



Animal and
Plant Health
Inspection
Service

Veterinary
Services

Beef 2007-08 VS Second Visit (July 1 – August 15, 2008)



National Animal Health
Monitoring System

2150 Centre Ave Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-0326
Expires 10/31/2010

| State FIPS: | Operation #: | Interviewer: | Date: |
|-------------|--------------|--------------|------------|
| 2 digits | 4 digits | Initials | (mm/dd/yy) |

Arrival time at operation: _____

Be sure the Producer understands that in this questionnaire, the term “you” refers to how “this operation” conducts the management practices of the beef operation.

Indicate to the Producer that these questions (except where noted) refer to the cow-calf operation and do not include any dairy, stocker, or feedlot enterprise that is or might be part of this operation.

Section A—January-June Productivity

1. How many beef cows were on hand July 1, 2008 (include beef heifers that calved before July 1, 2008)?S101 _____ head
2. How many beef replacement heifers, weaned but not yet calved, were on hand July 1, 2008?S102 _____ head

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0326. The time required to complete this information collection is estimated to average 1.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

**NAHMS-204
JUL 2008**

3. How many heifers and cows calved in the first 6 months of 2008 (January 1 through June 30)?S103 _____ head

Of these, how many were:

a. beef heifers?S104 _____ head

b. beef cows?S105 _____ head

[Total of Items A3a and A3b should equal Item A3.]

4. For beef heifers and for beef cows, how many calves were born alive or born dead in the first 6 months of 2008 (January 1 through June 30)?

a. calves born alive

b. calves born dead

(i) Add cells A4a + A4b for heifers and for cows and enter/verify total for each.

| Beef Heifers | Beef Cows |
|--------------|-----------|
| S106 | S109 |
| S107 | S110 |
| S108 | S111 |

5. a. We would like to obtain information about your actual calving rates for the last complete calving season. First, which of the following best describes the calving season for this operation? *[Check the appropriate box.]*

- ₁ Year-round calving *[Complete the table below for the last 12 months or the 12-month period the Producer considers the calving season.]*
- ₂ Fall calving *[Complete the table below for the 2007 fall calving season.]*
- ₃ Spring calving *[Complete the table below for the 2008 calving season and include any females that have yet to calve.]*

S112 _____ code

b. For all beef heifers and cows exposed to bulls and/or semen for the calving season identified above, how many heifers and cows had the following calving outcome? *[Enter as head OR percentage.]*

| Calving Outcome | | Beef Heifers | | | Beef Cows | | |
|-----------------|---|--------------|----|---------|-----------|----|---------|
| | | Head | OR | Percent | Head | OR | Percent |
| i. | - Calf born alive | S113 | | S117 | S121 | | S125 |
| ii. | - Calf born dead | S114 | | S118 | S122 | | S126 |
| | - Failure to calve... | | | | | | |
| iii. | - Known abortion (confirmed pregnant but failed to calve, or had observed abortion) | S115 | | S119 | S123 | | S127 |
| iv. | - Failure to conceive or unobserved abortion (not confirmed pregnant but expected to calve based on bull/AI exposure) | S116 | | S120 | S124 | | S128 |
| v. | - Other (e.g., died, sold, or lost before calving, etc.) | S116a | | S120a | S124a | | S128a |
| vi. | - For spring calving operations only-- Calf not yet born | S116b | | S120b | S124b | | S128b |
| Total | | S116c | | 100% | S124c | | 100% |

c. For the calving season indicated, would you say the number or percentage of calves born dead to heifers and to cows was less than expected, as expected, or greater than expected? *[Check one.]*

| | Less than expected | As expected | Greater than expected | |
|----------|--------------------|-------------|-----------------------|-------|
| Heifers: | | | | S129a |
| Cows: | | | | S129b |

d. Was the number or percentage of heifers and cows that failed to calve less than expected, as expected, or greater than expected? *[Check one box for heifers and one for cows.]*

| | Less than expected | As expected | Greater than expected | |
|----------|--------------------|-------------|-----------------------|-------|
| Heifers: | | | | S130a |
| Cows: | | | | S130b |

Section B—Nutrition Practices

1. In the last 12 months, how many days were protein supplements fed to beef cows?..... S132 _____ days

If Item B1 = 0, SKIP to Item B3.

2. Which of the following was the primary ingredient in the protein supplement?
[Select one only.]
- ₁ Plant protein (e.g., soybean meal, cottonseed meal)
- ₂ Nonprotein nitrogen/urea
- ₃ Other (specify: _____ S133OTH) S133

3. In the last 12 months, how many days were energy supplements fed to beef cows?..... S134 _____ days

If Item B3 = 0, SKIP to Item B5.

4. Which of the following was the primary ingredient in the energy supplement?
[Select one only.]
- ₁ Corn
- ₂ Other (specify: _____ S135OTH) S135
5. In the last 12 months, how many days were roughage supplements fed to beef cows (e.g., harvested hay, corn stalks)? S136 _____ days

Section C—Bull Selection for Heifers

1. In the next 2 years, do you plan to purchase a bull or semen **specifically** for breeding heifers? S137 ₁ Yes ₃ No

If Item C1 = NO, SKIP to Section D.

2. Which calving factors or bull characteristics from List C1 (below) will be most important, second most important, and third most important to you in **selecting a bull or semen for breeding heifers?** [Choose codes from List C1 and enter below.]
- a. Most important S138 _____ code
- b. Second most important S139 _____ code
- c. Third most important S140 _____ code

| List C1—Bull-Selection Code | |
|--|--|
| 1 – Calving-ease EPD (expected progeny difference) | 6 – Appearance/shape/size of head-shoulder |
| 2 – Birth-weight EPD (expected progeny difference) | 7 – Anticipated mature bull size |
| 3 – Parents' EPDs (expected progeny differences) | 8 – Breed |
| 4 – Actual calving-ease score | 9 – Color |
| 5 – Actual birth weight | 10 – Cost |
| | 11 – Other (specify: _____ S140OTH) |

Section D—Vaccination and Testing Practices

Brucellosis Vaccination Practices for Heifers Less than 12 Months Old

1. Which code from List D1 (below) best describes the brucellosis (or Bang's disease) vaccination practices that you...
- [Note to Data Collector: Enter NA if producer does not raise his/her own replacement heifers.]
- a. Use currently for heifers? S141 _____ code
- b. Used 5 years ago for heifers? S142 _____ code

| List D1—Brucellosis Vaccination Codes | |
|---------------------------------------|---|
| 1 – Do not vaccinate for brucellosis | 3 – Vaccinate only heifers kept for breeding |
| 2 – Vaccinate all heifers | 4 – Vaccinate only heifers <u>sold</u> for breeding |
| | 5 – Vaccinate <u>all</u> heifers intended for breeding (whether kept or sold) |

If Item D1a = 1 or NA, SKIP to Item D3.

2. How important are each of the following reasons for vaccinating your beef heifers for brucellosis?

[For each reason (Items D2a-e), put an "X" under the term that best applies.]

| | <u>Very Important</u> | <u>Somewhat Important</u> | <u>Not Important</u> | <u>No Opinion</u> | |
|---|-----------------------|---------------------------|----------------------|-------------------|------|
| a. Tradition or habit | _____ | _____ | _____ | _____ | S143 |
| b. Reduce risk of disease | _____ | _____ | _____ | _____ | S144 |
| c. Required for interstate movement of owned cattle | _____ | _____ | _____ | _____ | S145 |
| d. Required by state law..... | _____ | _____ | _____ | _____ | S146 |
| e. Value of heifers and/or cows sold | _____ | _____ | _____ | _____ | S147 |

3. Do you believe **vaccinating** for brucellosis affects the sale price of heifers? S148 ₁ Yes ₂ D/K ₃ No

If Item D3 = NO or DON'T KNOW, SKIP to Item D4.

Increased value Decreased value

a. How much does a heifer's value increase or decrease because she has been vaccinated?.....S149/S150 + _____ \$/hd OR - _____ \$/hd

Brucellosis Vaccination Practices for Female Cattle 12 Months Old or Older

4. In the past 5 years, did you have any female cattle 12 months old or older receive vaccinations for brucellosis? S151 ₁ Yes ₃ No

If Item D4 = NO, SKIP to Item D7.

5. For female cattle 12 months old or older that were vaccinated for brucellosis, please indicate whether the animals were vaccinated for the specified purpose during the given time periods.

| | Within the Last 12 Months? | Within the Time Period from 1 Year Ago to 5 Years Ago? | |
|--|--|--|-----------|
| a. Individual animals to meet movement requirements? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | S152/S157 |
| b. Whole herd to access interstate markets? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | S153/S158 |
| c. Whole herd as part of a regional disease-management plan? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | S154/S159 |
| d. Individual animals as part of a regional disease-management plan? (e.g., newly purchased animals moving into a herd under a regional disease-management plan) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | S155/S160 |
| e. Other (specify: _____ S161OTH) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | S156/S161 |

6. Were the brucellosis vaccinations of female cattle 12 months old or older administered by a...
- a. Private practitioner? S162 ₁ Yes ₃ No
- b. State/Federal regulatory veterinarian?..... S163 ₁ Yes ₃ No

Johne's Disease Testing Practices

7. In the last **2 years**, have any cattle on this operation been tested for Johne's disease (*Mycobacterium paratuberculosis*) by blood or fecal testing? S164 ₁ Yes ₃ No
8. On this operation in the last **10 years**, have any cattle been diagnosed with Johne's disease by a...
- a. Positive fecal test? S165 ₁ Yes ₂ D/K ₃ No
- b. Positive blood test? S166 ₁ Yes ₂ D/K ₃ No
- c. Clinical diagnosis by veterinarian?..... S167 ₁ Yes ₂ D/K ₃ No
9. In the past **5 years**, have you participated in any programs to either control disease in your herd or document the low-risk status of your herd with respect to Johne's disease?..... S168 ₁ Yes ₃ No

If Item D9 = NO, SKIP to Item D11.

10. What type(s) of Johne's disease program(s) have you participated in?
- a. Program designed by you and/or your veterinarian..... S169 ₁ Yes ₃ No
- b. Official State/Federal program S170 ₁ Yes ₃ No
- c. Other (specify: _____ S171OTH) S171 ₁ Yes ₃ No

Bovine Tuberculosis (TB) Testing Practices

11. Have you had any of your cattle tested for TB (bovine tuberculosis) in the last 5 years? S172 ₁ Yes ₃ No

If Item D11 = NO, SKIP to Section E.

- a. When was the most recent TB test for any of your cattle? [Select one only.]
- ₁ Within the last year
- ₂ 1-2 years ago
- ₃ 3-5 years ago S173
12. When you last had any of your cattle on your premises tested for TB, did you test your: [Select one only.]
- ₁ Entire herd?
- ₂ Calves only?
- ₃ Adult cattle only?
- ₄ Specific animals only? (specify: _____ S174OTH) S174

13. When you last had any of your cattle on your premises tested for TB, for which of the following purposes were these cattle tested:

- a. Herd accreditation? S175 ₁ Yes ₃ No
- b. Movement requirement? S176 ₁ Yes ₃ No
- c. Show or exhibition requirement? S177 ₁ Yes ₃ No
- d. State requirement?..... S178 ₁ Yes ₃ No
- e. Veterinarian (nonregulatory, private practitioner) recommendation? S179 ₁ Yes ₃ No
- f. Sale requirement?..... S180 ₁ Yes ₃ No
- g. Other? (specify: _____ S181OTH)..... S181 ₁ Yes ₃ No

If Item D13a = NO, SKIP to Section E.

14. Is your herd a bovine TB Accredited Herd? S182 ₁ Yes ₃ No

Section E—Disease Control, Illness, and Deaths

The next questions are about cattle and calves that died or were lost.

1. In the first 6 months of 2008 (January 1 through June 30), how many of the **beef calves born alive** to heifers and cows (Item 4a, Section A) died or were lost from all causes prior to weaning? *[Exclude calves born dead.]*.....S183 _____ head

If Item E1 = ZERO, SKIP to Item E2.

- a. How many of these (Item E1) **unweaned calves** died or were lost:
- (i) 24 hours or less after birth?S184 _____ head
 - (ii) More than 24 hours but less than 3 weeks after birth?S185 _____ head
 - (iii) 3 weeks or more after birth, but before weaning?.....S186 _____ head
 - (iv) *[Add Items E1a(i), E1a(ii), and E1a(iii). Total should equal Item E1.]*S187 _____ head
2. In the first 6 months of 2008 (January 1 through June 30), how many **beef breeding cattle**, weaned or older (replacement heifers, cows, and bulls), died or were lost from all causes?S188 _____ head

If both Items E1 AND E2 = ZERO, SKIP to Item E4.

3. How many of the deaths or losses of (Item E1) **unweaned calves** and/or (Item E2) **beef breeding cattle** in the first 6 months of 2008 (January 1 through June 30) resulted primarily from the following causes?

| Cause | Unweaned Beef Calves | | Beef Breeding Cattle |
|--|--|-------------------|----------------------|
| | Less than 3 Weeks Old | 3 Weeks and Older | |
| Digestive problems (bloat, scours, parasites, enterotoxemia, acidosis, etc.) | S189 | S1202 | S216 |
| Respiratory problems (pneumonia, shipping fever, etc.) | S190 | S203 | S217 |
| Metabolic problems (milk fever, grass tetany, etc.) | S191 | S204 | S218 |
| Mastitis (cows only) | | | S219 |
| Lameness or injury | S192 | S205 | S220 |
| Calving-related/birth-related problems | S193 | S206 | S221 |
| Other known diseases (specify: S178OTH) | S194 | S207 | S222 |
| Weather-related causes (lightning, drowning, chilling, etc.) | S195 | S208 | S223 |
| Poisoning (nitrates, noxious feeds, noxious weeds, etc.) | S196 | S209 | S224 |
| Predators (known or unknown) | S197 | S210 | S225 |
| Theft (stolen) | S198 | S211 | S226 |
| Other known causes (old age, etc.) (specify: S183OTH) | S199 | S212 | S227 |
| Unknown causes | S200 | S213 | S228 |
| [Sum column for each age group of unweaned beef calves.] | S201 | S214 | |
| Verify Total (should equal Item 1 or 2) | Add 'sum cells' in row above to get total for unweaned calves: | | S229 |
| | | S215 | |

4. How many animals in your herd (cattle and/or calves) would need to be affected by the following conditions with an unknown cause before you would call a veterinarian for assistance? [Note to Data Collector: If producer prefers to answer in percentage, please record percentages and make a note in the margin.]

| | Number of animals that would need to be affected to prompt call to veterinarian | OR | Check here if producer would not call a veterinarian for this problem |
|--|---|----|---|
| a. Lameness..... S230/S237 | _____ | | _____ |
| b. Off feed S231/S238 | _____ | | _____ |
| c. "Slobbering" or salivation S232/S239 | _____ | | _____ |
| d. Blisters on muzzle S233/S240 | _____ | | _____ |
| e. Blisters on feet S234/S241 | _____ | | _____ |
| f. Death..... S235/S242 | _____ | | _____ |
| g. Overall level of illness in herd (regardless of specific signs) S236/S243 | _____ | | _____ |

Administrative Data Section

| | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|----------------------------------|
| State FIPS: _____ 2-digits | Operation #: _____ 4-digits | Interviewer: _____ Initials | Date: _____ (mm/dd/yy) |
|--------------------------------------|---------------------------------------|---------------------------------------|----------------------------------|

1. Total time for interview (include time to discuss the program and complete the questionnaire). If more than one data collector present, enter the combined time... _____ min SITIME
2. Check box indicating how questionnaire was administered ₁ Telephone ₂ In person SADM
3. Total travel time (round trip), if applicable. If more than one data collector present, enter the combined time..... _____ min STTIME
4. Data collector(s): *[Enter the number for **each category**.]*
 _____ Federal VMO _____ Federal AHT _____ State personnel _____ Other (specify) SVMO/SAHT/SST/SOTH
5. Enter response code 99 if questionnaire is completed or enter one code of 00-07 that best describes the reason why the owner is not participating..... _____ code SRCO

- 99 = Survey completed
- 00 = Inaccessible after five contact attempts
- 01 = Poor time of year or no time
- 02 = Does not want anyone on operation
- 03 = Bad experience with government veterinarians
- 04 = Does not want to do another survey or divulge information
- 05 = Told NASS they did not want to be contacted
- 06 = Ineligible (no beef cows)
- 07 = Other reason (explain below)

| Contact attempt history | | | |
|-------------------------|-----------------|------------|---------------------|
| Date (mm/dd) | Time (am/pm) | Action | Outcome |
| 1/22 | 4:30 pm | Phone call | Left msg on machine |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| CDATE | CTIME | CACTION | COUTCOME |

6. Producer data quality..... ₁ Good to Excellent ₂ OK ₃ Poor SPDQ
7. Which of the following best describes the respondent's position with this operation? _____ code SPOS
 1 = Owner
 2 = Manager
 3 = Family member (other than owner or manager)
 4 = Other hired employee
 5 = Other (specify: _____) SPOSOTH
8. How often did the producer consult written (e.g., ledger, pocket diary, calendar) or computerized records to answer questions for which records might have been helpful in giving accurate and complete information?
₁ Never
₂ Occasionally (one to three times)
₃ Frequently (four or more times) _____ code SCONS

Comments regarding this questionnaire or operation:

VMO or AHT Signature: _____

TO BE COMPLETED BY THE COORDINATOR:

- Field data quality ₁ Good to Excellent ₂ OK ₃ Poor SFDQ