



Animal and
Plant
Health
Inspection
Service

National
Agricultural
Statistics
Service

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For more information on this and
previous NAHMS poultry studies,
scan the QR code.



Greetings!

We are following up on the mailing we sent you approximately two weeks ago asking for your help in a national study of poultry producers conducted by the United States Department of Agriculture (USDA) National Animal Health Monitoring System (NAHMS) and National Agricultural Statistics Service (NASS). You are among a select number of people who raise table egg layers, broilers, or meat turkeys in the United States being contacted to learn more about poultry production, health management, and biosecurity.

Enclosed is the study questionnaire. You may complete the paper questionnaire and return it in the enclosed postage-paid envelope, or you may complete the survey online at www.agcounts.usda.gov by entering the 12-digit survey code located on the front of the questionnaire. If you are unable to complete the paper or web-based survey, a NASS representative will reach out to you to complete the survey over the phone at a time that is convenient for you.

If you would like to access additional information about the study, visit the NAHMS website at <https://www.aphis.usda.gov/nahms> and click on the "Poultry 2025 Study" link. If you have any questions or comments about this study, we would be happy to talk with you. Our toll-free number is 1-888-424-7828.

Your participation ensures that we obtain reliable results that accurately describe this important segment of the poultry industry. Thank you very much for helping with this important poultry study.

Sincerely,

Sarah Blasko
Acting Director, Center for Epidemiology and Animal Health
Veterinary Services, USDA-APHIS-NAHMS

Suzanne Avilla
Chief, Survey Administration Branch
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POULTRY 2025 SMALL ENTERPRISE STUDY SURVEY

OMB No. 0579-0260
Approval Expires: x/x/20xx
Project Code:
Survey ID: 9142
Version: 99

THIS LAYOUT IS BI-FOLD



**United States
Department of
Agriculture**



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

Please make corrections to name, address, and ZIP Code, if necessary.

Response is voluntary.

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.

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 number for this information collection is 0579-0260. The time required to complete this information collection is estimated to average 44 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. Send comments regarding this burden statement or any other aspect of this information collection, including suggestions for reducing this burden, to APHIS.PRA@usda.gov.

Instructions:

The focus on this survey is on operations that had table egg layers, broilers, or meat turkeys **in the past 12 months**. However, we also ask about other poultry you have on the operation. The survey asks questions about animal health management and operation practices. We appreciate you taking the time to complete this survey and provide your valuable input.

1. In the past 12 months, were any of the following types of poultry present on this operation? If so, what was the maximum number of that type of bird on the operation in the past 12 months, what was the total number sold or moved in the past 12 months, and how many do you have on the operation today?

Poultry Type	1	2	3	4
	Present on the operation in the past 12 months	Maximum number of birds at any one time in the past 12 months	Total sold or moved in the past 12 months	How many do you have today? * (If none, enter 0)
	If Yes, answer columns 2, 3 & 4	Number of birds	Number of birds	Number of birds
a. Chickens for table egg production (Layers)	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX	XXXX	XXXX
b. Chickens for meat production (Broilers)	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX	XXXX	XXXX
c. Turkeys for meat production	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX	XXXX	XXXX

* If you are unsure of the exact number, please estimate an approximate number.

If questions 1a, 1b and 1c are all checked No in the first column (no chickens for table-egg production, no chickens for meat production, and no turkeys for meat production in the last 12 months) go to **Section I, page xx**.

2. In the past 12 months, were any of the following other types of poultry present on this operation? If so, How many of each type of bird do you have on the operation today?

Poultry Type	1	2
	Present on the operation in the past 12 months	How many do you have today? * (If none, enter 0)
	If Yes, answer column 2	Number of birds
a. Table egg layer pullets (prior to onset of egg production)	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
b. Breeding chickens-broiler (meat-type) breeders (including laying hens and roosters)	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
c. Breeding chickens-layer (table egg) breeders (including laying hens and roosters)	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
d. Other chickens (e.g., show, exhibition, game-fowl chickens)	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
e. Turkeys for breeding	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
f. Waterfowl (e.g., ducks, geese, swans)	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
g. Pigeons or doves	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
h. Game birds (e.g., quail, pheasants, partridges)	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
i. Pet birds (e.g., parrots, parakeets)	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
j. Other types of birds (Specify: xxxx)	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
k. TOTAL number of birds [Add 2a through 2j and verify]		XXXX

Add 2a through 2j = TOTAL

* If you are unsure of the exact number, please estimate an approximate number.

3. In the past 12 months, were the following types of birds on this operation single or multiple age? Check N/A if a bird type was not present on the operation.

Bird Type	Check one per row			
a. Layers	xxxx	1 <input type="checkbox"/> Single age	2 <input type="checkbox"/> Multiple age	4 <input type="checkbox"/> N/A
b. Broilers	xxxx	1 <input type="checkbox"/> Single age	2 <input type="checkbox"/> Multiple age	4 <input type="checkbox"/> N/A
c. Turkeys	xxxx	1 <input type="checkbox"/> Single age	2 <input type="checkbox"/> Multiple age	4 <input type="checkbox"/> N/A

If you had no chickens for table-egg production, no broiler breeder chickens, and no table-egg layer breeding chickens in the last 12 months (Questions 1a, 2b, and 2c are ALL checked No in column 1), go to Question 7.

4. In the past 12 months, did your operation sell, give away, or remove through contract, any hatching or table eggs?

xxxx 1 ☐ Yes - Continue ☐ No - Go to **Question 7**

5. In the past 12 months, were eggs removed from your operation in any of the following ways? If Yes, on average, how many times per week were eggs removed the following ways?

Way eggs were removed	Were eggs removed from your operation in this way?	How many times per week were they removed this way?
	If Yes, answer next column	TIMES PER WEEK
a. Operation delivered eggs to destination	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx
b. Customer picked up eggs on site for their own use.....	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx
c. Commercial egg pick-up or eggs picked up through contract arrangements	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx

6. In the past 12 months, were any egg cartons, crates, flats, or racks that were used on your operation also **used on another operation**?

xxxx 1 ☐ Yes 3 ☐ No ☐ Not sure

If there were no turkeys for meat production present on the operation in the last 12 months (If Question 1c is No in column 1), go to Question 8, page x

7. In the past 12 months, what type(s) of turkeys were present on this farm? Check **all** that apply.

xxxx 1 <input type="checkbox"/> Brood hens	xxxx 1 <input type="checkbox"/> Grower hens
xxxx 1 <input type="checkbox"/> Brood toms	xxxx 1 <input type="checkbox"/> Grower toms

8. In the past 12 months, how many days were houses usually empty between flocks (down time)? Check N/A if a bird type was not present on the operation. If no down time, enter 0 for each bird type present.

Bird Type	Check if not present	Down time between flocks (Enter 0 if no down time) DAYS
a. Layers	xxxx 4 <input type="checkbox"/> N/A	xxxx
b. Broilers	xxxx 4 <input type="checkbox"/> N/A	xxxx
c. Turkeys	xxxx 4 <input type="checkbox"/> N/A	xxxx

9. In the past 12 months, did any of your poultry have outdoor access; either free ranging in outdoor pens or housed indoors with the ability to go outside?

xxxx 1 ☐ Yes - Continue ☐ No - Go to **Question 11**

10. For birds that have access to the outdoors, were any of these birds able to leave the property (even if they did not)?

xxxx 1 ☐ Yes ☐ No

11. In the past 12 months, did you operate under a contract with a poultry company for the following bird types? Check **all** that apply.

xxxx 1 <input type="checkbox"/> Layers	xxxx 1 <input type="checkbox"/> Broilers	xxxx 1 <input type="checkbox"/> Turkeys	xxxx 1 <input type="checkbox"/> None
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12. Do you consider any part of your operation to be any of the following:

a. Organic?

xxxx 1 <input type="checkbox"/> Yes - Continue with a(i) 3 <input type="checkbox"/> No - Go to Question 12b

i. Is your operation certified organic?

xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

b. Free range or pasture raised?

xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

c. Cage free layers? Check N/A if no egg layers. ...

xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 4 <input type="checkbox"/> N/A
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13. Are you enrolled in the National Poultry Improvement Plan (NPIP) program for any of the following bird types? If Yes, are you enrolled in the NPIP 14 Biosecurity Points program? Check N/A if a bird type is not present on the operation.

Bird Type	Enrolled in NPIP program		Enrolled in NPIP 14 Biosecurity Points program
	Check if not present	If Yes, answer next column	
a. Layers	xxxx 4 <input type="checkbox"/> N/A	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure
b. Broilers	xxxx 4 <input type="checkbox"/> N/A	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure
c. Turkeys	xxxx 4 <input type="checkbox"/> N/A	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure

14. In the past 12 months, what did you feed your poultry? Check **all** that apply.

xxxx 1 <input type="checkbox"/> Commercial pelleted feed
xxxx 1 <input type="checkbox"/> Commercial scratch feed or mash
xxxx 1 <input type="checkbox"/> Make own feed
xxxx 1 <input type="checkbox"/> Feed supplements
xxxx 1 <input type="checkbox"/> Free range (e.g., gardens or fields)

15. What is the water source for poultry on this operation?

- a. Municipal
- b. Well
- c. Surface water (e.g., pond)
- d. Other (Specify: ^{xxxx} _____)

xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No

16. In the past 12 months, were water treatments such as chlorination used in the drinking water for the poultry on this operation?

xxxx 1 ☐ Yes - Continue ☐ No - Go to **Question 17**

a. Are these treatments given:

xxxx 1 ☐ Continuously? ☐ Intermittently?

17. In the past 12 months, which methods were used for disposing of dead birds on this operation?
Check **all** that apply.

- a. Composting
- b. Burial on premises
- c. Incineration
- d. Renderer pick up
- e. Carcass taken to renderer
- f. Taken to a landfill
- g. Other ^{xxxx} _____
(Specify: _____)

xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No

Primary Method

18. Of all the methods listed in Question 17, which was the primary or most common method of disposing of dead birds on the operation? Enter one letter, a through g, in the answer box. ..

xxxx

19. Are the following water body type(s) visible or within 350 yards (about 3 football fields) of this operation?

- a. Pond or lake
- b. River or stream
- c. Wetland or swamp
- d. Wastewater lagoon
- e. Drainage ditch or canal
- f. Other ^{xxxx} _____
(Specify: _____)

xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No
xxxx	1	<input type="checkbox"/> Yes	3	<input type="checkbox"/> No

20. Prior to use, is feed kept in a bin that prevents access from wild or domestic birds or animals? Check **one**.

xxxx 3 ☐ Never 2 ☐ Sometimes ☐ Always

21. In the past 12 months, in general how often were feed spills cleaned up on your operation?

NOTE: Feed spillage includes loss during bin filling or other sources of spillage.

Check **one**.

- xxxx 1 ☐ Immediately

2 ☐ At least daily

3 ☐ At least weekly

4 ☐ Less than weekly

5 ☐ N/A - feed spills were not cleaned up

22. In the previous two years, were any biosecurity audits or assessments (company or third party) conducted on this operation?

xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure

1. In the past 12 months, were any live poultry permanently removed from your operation (e.g., sold, given away, or removed through contract)? INCLUDE poultry going to all destinations, including slaughter.

xxxx 1 ☐ Yes - Continue 3 ☐ No - Go to **Question 3**

Times

- a. In the past 12 months, how many times were live birds permanently removed from your operation?

xxxx

2. Were any of these live birds sold or given away through the following channels? If Yes, what is your best estimate of the shortest and most likely distance (miles) that the birds usually traveled one way from your operation to the destination? For most likely distance, answer for each bird type present on the operation, and check the N/A box at the top of the column if a bird type is not present on the operation. For the most likely distance, indicate the estimated distance that most shipments of birds likely traveled one way from your operation to the destination.

Channel	1	2	3	4	5
	One-Way Distance Traveled from your Operation to this Type of Destination				
	Were they sold or given away through this channel?	Shortest distance	Most likely distance for layers <input type="checkbox"/> N/A no layers	Most likely distance for broilers <input type="checkbox"/> N/A no broilers	Most likely distance for turkeys <input type="checkbox"/> N/A no turkeys
	If Yes, answer columns 2-5	MILES	MILES	MILES	MILES
Live bird market	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Another premises with poultry .	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Farm store or feed store	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Flea market, farmer's market, or swap meet	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Fair or show	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Auction	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Returned to contract/poultry company	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Directly to off-site slaughter.....	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Other (Specify: xxxx _____) ..	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx

3. In the past 12 months, were any day-old birds, or hatchlings up to one week old, placed or added on to your operation? EXCLUDE birds hatched on your operation.

xxxx 1 ☐ Yes - Continue 3 ☐ No - Go to **Question 5, page 8**

Times

- a. In the past 12 months, how many times were day-old birds, or hatchlings up to one week old, placed or added on to your operation?

xxxx

4. In the past 12 months, did any day-old layers, broilers, or meat turkeys, or hatchlings up to one week old, come directly from the following sources? If Yes, what is your best estimate of the shortest and most likely distance (miles) traveled one way from the source? For most likely distance, answer for each bird type present on the operation, and check the N/A box at the top of the column if a bird type is not present on the operation. For the most likely distance, indicate the estimated distance that most shipments of birds likely traveled one way from the source to your operation.

Source	1	2	3	4	5
	One-Way Distance Traveled from this Type of Source to Your Operation				
	Did any hatchlings come directly from the listed source?	Shortest distance	Most likely distance for layers <input type="checkbox"/> N/A no layers	Most likely distance for broilers <input type="checkbox"/> N/A no broilers	Most likely distance for turkeys <input type="checkbox"/> N/A no turkeys
	If Yes, answer columns 2-5	MILES	MILES	MILES	MILES
Poultry wholesaler or dealer	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Directly from another premises with poultry	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Farm store or feed store	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Flea market, farmer's market or swap meet	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Fair or show	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Auction	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Hatchery	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Mail or internet order	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Other (Specify: xxxx _____) ..	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx

5. In the past 12 months, were any birds more than a week old placed or added on to your operation?

xxxx 1 ☐ Yes - Continue

3 ☐ No - Go to **Question 7, page 9**

Times

- a. In the past 12 months, how many times were birds more than a week old placed or added on to your operation?

xxxx

6. In the past 12 months, did any of these birds more than a week old come from the following sources?

If Yes, what is your best estimate of the shortest and most likely distance (miles) traveled one way from the source and which types of birds came from the listed source? For most likely distance, answer for each bird type present on the operation, and check the N/A box at the top of the column if a bird type is not present on the operation. For the most likely distance, indicate the estimated distance that most shipments of birds likely traveled from the source to your operation.

Source	1	2	3	4	5
	One-Way Distance Traveled from this Type of Source to Your Operation				
	Did these older birds come from the listed source?	Shortest distance	Most likely distance for layers <input type="checkbox"/> N/A no layers	Most likely distance for broilers <input type="checkbox"/> N/A no broilers	Most likely distance for turkeys <input type="checkbox"/> N/A no turkeys
	If Yes, answer columns 2-5	MILES	MILES	MILES	MILES
Poultry wholesaler or dealer	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Directly from another premises with poultry	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Farm store or feed store	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Flea market, farmer's market or swap meet	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Fair or show	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Auction	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx
Other (Specify: xxxx _____) ..	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx	xxxx	xxxx	xxxx

7. In the past 12 months, how often did you isolate any newly added poultry (prevent contact with other poultry and prevent sharing of feed, drinking water, and equipment) prior to introduction to your other poultry? Check **one**.

- xxxx 1 ☐ Never - Go to **Question 8**
- 2 ☐ Sometimes - Continue to 7a
- 3 ☐ Always -- Continue to 7a
- 4 ☐ Birds were never placed together - Go to **Question 8**
- 5 ☐ No birds were added - Go to **Question 8**

Days

xxxx

- a. In the past 12 months, how many days were the poultry typically isolated?

8. In the past 12 months, did you take any of your poultry to an event (e.g., fair, show, or sale) where other **birds were present** and then return your birds to your operation?

- xxxx 1 ☐ Yes - Continue 3 ☐ No - Go to **Section C, page X**

Trips

xxxx

- a. In the past 12 months, what was the number of trips during this timeframe?

- b. When poultry temporarily left and returned, how often did you isolate them (prevent contact with other poultry and prevent sharing of feed, drinking water, and equipment) for any period of time prior to reintroduction to your other poultry? Check **one**.

- xxxx 1 ☐ Never - Go to **Section C, page x**
- 2 ☐ Only isolated for a specific reason such as exposure to disease - Continue to 8c
- 3 ☐ Routinely isolated after returning to operation -- Continue to 8c
- 4 ☐ Birds were never placed together - Go to **Section C, page x**

Days

xxxx

- c. How many days were the poultry typically isolated?

1. Do you restrict or limit visitor or vehicle access to the operation by using a gated entrance?

xxxx 1 ☐ Yes ☐ No

2. In the past 12 months, was there a policy in place to prevent any workers or members of your household from working on any of the following:

a. Locations with poultry, including other poultry operations, other company farms, rendering plants, or processing plants that handle live or dead birds?

xxxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	5 <input type="checkbox"/> Not sure
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b. Dairy cattle operations?

xxxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	5 <input type="checkbox"/> Not sure
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c. Swine operations?

xxxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	5 <input type="checkbox"/> Not sure
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3. In the past 12 months, was there a policy preventing workers on your poultry operation from keeping or caring for other poultry, including small backyard flocks?

xxxx 1 ☐ Yes 3 ☐ No ☐ Not sure

4. In the past 12 months, how often were the following measures required for workers, including the flock owner, entering the poultry barns.

Measure	Never	Sometimes	Always	Not Applicable
Shower xxxx	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	4 <input type="checkbox"/> No shower available
Wash hands or use hand sanitizer before entering the barn xxxx	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
Wash hands or use hand sanitizer after leaving the barn xxxx	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
Wear disposable gloves xxxx	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
Having designated personnel assigned to specific barns xxxx	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	4 <input type="checkbox"/> Only one barn
Dedicated protected clothing including disposable or washable coveralls xxxx	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
Change of shoes or use of shoe covers xxxx	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
Scrub footwear (bucket and brush) xxxx	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
Footbath (liquid or dry, such as powdered or particulate) xxxx	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	

5. In the past 12 months, did any of the following types of people visit your operation? If Yes, approximately how many times per month or year did the following types of people visit and did they enter the poultry barn?

Visitor Type	1	2		3
	Did they visit the operation in the past 12 months?	How many times did they visit in the past 12 months?		Did this visitor enter the poultry barn during any visit?
		Per month	OR Per year	
Veterinarian (including federal/state, extension, university, private, tech services, or company) or animal health worker	If Yes, answer columns 2 and 3 xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Company service person	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Nutritionist or feed company consultant	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Bird delivery personnel (for example, pullet delivery, poult placement, brood to grow move)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Vaccination crew	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Catch (bird removal) crew	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Feed delivery (including feed ingredients) personnel	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Egg truck personnel (only for layer farms).....	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Fresh litter delivery or litter removal services (for example, litter broker, litter disposal)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Customer (private individual)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Wholesaler, buyer, or dealer	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Renderer	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Dead bird pickup other than by renderer	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Rodent control crew	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Occasional worker (for example, family member, part-time help over holiday) ...	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Other (Specify: xxxx _____)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx ____# visits	xxxx ____# visits	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

6. In the past 12 months, did you never, sometimes, or always require the following measures for those visitors who entered the poultry barn?

Measure	Check one box per row		
	Never	Sometimes	Always
Dedicated protective clothing including disposable or washable coveralls XXXX	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Foot covers or change of footwear XXXX	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Mask XXXX	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Hand sanitizing or hand washing XXXX	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Gloves XXXX	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Other (Specify: XXXX _____) ... XXXX	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

7. In the past 12 months, how often did workers and visitors park in a restricted area away from the poultry barns?

Workers	XXXX 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Always
Visitors	XXXX 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Always

8. In the past 12 months, were workers and visitors prohibited from having contact with other birds for at least 24 hours before entering the bird production area?

Workers	XXXX 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Always
Visitors	XXXX 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Always

1. In the past 12 months, did any vehicles (such as feed trucks, vehicles delivering or removing birds, manure/litter hauling, egg removal vehicles) that had visited another poultry operation come onto this operation?

xxxx 1 ☐ Yes - Continue ☐ No - Go to **Question 2**

- a. How often were vehicles cleaned when they came onto the operation?

xxxx 3 ☐ Never - Go to **Question 2** 2 ☐ Sometimes - Continue ☐ Always - Continue

- b. Which of the following best describes the operation's cleaning procedure for vehicles?

Check **one**.

xxxx 1 ☐ Washed with water (with or without soap) or steam only

2 ☐ Chemically disinfect only

3 ☐ Both wash and chemically disinfect vehicles

4 ☐ Other (Specify: xxxx _____)

- c. Does the cleaning procedure include the following (Check **all** that apply.): xxxx/xxxx/xxxx/xxxx

1 ☐ Under carriage of vehicles 1 ☐ Tires 1 ☐ Interior (such as floor mats, door handle) 1 ☐ Exterior

2. In the past 12 months, did this operation use any equipment, other than vehicles, that was also used on other poultry operations (such as lawn mowers, live haul loaders, transport crates, litter/manure handling, tillers/decaking equipment, processing equipment) including equipment that you lent, borrowed, or co-owned with another poultry operation?

xxxx 1 ☐ Yes - Continue ☐ No - Go to **Question 3**

- a. How often was equipment cleaned when it came onto the operation?

xxxx 3 ☐ Never - Go to **Question 3** 2 ☐ Sometimes - Continue ☐ Always - Continue

- b. Which of the following best describes the operation's cleaning procedures for equipment? Check **one**.

xxxx 1 ☐ Washed with water (with or without soap) or steam only

2 ☐ Chemically disinfect only

3 ☐ Both wash and chemically disinfect equipment

4 ☐ Other (Specify: xxxx _____)

3. In the past 12 months, were the vehicles used for transportation to processing plants (meat or egg) cleaned and disinfected before loading birds?

xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure

4 ☐ N/A - no birds were transported to processing plant in the past 12 months

4. In the past 12 months, did this operation have either a permanent or temporary vehicle wash station?

Check **all** that apply.

xxxx 1 ☐ Permanent

xxxx 1 ☐ Temporary

xxxx 1 ☐ Neither

1. In the past 12 months, how often did you see the following animals or evidence of the following animals:

Animal Type	Seen in the bird production area? (Include indoor and outdoor bird areas)	Seen in feed storage area?
	Check one box per row	Check one box per row
Wild waterfowl (e.g., ducks, and geese)	xxxx 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Often	xxxx 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Often
Wild birds other than waterfowl	xxxx 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Often	xxxx 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Often
Rodents	xxxx 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Often	xxxx 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Often
Wild animals other than rodents (e.g., raccoons, skunks, opossums, coyotes, or foxes)	xxxx 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Often	xxxx 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Often
Poultry from a neighbor	xxxx 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Often	xxxx 3 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Often

2. In the past 12 months, were the following animals present or seen on this operation or seen within 1 mile of the operation?

Animal Type	Answer both columns	
	Seen on the operation?	Seen within one mile of the operation?
Cattle	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure
Domestic or feral pigs	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure
Domestic or feral cats	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure
Other livestock (e.g., goats, sheep, llamas, alpacas)	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	

3. Are there any large commercial poultry operations located within 1 mile of this operation's poultry?

xxxx 1 ☐ Yes 3 ☐ No ☐ Not sure

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

xxxx 1 ☐ Yes ☐ No

5. In the past 12 months, were any of the following pest control measures used on this operation?

a. Rat and mouse bait stations and/or traps

xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
--

b. Beetle control (for example, sprays baits, boric acid)

xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
--

c. Fly control (for example, baits, and larvicide, space sprays/fogger, biological predators)

xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
--

1. In the past 12 months, was litter used at any time on this operation?

XXXX
1 ☐ Yes - Continue 3 ☐ No - Go to **Section G, page xx**

2. In the past 12 months, was fresh litter stored at any time on this operation?

XXXX
1 ☐ Yes - Continue 3 ☐ No - Go to Question 5

3. Prior to use, is fresh litter stored on the farm:

a. Outside?

XXXX
1 ☐ Yes 3 ☐ No

i. If Yes, is it covered?

XXXX
1 ☐ Yes 3 ☐ No

b. In a shed?

XXXX
1 ☐ Yes 3 ☐ No

i. If Yes, is the shed closed?

XXXX
1 ☐ Yes 3 ☐ No

4. Prior to use, is fresh litter accessible to:

a. Wild birds?

XXXX
1 ☐ Yes 3 ☐ No

b. Wild animals (e.g., raccoons, opossums, coyotes, foxes)?

XXXX
1 ☐ Yes 3 ☐ No

c. Domestic animals (e.g., dogs, cats)?

XXXX
1 ☐ Yes 3 ☐ No

5. In the past 12 months, did you reuse litter (use the same litter for subsequent flocks including use of windrowing and partial house cleanouts) during poultry production for the following bird types? Check N/A if a bird type was not present on the operation.

Bird Type	1	2	3
	Check if not present	Litter reuse? If Yes, answer next column	Average number of times litter was reused? TIMES
a. Layers	XXXX 4 <input type="checkbox"/> N/A	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
b. Broilers	XXXX 4 <input type="checkbox"/> N/A	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX
c. Turkeys	XXXX 4 <input type="checkbox"/> N/A	XXXX 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	XXXX

If there is no litter reuse for any bird type (Question 5a, 5b and 5c are ALL checked No in the second column), go to Question 7.

6. Did you do any litter treatments between flocks?

XXXX
1 ☐ Yes 3 ☐ No

7. How is used litter typically disposed of on this operation?

a. Composted on-farm

XXXX
1 ☐ Yes 3 ☐ No

b. Applied to land on this farm

XXXX
1 ☐ Yes 3 ☐ No

c. Taken off-site

XXXX
1 ☐ Yes 3 ☐ No

i. If litter is typically taken offsite (Question 7c is Yes), how frequently is used poultry litter or poultry manure hauled off your property? Check **one**.

XXXX
1 ☐ At least once per month 3 ☐ Once every 2 years
2 ☐ At least once per year 4 ☐ Once every 3 or more years

8. In the past 12 months, was any poultry manure or used litter from other farms brought onto this farm or adjacent farms?

xxxx 1 ☐ Yes - Continue 2 ☐ No - Go to Section G, page x 5 ☐ Not sure - Go to Section G, page x TIMES

a. How many times have you spread manure or used litter from another poultry operation on your field during the last 12 months?

xxxx

b. What is the maximum one-way driving distance, in miles, to where you got the manure or used litter?

xxxx ☐ Don't know

xxxx MILES

G Health Information Sources

G

1. How important to you are the following sources of bird health information?

Health Information Source	Check one box per row				
	Not important	Slightly important	Moderately important	Very important	Extremely important
Extension service, including University and Extension websites and publications xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Feed store xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Nutritionist xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Internet search (e.g., Google, Siri, Alexa) xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Social media (e.g., Facebook, Nextdoor, YouTube, blogs)..... xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Online forums xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Books, magazines, and/or journals xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Medical supplier or salesperson xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other poultry producers xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Service person employed by a poultry contractor xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Veterinarians (private practitioner) xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Federal, State, or university veterinarian or diagnostic lab xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Industry associations or organizations xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (Specify xxxx)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

1. In the past 12 months, did you observe any of the following health problems in your poultry?
Check **all** that apply.

- xxxx 1 ☐ Respiratory problems (runny nose or eyes, cough, sneeze)
 xxxx 1 ☐ Diarrhea or other digestive issues
 xxxx 1 ☐ Lethargy (decreased activity) or not eating
 xxxx 1 ☐ Limping or other leg problems
 xxxx 1 ☐ Sudden decreased production not related to molting
 (reduced egg laying or hatching rate, no weight gain)
 xxxx 1 ☐ Unexplained death loss or increase in mortality
 xxxx 1 ☐ Other (Specify: xxxx _____)
 xxxx 1 ☐ None of the above

2. In the past 12 months, did you consult with a veterinarian for any reason for your poultry?
Check **all** that apply.

- xxxx 1 ☐ Yes - a poultry veterinarian
 xxxx 1 ☐ Yes - another veterinarian (who primarily treats animals other than poultry)
 xxxx 1 ☐ No - Go to Question 2b

- a. Did you consult with a veterinarian: Check **all** that apply.

- xxxx 1 ☐ In person? - Go to **Question 3**
 xxxx 1 ☐ By phone, text, email, or video conference (e.g., telemedicine, not in person)? - Go to **Question 3**

- b. What were the reasons for not using a veterinarian? Check **all** that apply.

- xxxx 1 ☐ Cost
 xxxx 1 ☐ Veterinarian too busy to provide services
 xxxx 1 ☐ Not locally available
 xxxx 1 ☐ Veterinarian not knowledgeable about poultry
 xxxx 1 ☐ Not trusted to have good recommendations
 xxxx 1 ☐ I or a member of my household manage my poultry's health
 xxxx 1 ☐ No need for a veterinarian (no illness or injuries)
 xxxx 1 ☐ Other reason (Specify: xxxx _____)

3. How familiar are you with the following?		Check one box per row			
Item		Never heard of it	Recognize the name, but not much else	Know some basics	Very knowledgeable
Avian metapneumovirus	xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Highly pathogenic avian influenza (HPAI)	xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Low pathogenic avian influenza (LPAI)	xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
USDA's Defend the Flock program	xxxx	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

4. For the last completed flock of each type, were any antibiotics given in **water** for disease treatment or control? If Yes, please select the primary reason for giving antibiotics. Check N/A if a bird type was not present on the operation.

Bird Type	Check if not present	Antibiotics given in water? (If Yes, answer next column)	Select the primary reason for giving antibiotics. Check one.
a. Layers	xxxx 4 <input type="checkbox"/> N/A	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure	xxxx 1 <input type="checkbox"/> Necrotic enteritis 2 <input type="checkbox"/> Colibacillosis 3 <input type="checkbox"/> Infectious coryza 4 <input type="checkbox"/> Other (Specify xxxx _____)
b. Broilers	xxxx 4 <input type="checkbox"/> N/A	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure	xxxx 1 <input type="checkbox"/> Necrotic enteritis 2 <input type="checkbox"/> Colibacillosis 3 <input type="checkbox"/> Infectious coryza 4 <input type="checkbox"/> Other (Specify xxxx _____)
c. Turkeys	xxxx 4 <input type="checkbox"/> N/A	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure	xxxx 1 <input type="checkbox"/> Necrotic enteritis 2 <input type="checkbox"/> Colibacillosis 3 <input type="checkbox"/> Gangrenous (clostridium) dermatitis 4 <input type="checkbox"/> Other (Specify xxxx _____)

5. For the last completed flock of each type, were any antibiotics given in **feed** for disease treatment or control? If Yes, please select the primary reason for giving antibiotics. Check N/A if a bird type was not present on the operation.

Bird Type	Check if not present	Antibiotics given in feed? (If Yes, answer next column)	Select the primary reason for giving antibiotics. Check one.
a. Layers	xxxx 4 <input type="checkbox"/> N/A	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure	xxxx 1 <input type="checkbox"/> Necrotic enteritis 2 <input type="checkbox"/> Colibacillosis 3 <input type="checkbox"/> Infectious coryza 4 <input type="checkbox"/> Other (Specify xxxx _____)
b. Broilers	xxxx 4 <input type="checkbox"/> N/A	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure	xxxx 1 <input type="checkbox"/> Necrotic enteritis 2 <input type="checkbox"/> Colibacillosis 3 <input type="checkbox"/> Infectious coryza 4 <input type="checkbox"/> Other (Specify xxxx _____)
c. Turkeys	xxxx 4 <input type="checkbox"/> N/A	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 5 <input type="checkbox"/> Not sure	xxxx 1 <input type="checkbox"/> Necrotic enteritis 2 <input type="checkbox"/> Colibacillosis 3 <input type="checkbox"/> Gangrenous (clostridial) dermatitis 4 <input type="checkbox"/> Other (Specify xxxx _____)

6. Which bird type was your last completed flock? Check **one**.

xxxx 1 ☐ Layers 2 ☐ Broilers 3 ☐ Turkeys

Please answer the questions below based on your last completed flock that you selected for the previous question.

7. For the last completed flock, which of the following measures were used to prevent or manage *Salmonella*? Check **all** that apply.

xxxx	1 <input type="checkbox"/> Biosecurity measures such as keeping wild birds away and/or rodent control
xxxx	1 <input type="checkbox"/> Use of prebiotics and/or probiotics
xxxx	1 <input type="checkbox"/> Purchased birds from an NPIP <i>Salmonella</i> clean flock
xxxx	1 <input type="checkbox"/> Purchased vaccinated birds and/or used <i>Salmonella</i> vaccines
xxxx	1 <input type="checkbox"/> Other (Specify: xxxx _____)
xxxx	1 <input type="checkbox"/> N/A - no measures were used

8. For the last completed flock, which of the following measures were used to prevent or manage coccidiosis other than coccidiostats? Check **all** that apply.

xxxx	1	<input type="checkbox"/>	Use of prebiotics and/or probiotics
xxxx	1	<input type="checkbox"/>	Bird density or other flock management practices
xxxx	1	<input type="checkbox"/>	Litter management
xxxx	1	<input type="checkbox"/>	Purchased vaccinated birds and/or use of vaccines
xxxx	1	<input type="checkbox"/>	Other (Specify: xxxx _____)
xxxx	1	<input type="checkbox"/>	N/A - no measures were used

If the last completed flock was layers (Question 6 was Layers), go to **Section I, page 20**.

9. For the last completed flock, were any coccidiostats used to prevent or manage coccidiosis?

xxxx	1	<input type="checkbox"/>	Yes	3	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

Date

1. Please enter the date you completed this questionnaire.....

xxxx
MM DD YYYY (2025)

Minutes

2. How many minutes did it take you to complete the questionnaire?.....

xxxx.....

3. Which of the following best describes your position with this operation? Check **one**.

xxxx	1 <input type="checkbox"/> Owner	3 <input type="checkbox"/> Family member (other than owner or manager)
	2 <input type="checkbox"/> Manager	4 <input type="checkbox"/> Other hired employee
	5 <input type="checkbox"/> Other (Specify: xxxx _____)	

4. Do you have any comments regarding this questionnaire or your operation? Please use the space below to share your thoughts about the survey or any other information about health management on your poultry operation that you think is relevant, including information about the impact of highly pathogenic avian influenza (HPAI) and its effects on the operation.

Thank you very much for completing the NAHMS Poultry 2025 Small Enterprise Study Survey!
Please return this questionnaire to NASS in the enclosed pre-addressed, postage paid envelope.

For CATI (NASS enumerator) only:

5. If the operation decides not to participate, please select the code that best fits the reason. Check **one**.

xxxx	1 <input type="checkbox"/> Does not want to commit time to the project	6 <input type="checkbox"/> Believes surveys and reports hurt the farmer more than help
	2 <input type="checkbox"/> Does not have necessary records available	7 <input type="checkbox"/> Could not get owner's permission
	3 <input type="checkbox"/> Has participated in too many surveys	8 <input type="checkbox"/> Survey not available in respondent's preferred language
	4 <input type="checkbox"/> Bad time of year (planting, harvesting, second job, or similar)	9 <input type="checkbox"/> Other (Specify: xxxx _____)
	5 <input type="checkbox"/> Currently has or recently has had disease problem with flock	

6. Comments related to the information collected by NASS:

OFFICE USE ONLY									
Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID
1-Comp	9901	1-Op/Mgr	9902	1- PASI (Mail)	9903	9998	9900	9985	9989 _ _ _ - _ _ _ - _ _ _
2-R		2-Spouse		2- PATI (Tel)					
3-Inac		3-Acct/Bkpr		3- PAPI (Face-to-Face)					
4-Office Hold		4-Partner		6-Email					
5-R – Est		9-Other		7-Fax					
6-Inac – Est				19-Other					
7-Off Hold – Est									
S/E Name									Optional Use
									9921 9907 9908 9906 9916