checkbox"/> <sub>b</sub> Fed to calves at another premises	<input type="checkbox"/> <sub>a</sub> Pasteurized/ heat treated <input type="checkbox"/> <sub>b</sub> Chemical treatment <input type="checkbox"/> <sub>c</sub> No treatment d0230
<input type="checkbox"/> <sub>c</sub> Fed to swine (on or off-site)	<input type="checkbox"/> <sub>a</sub> Pasteurized/ heat treated <input type="checkbox"/> <sub>b</sub> Chemical treatment <input type="checkbox"/> <sub>c</sub> No treatment d0231
<input type="checkbox"/> <sub>d</sub> Fed to cats/dogs on the dairy	<input type="checkbox"/> <sub>a</sub> Pasteurized/ heat treated <input type="checkbox"/> <sub>b</sub> Chemical treatment <input type="checkbox"/> <sub>c</sub> No treatment d0232
<input type="checkbox"/> <sub>e</sub> Disposed in lagoon	<input type="checkbox"/> <sub>a</sub> Pasteurized/ heat treated <input type="checkbox"/> <sub>b</sub> Chemical treatment <input type="checkbox"/> <sub>c</sub> No treatment d0233
<input type="checkbox"/> <sub>f</sub> Other (specify: _____) d0228oth	<input type="checkbox"/> <sub>a</sub> Pasteurized/heat treated <input type="checkbox"/> <sub>b</sub> Chemical treatment <input type="checkbox"/> <sub>c</sub> No treatment d0234

17. Have the waste milk disposal and/or waste milk treatment practices changed since the syndrome was first observed on this premises? ..... d0235 <sub>1</sub> Yes <sub>3</sub> No

a. If Yes, how have practices changed: \_\_\_\_\_ d02360th

**Section E – Animal Movements**

1. Were animals of the following cattle classes **added** to this premises during the **30-day reference period**?

Cattle class	Added to the premises during the 30-day reference period?
a. Preweaned dairy or beef calves	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0301
b. Weaned but not bred dairy heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0302
c. Bred dairy heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0303
d. Fresh dairy heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0304
e. Lactating dairy cows	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0305
f. Dry dairy cows	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0306
g. Beef cows, bulls, steers, heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0307
h. Dairy bulls	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0308

2. Please describe all movements of cattle **onto** this premises beginning with the start of the 30-day reference period.

*(Answer all columns for each movement. If more space is needed, please use the continuation table at the end of the questionnaire.)*

Date of movement (mm/dd/yy)	Cattle class/type	Number of head	Origin (premises/farm name, city, state)
_____ d0309a	_____ d0309b	_____ d0309c	_____ d0309d
_____ d0310a	_____ d0310b	_____ d0310c	_____ d0310d

_____	_____	_____	_____
d0311a	d0311b	d0311c	d0311d
_____	_____	_____	_____
d0312a	d0312b	d0312c	d0312d
_____	_____	_____	_____
d0313a	d0313b	d0313c	d0313d

[Click to go to Continuation Table](#)

3. Were animals of the following cattle classes **removed** from the premises during the **30-day reference period** or **since clinical signs were first observed**? [Answer **both** columns.]

Cattle class	Removed from the premises during the 30-day reference period?	Removed from the premises since clinical signs were first observed?
a. Preweaned dairy or beef calves	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0314	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0322
b. Weaned but not bred dairy heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0315	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0323
c. Bred dairy heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0316	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0324
d. Fresh dairy heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0317	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0325
e. Lactating dairy cows	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0318	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0326
f. Dry dairy cows	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0319	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0327
g. Beef cows, bulls, steers, heifers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0320	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0328
h. Dairy bulls	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0321	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0329

4. Please describe all movements of cattle **off** this premises beginning with the start of the 30-day reference period.  
(Answer all columns for each movement. If more space is needed, please use the continuation table at the end of the questionnaire.)

Date of movement (mm/dd/yy)	Cattle class/type	Number of head	Destination (premises/farm name, city, state)
_____ d0330a	_____ d0330b	_____ d0330c	_____ d0330d
_____ d0331a	_____ d0331b	_____ d0331c	_____ d0331d
_____ d0332a	_____ d0332b	_____ d0332c	_____ d0332d
_____ d0333a	_____ d0333b	_____ d0333c	_____ d0333d
_____ d0334a	_____ d0334b	_____ d0334c	_____ d0334d

[Click to go to Continuation Table](#)

5. During the **30-day reference period**, how often were the following types of cattle isolated (kept physically separated) before being comingled with this operation's cattle?

(Check NA if not applicable, i.e., did not have cattle return and/or join during the time frame.)

a. Cattle returning to the operation? ..... d0335 1 Always 2 Sometimes 3 Never 4 NA

b. New cattle joining the operation (permanently or temporarily)?

..... d0336 1 Always 2 Sometimes 3 Never 4 NA

**[If Questions 5. a. and b. BOTH are Never or NA, go to Question 7.]**

6. How many days were these types of cattle typically isolated?

(Check NA if not applicable, i.e., did not have cattle return and/or join during the time frame.)

a. Cattle returning to the operation? ..... d0337 \_\_\_\_\_ # days 4 NA

b. New cattle joining the operation (permanently or temporarily)?

.....d0338 \_\_\_\_\_ # days 4 NA

7. During the **30-day reference period**, did any cattle leave this operation for any purpose (e.g., veterinary clinic, show, sale, petting zoo, or similar) and then return to this operation?

..... d0339 1 Yes 2 No

## Section F – Operation Management

1. During the **30-day reference period**, which of the following describes your standard colostrum feeding practices for calves? [Check only **one**.] d0401

- <sub>1</sub> Unpasteurized cow colostrum from a single dam
- <sub>2</sub> Pasteurized cow colostrum from a single dam
- <sub>3</sub> Unpasteurized pooled cow colostrum
- <sub>4</sub> Pasteurized pooled cow colostrum
- <sub>5</sub> Commercial colostrum replacer
- <sub>6</sub> Calves are not fed colostrum

2. Which of the following liquid diets are calves fed prior to weaning? [Check **all that apply**.] d0402

- <sub>a</sub> Medicated/Nonmedicated milk replacer
- <sub>b</sub> Unpasteurized milk
- <sub>c</sub> Pasteurized milk
- <sub>d</sub> Acidified milk
- <sub>e</sub> Other (specify: \_\_\_\_\_ d0402oth)

3. What are the water sources for cattle?

- a. Off-site fresh water (e.g., municipal, community, commercial) ..... d0403 <sub>1</sub> Yes <sub>2</sub> No
- b. Well ..... d0404 <sub>1</sub> Yes <sub>2</sub> No
- c. Surface water (e.g., pond, canal)..... d0405 <sub>1</sub> Yes <sub>2</sub> No
- d. Other (specify: \_\_\_\_\_ d0406oth) ..... d0406 <sub>1</sub> Yes <sub>2</sub> No

4. Are water treatments (e.g., chlorination) used in the drinking water for the cattle on this operation?

- ..... d0407 <sub>1</sub> Yes <sub>2</sub> No
- a. If Yes, are these treatments conducted: ..... d0408 <sub>1</sub> Continuously? <sub>2</sub> Intermittently?

5. During the **30-day reference period**, which best describes how frequently the water delivery systems (e.g., water tank or trough, waterer) were drained and cleaned? [Check only **one**.] d0409

- <sub>1</sub> Daily <sub>2</sub> Weekly <sub>3</sub> 2-3 times per month <sub>4</sub> Never

For the next two questions, "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.

6. During the **30-day reference period**, how often were wild birds observed in/around sources from which the cows drink? [Check only **one**.] d0410

- <sub>1</sub> Always <sub>2</sub> Most of the time <sub>3</sub> Sometimes <sub>4</sub> Never

7. Where are feed rations fed at this dairy being mixed? [Check only **one**.]

- ..... d0411 <sub>1</sub> At this dairy <sub>2</sub> At a location off-site <sub>3</sub> Both

8. Do feed components include:



a. Feather/other poultry meal .....d0412 \_1 Yes \_3 No \_4 Don't Know

b. Poultry litter/manure..... d0413 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't Know

c. Other poultry byproducts..... d0414 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't Know

(1). If Yes, specify: \_\_\_\_\_ d0415oth

9. During the **30-day reference period**, how frequently were wild birds, wild animals, and rodents able to access cattle feed or feed ingredients (e.g., feed spillage, open bag, cover left open, feedline, commodity bays)? *For the next two questions, "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.*

Animal type	Always	Most of the time	Sometimes	Never
a. Large birds (e.g., waterfowl such as ducks and geese, raptors such as hawks) d0416	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Small birds (e.g., finches, sparrows, starlings, pigeons, blackbirds, grackles, cowbirds) d0417	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Wild animals (e.g., raccoons, opossums, coyotes, feral swine, deer, rabbits, foxes) d0418	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Rodents (e.g., rats, mice, squirrels, gophers) d0419	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

10. During the **30-day reference period**, did this operation ever transport cattle in trucks and/or trailers shared with other livestock operations? ..... d0420 <sub>1</sub> Yes <sub>3</sub> No

**[If No, go to Question 13.]**

11. Were shared trucks or trailers cleaned prior to use? ..... d0421 <sub>1</sub> Yes <sub>3</sub> No

12. Which of the following best describes the cleaning procedures? *[Check only one.]* d0422

<sub>1</sub> Wash vehicle with water or steam only

<sub>2</sub> Chemically disinfect only

<sub>3</sub> Wash vehicle and chemically disinfect

<sub>4</sub> Other (specify: \_\_\_\_\_ d0422oth)

13. During the **30-day reference period**, did this operation ever use the same equipment to handle manure and feed? ..... d0423 <sub>1</sub> Yes <sub>3</sub> No

**[If No, go to Question 17.]**

14. Were separate buckets used to handle manure and feed? ..... d0424 <sub>1</sub> Yes <sub>3</sub> No

15. Was equipment (excluding separate buckets) cleaned between use for manure and use for feed?

..... d0425  Yes  No

16. If Yes to Question 15, which of the following best describes the cleaning procedures? [Check only one.] d0426

- <sub>1</sub> Wash equipment with water or steam only
- <sub>2</sub> Chemically disinfect only
- <sub>3</sub> Wash equipment and chemically disinfect
- <sub>4</sub> Other (specify: \_\_\_\_\_ d0426oth)

17. What kind(s) of bedding are used on this dairy? [Check all that apply.] d0427

- <sub>a</sub> Wood shavings and/or sawdust
- <sub>b</sub> Straw and/or hay
- <sub>c</sub> Sand
- <sub>d</sub> Rice hulls
- <sub>e</sub> Paper
- <sub>f</sub> Compost and/or dried manure
- <sub>g</sub> Rubber mats/mattress
- <sub>h</sub> Other (specify: \_\_\_\_\_ d0427oth)

18. Prior to use, is fresh bedding accessible to:

- a. Wild birds ..... d0428 <sub>1</sub> Yes <sub>2</sub> No
- b. Wild animals (e.g., raccoons, opossum, coyotes, foxes)..... d0429 <sub>1</sub> Yes <sub>2</sub> No
- c. Domestic animals (e.g., dogs, cats)..... d0430 <sub>1</sub> Yes <sub>2</sub> No

19. What type of water is used to flush the alleys? [Check all that apply.] d0431

- <sub>a</sub> Lagoon or recycled flush water
- <sub>b</sub> Surface pond water
- <sub>c</sub> Municipal water
- <sub>d</sub> Well water
- <sub>e</sub> None
- <sub>f</sub> Other (specify: \_\_\_\_\_ d0431oth)

20. During the **30-day reference period** or **since clinical signs were first observed**, was manure on this operation: [Answer both columns.]

	30-day reference period	Since clinical signs were first observed
a. Stored on premises?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0432	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0436
b. Composted for bedding?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0433	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0437

c. Applied to land managed by this premises?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0434	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0438
d. Removed, sold, or given away?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0435	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0439

21. During the **30-day reference period**, was manure or used bedding from other premises brought onto this operation? ..... d0440 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't Know

**Questions 22–26 refer to persons such as the producer, employees, farm help, crews, or similar.**

22. What is the total number of employees working on this operation that have access to or directly work with the cattle (including family, both paid and unpaid)? ..... d0441 \_\_\_\_\_ #

23. During the **30-day reference period**, did any workers on this operation visit another dairy premises? ..... d0442 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't know

24. During the **30-day reference period**, did any workers on this operation visit livestock shows or 4-H events? ..... d0443 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't know

25. Are any workers or members of their households employed by any of the following:

	Other dairy operations?	Swine farms?	Poultry farms?	Other livestock operations?
a. Workers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0444	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0446	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0448	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0450
b. Members of household	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0445	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0447	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0449	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> Don't know d0451

26. Do any employees own their own livestock and/or poultry, including small backyard herds/flocks? ..... d0452 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't know

27. During the **30-day reference period**, did any of the following types of people visit this operation? If Yes, how many times did they visit and did they have physical contact with the cattle?

Visitor type	Did they visit the operation? (If Yes, answer next two columns)	If Yes,	
		How many times did they visit?	Did this visitor have physical contact with cattle?
a. Veterinarian	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0453	_____ d0453a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0453b
b. Nutritionist or feed consultant	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0454	_____ d0454a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0454b
c. Breeding technician	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0455	_____ d0455a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0455b

d. Feed or feed ingredient delivery personnel	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0456	_____ d0456a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0456b
e. Milk hauler	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0457	_____ d0457a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0457b
f. Contract hauler driver or vehicle (e.g., cattle, manure)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0458	_____ d0458a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0458b
g. Renderer	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0459	_____ d0459a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0459b
h. Hoof trimmer	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0460	_____ d0460a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0460b
i. Other (specify: _____) d0461oth	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0461	_____ d0461a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0461b
j. Other (specify: _____) d0462oth	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0462	_____ d0462a	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No d0462b

28. During the **30-day reference period**, was a washroom with running water and soap available in the milking barn? ..... d0463 <sub>1</sub> Always <sub>2</sub> Sometimes <sub>3</sub> Never

### Section G – Environmental Factors & Wild Birds

1. Are the following water body types visible or within 350 yards (about three football fields) of this operation?
- a. Pond or lake ..... d0501 <sub>1</sub> Yes <sub>3</sub> No
  - b. Stream or river ..... d0502 <sub>1</sub> Yes <sub>3</sub> No
  - c. Wetland or swamp ..... d0503 <sub>1</sub> Yes <sub>3</sub> No
  - d. Wastewater lagoon ..... d0504 <sub>1</sub> Yes <sub>3</sub> No
  - e. Standing water during the **30-day reference period** ..... d0505 <sub>1</sub> Yes <sub>3</sub> No
  - f. Water ditch or canal ..... d0506 <sub>1</sub> Yes <sub>3</sub> No
  - g. Other (specify: \_\_\_\_\_) ..... d0507 <sub>1</sub> Yes <sub>3</sub> No

**[If Question 1.a. through g. are all No, go to Question 3.]**

2. For those water bodies, including drainage ditches and lagoons within 350 yards of the operation, approximately how many wild waterfowl or shorebirds (e.g., ducks, geese, wading birds, gulls) were seen on the water during the **30-day reference period**? [Check only **one**.] d0508
- <sub>1</sub> None <sub>2</sub> Tens <sub>3</sub> Hundreds <sub>4</sub> Thousands <sub>5</sub> Don't know
3. What is the approximate distance (in yards) to the closest field where crops or hay are harvested? [Check only **one**.] d0509
- <sub>1</sub> 50 yards or less <sub>2</sub> 51–100 yards <sub>3</sub> 101–350 yards <sub>4</sub> 351 yards or more

4. For this closest field, approximately how many wild waterfowl or shorebirds (e.g., ducks, geese, wading birds, gulls) were seen during the **30-day reference period**? [Check only **one**.] d0510  
<sub>1</sub> None <sub>2</sub> Tens <sub>3</sub> Hundreds <sub>4</sub> Thousands <sub>5</sub> Don't know

5. During the **30-day reference period**, how frequently were the following types of wild birds **seen on the operation and within 100 yards of the cattle**?  
*For this question, "Often" is 51–100% of the time, "Sometimes" is 1–50% of the time, and "Never" is 0% of the time.*

Bird type	Often	Sometimes	Never
a. Waterfowl (e.g., ducks, geese) d0511	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Gulls d0512	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Other water birds (e.g., egrets, cormorants) d0513	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Pigeons and doves d0514	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Blackbirds, crows, cowbirds, grackles d0515	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Small perching birds (e.g., sparrows, starlings, swallows) d0516	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Wild turkeys, pheasants, quail d0517	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Raptors (e.g., eagles, hawks, owls, vultures) d0518	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Other d0519 (specify: _____) d0519oth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

6. During the **30-day reference period**, did you or other farm workers observe any **sick or dead wild birds** on the premises? ..... d0520 <sub>1</sub> Yes <sub>3</sub> No

**[If No, go to Question 7.]**

a. Specify the type(s) of sick or dead birds: \_\_\_\_\_ d0521oth

b. Were any sick or dead birds tested for HPAI? ..... d0522 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't Know

(1) If Yes to Question 6.b., were any positive?..... d0523 <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't Know

7. During the **30-day reference period**, how often were the following wild animals, or evidence of their presence, seen on the premises?

For this question, "Often" is 51–100% of the time, "Sometimes" is 1–50% of the time, and "Never" is 0% of the time.

a. Wild mammals (e.g., raccoons, opossum, coyotes, foxes)  
..... d0524  1 Always  2 Sometimes  3 Never

b. Rodents (e.g., rats, mice, squirrels, gophers)..... d0525  1 Always  2 Sometimes  3 Never

8. Does this premises have a written wildlife management plan that includes methods to minimize wildlife or wild bird entry and reduce wildlife attractants such as standing water?

..... d0526  1 Yes  2 No

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### Comments Section

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Please use this section for anything else you would like to add. For example, how do you think HPAI was/is spreading on your operation or in the geographic area? Is there something about your operation or your experience with this syndrome that you would like to share? d0601

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Please attach any additional information you think would be valuable to this investigation, such as laboratory results prior to syndrome diagnosis, a site map with impacted pens labeled, full ration ingredient list, milk production records, hospital records, or the number of cows impacted per day.



Section B, Question 8.b. Continuation Table

Date clinical signs were first observed in the pen (mm/dd/yy)	Pen number	Cattle class	Pen average days in milk
_____ d0080a	_____ d0080b	_____ d0080c	_____ d0080d
_____ d0081a	_____ d0081b	_____ d0081c	_____ d0081d
_____ d0082a	_____ d0082b	_____ d0082c	_____ d0082d
_____ d0083a	_____ d0083b	_____ d0083c	_____ d0083d
_____ d0084a	_____ d0084b	_____ d0084c	_____ d0084d

[Click to return to Section B](#)

Section E, Question 2. Continuation Table

Date of movement (mm/dd/yy)	Cattle class/type	Number of head	Origin (premises/farm name, city, state)
_____ d0350a	_____ d0350b	_____ d0350c	_____ d0350d
_____ d0351a	_____ d0351b	_____ d0351c	_____ d0351d
_____ d0352a	_____ d0352b	_____ d0352c	_____ d0352d
_____ d0353a	_____ d0353b	_____ d0353c	_____ d0353d
_____ d0354a	_____ d0354b	_____ d0354c	_____ d0354d

_____	_____	_____	_____
d0355a	d0355b	d0355c	d0355d

[Click to return to Section E](#)

Section E, Question 4. Continuation Table

Date of movement (mm/dd/yy)	Cattle class/type	Number of head	Destination (premises/farm name, city, state)
_____	_____	_____	_____
d0360a	d0360b	d0360c	d0360d
_____	_____	_____	_____
d0361a	d0361b	d0361c	d0361d
_____	_____	_____	_____
d0362a	d0362b	d0362c	d0362d
_____	_____	_____	_____
d0363a	d0363b	d0363c	d0363d
_____	_____	_____	_____
d0364a	d0364b	d0364c	d0364d
_____	_____	_____	_____
d0365a	d0365b	d0365c	d0365d

[Click to return to Section E](#)

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