Animal and Plant Health Inspection Service

National Agricultural Statistics Service

October 2025

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,

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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 **Present on the operation in the past 12 months** If Yes, answer columns 2, 3 & 4	2 **Maximum number of birds at any one time in the past 12 months** Number of birds	3 **Total sold or moved in the past 12 months** Number of birds	4 **How many do you have today?** * (If none, enter 0) Number of birds
a. Chickens for table egg production (Layers)	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx
b. Chickens for meat production (Broilers)	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx
c. Turkeys for meat production	xxxx 1 ☐ Yes 3 ☐ 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 **Present on the operation in the past 12 months** If Yes, answer column 2	2 **How many do you have today?** * (If none, enter 0) Number of birds
a. Table egg layer pullets (prior to onset of egg production)	xxxx 1 ☐ Yes 3 ☐ No	xxxx
b. Breeding chickens-broiler (meat-type) breeders (including laying hens and roosters)	xxxx 1 ☐ Yes 3 ☐ No	xxxx
c. Breeding chickens-layer (table egg) breeders (including laying hens and roosters)	xxxx 1 ☐ Yes 3 ☐ No	xxxx
d. Other chickens (e.g., show, exhibition, game-fowl chickens)	xxxx 1 ☐ Yes 3 ☐ No	xxxx
e. Turkeys for breeding	xxxx 1 ☐ Yes 3 ☐ No	xxxx
f. Waterfowl (e.g., ducks, geese, swans)	xxxx 1 ☐ Yes 3 ☐ No	xxxx
g. Pigeons or doves	xxxx 1 ☐ Yes 3 ☐ No	xxxx
h. Game birds (e.g., quail, pheasants, partridges)	xxxx 1 ☐ Yes 3 ☐ No	xxxx
i. Pet birds (e.g., parrots, parakeets)	xxxx 1 ☐ Yes 3 ☐ No	xxxx
j. Other types of birds (Specify: xxxx _____)	xxxx 1 ☐ Yes 3 ☐ 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 ☐ Single age 2 ☐ Multiple age 4 ☐ N/A
b. Broilers	xxxx 1 ☐ Single age 2 ☐ Multiple age 4 ☐ N/A
c. Turkeys	xxxx 1 ☐ Single age 2 ☐ Multiple age 4 ☐ 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? If Yes, answer next column	How many times per week were they removed this way? TIMES PER WEEK
a. Operation delivered eggs to destination	xxxx 1 ☐ Yes 3 ☐ No	xxxx
b. Customer picked up eggs on site for their own use.....	xxxx 1 ☐ Yes 3 ☐ No	xxxx
c. Commercial egg pick-up or eggs picked up through contract arrangements	xxxx 1 ☐ Yes 3 ☐ 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 ☐ Brood hens	xxxx 1 ☐ Grower hens
xxxx 1 ☐ Brood toms	xxxx 1 ☐ 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 ☐ N/A	xxxx
b. Broilers	xxxx 4 ☐ N/A	xxxx
c. Turkeys	xxxx 4 ☐ 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 ☐ Layers	xxxx 1 ☐ Broilers	xxxx 1 ☐ Turkeys	xxxx 1 ☐ None

12. Do you consider any part of your operation to be any of the following:

a. Organic?	xxxx 1 ☐ Yes - Continue with a(i) 3 ☐ No - Go to Question 12b
i. Is your operation certified organic?	xxxx 1 ☐ Yes 3 ☐ No
b. Free range or pasture raised?	xxxx 1 ☐ Yes 3 ☐ No
c. Cage free layers? Check N/A if no egg layers. ...	xxxx 1 ☐ Yes 3 ☐ No 4 ☐ N/A

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	Check if not present	**Enrolled in NPIP program** If Yes, answer next column	**Enrolled in NPIP 14 Biosecurity Points program**
a. Layers	xxxx 4 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure
b. Broilers	xxxx 4 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure
c. Turkeys	xxxx 4 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure

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

xxxx 1 ☐ Commercial pelleted feed
xxxx 1 ☐ Commercial scratch feed or mash
xxxx 1 ☐ Make own feed
xxxx 1 ☐ Feed supplements
xxxx 1 ☐ Free range (e.g., gardens or fields)

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

a. Municipal	xxxx 1 ☐ Yes 3 ☐ No
b. Well	xxxx 1 ☐ Yes 3 ☐ No
c. Surface water (e.g., pond)	xxxx 1 ☐ Yes 3 ☐ No
d. Other (Specify: xxxx _____)	xxxx 1 ☐ Yes 3 ☐ 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	xxxx 1 ☐ Yes 3 ☐ No
b. Burial on premises	xxxx 1 ☐ Yes 3 ☐ No
c. Incineration	xxxx 1 ☐ Yes 3 ☐ No
d. Renderer pick up	xxxx 1 ☐ Yes 3 ☐ No
e. Carcass taken to renderer	xxxx 1 ☐ Yes 3 ☐ No
f. Taken to a landfill	xxxx 1 ☐ Yes 3 ☐ No
g. Other (Specify: xxxx _____)	xxxx 1 ☐ Yes 3 ☐ No

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. ..

Primary Method

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	xxxx 1 ☐ Yes 3 ☐ No
b. River or stream	xxxx 1 ☐ Yes 3 ☐ No
c. Wetland or swamp	xxxx 1 ☐ Yes 3 ☐ No
d. Wastewater lagoon	xxxx 1 ☐ Yes 3 ☐ No
e. Drainage ditch or canal	xxxx 1 ☐ Yes 3 ☐ No
f. Other (Specify: xxxx _____)	xxxx 1 ☐ Yes 3 ☐ 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**

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

Times 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** ☐ N/A no layers	**Most likely distance for broilers** ☐ N/A no broilers	**Most likely distance for turkeys** ☐ N/A no turkeys
	If Yes, answer columns 2–5	MILES	MILES	MILES	MILES
Live bird market	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Another premises with poultry .	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Farm store or feed store	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Flea market, farmer's market, or swap meet	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Fair or show	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Auction	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Returned to contract/poultry company	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Directly to off-site slaughter.....	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Other (Specify: xxxx _____) ..	xxxx 1 ☐ Yes 3 ☐ 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**

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? .....

Times 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** ☐ N/A no layers	**Most likely distance for broilers** ☐ N/A no broilers	**Most likely distance for turkeys** ☐ N/A no turkeys
	If Yes, answer columns 2–5	MILES	MILES	MILES	MILES
Poultry wholesaler or dealer	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Directly from another premises with poultry	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Farm store or feed store	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Flea market, farmer's market or swap meet	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Fair or show	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Auction	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Hatchery	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Mail or internet order	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Other (Specify: xxxx _____) ..	xxxx 1 ☐ Yes 3 ☐ 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**
   a. In the past 12 months, how many times were birds more than a week old placed or added on to your operation? ..... **Times** 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** ☐ N/A no layers	**Most likely distance for broilers** ☐ N/A no broilers	**Most likely distance for turkeys** ☐ N/A no turkeys
	If Yes, answer columns 2–5	MILES	MILES	MILES	MILES
Poultry wholesaler or dealer	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Directly from another premises with poultry	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Farm store or feed store	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Flea market, farmer's market or swap meet	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Fair or show	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Auction	xxxx 1 ☐ Yes 3 ☐ No	xxxx	xxxx	xxxx	xxxx
Other (Specify: xxxx _____) ..	xxxx 1 ☐ Yes 3 ☐ 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**

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

Days
xxxx

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**

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

Trips
xxxx

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**

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

Days
xxxx

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 ☐ Yes 3 ☐ No 5 ☐ Not sure
b. Dairy cattle operations?	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure
c. Swine operations?	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure

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
xxxx Shower	3 ☐	2 ☐	1 ☐	4 ☐ No shower available
xxxx Wash hands or use hand sanitizer **before** entering the barn	3 ☐	2 ☐	1 ☐	
xxxx Wash hands or use hand sanitizer **after** leaving the barn	3 ☐	2 ☐	1 ☐	
xxxx Wear disposable gloves	3 ☐	2 ☐	1 ☐	
xxxx Having designated personnel assigned to specific barns	3 ☐	2 ☐	1 ☐	4 ☐ Only one barn
xxxx Dedicated protected clothing including disposable or washable coveralls	3 ☐	2 ☐	1 ☐	
xxxx Change of shoes or use of shoe covers	3 ☐	2 ☐	1 ☐	
xxxx Scrub footwear (bucket and brush)	3 ☐	2 ☐	1 ☐	
xxxx Footbath (liquid or dry, such as powdered or particulate)	3 ☐	2 ☐	1 ☐	

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

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 ☐ Never	2 ☐ Some times	1 ☐ Always
Visitors	xxxx 3 ☐ Never	2 ☐ Some times	1 ☐ 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 ☐ Never	2 ☐ Some times	1 ☐ Always
Visitors	xxxx 3 ☐ Never	2 ☐ Some times	1 ☐ 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) Check one box per row	Seen in feed storage area? Check one box per row
Wild waterfowl (e.g., ducks, and geese)	xxxx 3 ☐ Never 2 ☐ Sometimes 1 ☐ Often	xxxx 3 ☐ Never 2 ☐ Sometimes 1 ☐ Often
Wild birds other than waterfowl	xxxx 3 ☐ Never 2 ☐ Sometimes 1 ☐ Often	xxxx 3 ☐ Never 2 ☐ Sometimes 1 ☐ Often
Rodents	xxxx 3 ☐ Never 2 ☐ Sometimes 1 ☐ Often	xxxx 3 ☐ Never 2 ☐ Sometimes 1 ☐ Often
Wild animals other than rodents (e.g., raccoons, skunks, opossums, coyotes, or foxes)	xxxx 3 ☐ Never 2 ☐ Sometimes 1 ☐ Often	xxxx 3 ☐ Never 2 ☐ Sometimes 1 ☐ Often
Poultry from a neighbor	xxxx 3 ☐ Never 2 ☐ Sometimes 1 ☐ Often	xxxx 3 ☐ Never 2 ☐ Sometimes 1 ☐ 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 ☐ Yes 3 ☐ No	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure
Domestic or feral pigs	xxxx 1 ☐ Yes 3 ☐ No	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure
Domestic or feral cats	xxxx 1 ☐ Yes 3 ☐ No	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure
Other livestock (e.g., goats, sheep, llamas, alpacas)	xxxx 1 ☐ Yes 3 ☐ 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 ☐ Yes 3 ☐ No
b. Beetle control (for example, sprays baits, boric acid)	xxxx 1 ☐ Yes 3 ☐ No
c. Fly control (for example, baits, and larvicide, space sprays/fogger, biological predators)	xxxx 1 ☐ Yes 3 ☐ 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.

	1	2	3
Bird Type	**Check if not present**	**Litter reuse?** If Yes, answer next column	**Average number of times litter was reused?** TIMES
a. Layers	xxxx 4 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No	xxxx
b. Broilers	xxxx 4 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No	xxxx
c. Turkeys	xxxx 4 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ 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 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Feed store xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Nutritionist xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Internet search (e.g., Google, Siri, Alexa) xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Social media (e.g., Facebook, Nextdoor, YouTube, blogs)..... xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Online forums xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Books, magazines, and/or journals xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Medical supplier or salesperson xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Other poultry producers xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Service person employed by a poultry contractor xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Veterinarians (private practitioner) xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Federal, State, or university veterinarian or diagnostic lab xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Industry associations or organizations xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Other (Specify xxxx _____) xxxx	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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 ☐	2 ☐	3 ☐	4 ☐
Highly pathogenic avian influenza (HPAI)	xxxx	1 ☐	2 ☐	3 ☐	4 ☐
Low pathogenic avian influenza (LPAI)	xxxx	1 ☐	2 ☐	3 ☐	4 ☐
USDA's Defend the Flock program	xxxx	1 ☐	2 ☐	3 ☐	4 ☐

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 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure	xxxx 1 ☐ Necrotic enteritis 2 ☐ Colibacillosis 3 ☐ Infectious coryza 4 ☐ Other (Specify xxxx _____)
b. Broilers	xxxx 4 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure	xxxx 1 ☐ Necrotic enteritis 2 ☐ Colibacillosis 3 ☐ Infectious coryza 4 ☐ Other (Specify xxxx _____)
c. Turkeys	xxxx 4 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure	xxxx 1 ☐ Necrotic enteritis 2 ☐ Colibacillosis 3 ☐ Gangrenous (clostridium) dermatitis 4 ☐ 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 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure	xxxx 1 ☐ Necrotic enteritis 2 ☐ Colibacillosis 3 ☐ Infectious coryza 4 ☐ Other (Specify xxxx _____)
b. Broilers	xxxx 4 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure	xxxx 1 ☐ Necrotic enteritis 2 ☐ Colibacillosis 3 ☐ Infectious coryza 4 ☐ Other (Specify xxxx _____)
c. Turkeys	xxxx 4 ☐ N/A	xxxx 1 ☐ Yes 3 ☐ No 5 ☐ Not sure	xxxx 1 ☐ Necrotic enteritis 2 ☐ Colibacillosis 3 ☐ Gangrenous (clostridial) dermatitis 4 ☐ 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 ☐ Biosecurity measures such as keeping wild birds away and/or rodent control

xxxx 1 ☐ Use of prebiotics and/or probiotics

xxxx 1 ☐ Purchased birds from an NPIP *Salmonella* clean flock

xxxx 1 ☐ Purchased vaccinated birds and/or used *Salmonella* vaccines

xxxx 1 ☐ Other (Specify: xxxx _____)

xxxx 1 ☐ 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 ☐ Use of prebiotics and/or probiotics
- xxxx 1 ☐ Bird density or other flock management practices
- xxxx 1 ☐ Litter management
- xxxx 1 ☐ Purchased vaccinated birds and/or use of vaccines
- xxxx 1 ☐ Other (Specify: xxxx _____)
- xxxx 1 ☐ 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 ☐ Yes 3 ☐ No

Conclusion

1. Please enter the date you completed this questionnaire..... xxxx ..... Date MM DD YYYY (2025)

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

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

xxxx

1 ☐ Owner	3 ☐ Family member (other than owner or manager)
2 ☐ Manager	4 ☐ Other hired employee
	5 ☐ 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 ☐ Does not want to commit time to the project	6 ☐ Believes surveys and reports hurt the farmer more than help
2 ☐ Does not have necessary records available	7 ☐ Could not get owner's permission
3 ☐ Has participated in too many surveys	8 ☐ Survey not available in respondent's preferred language
4 ☐ Bad time of year (planting, harvesting, second job, or similar)	9 ☐ Other (Specify: xxxx _____)
5 ☐ 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 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est	9901	1-Op/Mgr 2-Spouse 3-Acct/Bkpr 4-Partner 9-Other	9902	1- PASI (Mail) 2- PATI (Tel) 3- PAPI (Face-to-Face) 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989 __ ____ - _____ - _____

Optional Use				
9921	9907	9908	9906	9916

S/E Name