



Animal and
Plant Health
Inspection
Service

Veterinary
Services

Beef 2007-08 VS Initial Visit

(January 14 – March 31, 2008)



National Animal Health
Monitoring System

2150 Centre Ave Bldg B
Fort Collins, CO 80526

Form Approved
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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.

For comparison, from the General Beef Management Report, enter the response to the following questions:

Page 2, Item 1a, total number of beef cows on hand as of October 1, 2007 _____

Page 2, Item 8, beef calves born alive or expected to be born alive in 2007..... _____

Section A—General Management

1. a. How many **beef cows**, including heifers that have calved, were on hand on January 1, 2008?V100 _____ head
- b. Of these, how many were:
 - (i) Less than 5 years old?V101 _____ head
 - (ii) 5 to 9 years old?V102 _____ head
 - (iii) 10 years or older?.....V103 _____ head
 - (iv) [Add Items 1b(i), 1b(ii), and 1b(iii). **TOTAL** should equal Item 1a.].....V104 = _____ **HEAD**

2. During 2007, how many beef calves were born:
 - a. Alive?.....V105 _____ head
 - b. Dead?.....V106 _____ 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-203
JAN 2008**

Section B—Herd Management and Sales Practices

1. What is the average weight of **mature (5 years and older) beef cows** at the time calves are weaned?..... V107 _____ lb
2. During 2007, did this operation **sell** any beef cattle or weaned calves?..... V108 ₁ Yes ₃ No

If Item 2 = NO, SKIP to Section C.

List B1—Method-of-Sale Code, Item B3		
1 – Auction	4 – Consignment	7 – Other (specify: _____)
2 – Direct – video/Internet auction	5 – Forward contract	
3 – Direct – private treaty	6 – Carcass basis	V109OTH

3. Now I'd like to ask about beef cattle and weaned calves **sold** during 2007. I'll need the number of head sold and the **primary** method of sale. *[Use code from List B1, above.]*

During 2007, how many:

	No. Head	Sale Code
a. Steers, weaned or older, were sold?	V109	V116
b. Heifers, weaned or older, were sold for breeding stock?	V110	V117
c. Other heifers, weaned or older, were sold for purposes other than breeding (culls, whether for feeding or slaughter)?	V111	V118
d. Cows were sold for breeding stock?	V112	V119
e. Other cows were sold for purposes other than breeding (culls, whether for feeding or slaughter)?	V113	V120
f. Bulls, weaned or older, were sold for breeding stock?	V114	V121
g. Other bulls, weaned or older, were sold for purposes other than breeding (culls, whether for feeding or slaughter)?	V115	V122

4. For weaned calves sold during 2007 for purposes other than breeding, how many days after weaning, on average, were the calves held before they left the operation? V123 _____ days
5. *[Refer to Item 3e above, cows sold for purposes other than breeding (culls). If ZERO, skip to Section C.]*
What was the average weight of cows sold for purposes other than breeding (culls) during 2007? V124 _____ lb

6. Of the (Item 3e) cows sold for purposes other than breeding (culls), how many were sold **primarily** because of:

- a. Pregnancy status (open or aborted)? V125 _____ head
- b. Other reproductive problems (other than open or aborted)? V126 _____ head
- c. Producing poor calves?..... V127 _____ head
- d. Age or bad teeth?..... V128 _____ head
- e. Physical unsoundness, e.g., injury or lameness? V129 _____ head
- f. Bad eyes? V130 _____ head
- g. Digestive problem? V131 _____ head
- h. Respiratory problem?..... V132 _____ head
- i. Udder problem? V133 _____ head
- j. Temperament? V134 _____ head
- k. Economics, such as drought, herd reduction, or market conditions? V135 _____ head
- l. Some other factor? (specify: _____ V136OTH) V136 _____ head
- m. *[Add numbers by cause. **TOTAL** should equal number of head in Item 3e.]* V137 = _____ **HEAD**

7. How many of the (Item 3e) cows sold for purposes other than breeding (culls) were:

- a. Less than 5 years old?V138 _____ head
- b. 5 to 9 years old?V139 _____ head
- c. 10 years or older?V140 _____ head
- d. *[Add numbers by age. **TOTAL** should equal number of head in Item 3e.]*.....V141 = _____ **HEAD**

Section C—Vaccination and Testing Practices

Vaccination Practices

1. a. During 2007, did you vaccinate **any** beef cattle or calves? V586 ₁ Yes ₃ No

If Item 1a = NO, SKIP to Item 9.

b. Which of the following vaccines were used in 2007 for:
 [Enter "X" in appropriate columns for each vaccine used; leave all others blank.]

	Calves 1 to 21 days	Calves 22 days through weaning	Weaned replacement heifers through breeding	Bred replacement heifers through calving	Cows	Bulls
GENERAL (resp and/or repro)						
a. IBR (rednose, infectious bovine rhinotracheitis)	V142	V158	V176	V195	V215	V235
b. BVD (bovine viral diarrhea)	V143	V159	V177	V196	V216	V236
c. <i>Histophilus somni</i> (formerly <i>Haemophilus somnus</i>)	V144	V160	V178	V197	V217	V237
RESPIRATORY						
d. PI3 (parainfluenza virus)	V145	V161	V179	V198	V218	V238
e. BRSV (bovine respiratory syncytial virus)	V146	V162	V180	V199	V219	V239
f. <i>Pasteurella/Mannheimia</i>	V147	V163	V181	V200	V220	V240
REPRODUCTIVE						
g. <i>Brucella abortus</i>		V164	V182	V201	V221	
h. <i>Leptospira</i>		V165	V183	V202	V222	V241
i. <i>Campylobacter (vibrio)</i>			V184	V203	V223	V242
j. <i>Tritrichomonas</i>			V185	V204	V224	V243
k. <i>Neospora</i>				V205	V225	
CLOSTRIDIAL						
l. <i>Clostridium chauvoei</i> (blackleg) and/or <i>Cl. septicum</i> (malignant edema) and/or <i>Cl. novyi</i> and/or <i>Cl. sordellii</i> (2- or 4-way)	V148	V166	V186	V206	V226	V244
m. <i>Cl. perfringens</i> C and D (enterotoxemia, overeating)	V149	V167	V187	V207	V227	V245
n. <i>Cl. tetani</i> (tetanus)	V150	V168	V188	V208	V228	V246
DIGESTIVE						
o. Rota/Corona	V151	V169	V189	V209	V229	
p. <i>E. coli</i>	V152	V170	V190	V210	V230	
q. <i>Salmonella</i>	V153	V171	V191	V211	V231	V247
OTHER						
r. <i>Anaplasma</i>	V154	V172	V192	V212	V232	V248
s. Johne's	V155	V173				
t. <i>Moraxella bovis</i> (pink eye)	V156	V174	V193	V213	V233	V249
u. Wart virus	V157	V175	V194	V214	V234	V250

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2. How many times is a calf typically vaccinated for respiratory disease from birth to sale?V251 _____ #
[Count each vaccination event—whether the calf is given single or multiple injections to cover the various respiratory disease(s)—as one time.]

If Item 2 = 0, SKIP to Item 4.

3. When vaccinating calves for respiratory disease before sale, do you vaccinate them:
- a. After weaning but before sale? V252 ₁ Yes ₃ No
 - b. At weaning? V253 ₁ Yes ₃ No
 - c. Less than 14 days prior to weaning? V254 ₁ Yes ₃ No
 - d. 30 to 14 days prior to weaning? V255 ₁ Yes ₃ No
 - e. From birth through 31 days prior to weaning? V256 ₁ Yes ₃ No
4. On average, how many **cows** are vaccinated with the same needle before the needle is changed? V257 _____ head

If Item 4 = 1, SKIP to Item 5.

- a. Is the needle cleaned between animals? V258 ₁ Yes ₃ No
- b. Is the needle disinfected between animals? V259 ₁ Yes ₃ No

Clostridial Vaccination Practices

5. *[Note to Data Collector: Refer to Section C, Items 1b.l, 1b.m, and 1b.n, on previous page to answer this question.]*

During 2007, did you give any clostridial vaccines (such as for blackleg) to any beef cows or beef calves on this operation? V260 ₁ Yes ₃ No

If Item 5 = NO, SKIP to Item 6.

List C1—Injection-Route Codes for Clostridial Vaccines, Item C5a		
1 – In the muscle (IM)	2 – Under the skin (SQ)	3 – Other (specify in margin) V261OTH

List C2—Location Codes for Clostridial Vaccines, Item C5a		
1 – Neck	3 – Side or rib	5 – Lower rear leg
2 – Shoulder	4 – Upper rear leg/hip	

- a. What injection route and location did you typically use for administering clostridial vaccines to cows and calves?
[In the table below, enter the code for the injection route (List C1 above) and location (List C2 above) used most often for cows and for calves on this operation.]

Clostridial Vaccines		
	Injection Route (from List C1)	Location (from List C2)
Cows	V261	V263
Calves	V262	V264

BVD Vaccination Practices

6. [Note to Data Collector: Refer to Section C, Item 1b.b on page 4 to answer this question.]

During 2007, did you vaccinate any cattle against BVD?V265 ₁ Yes ₃ No

If Item 6 = NO, SKIP to Item 9.

7. Were the following age groups vaccinated against BVD during 2007?

[If YES, show the Producer Guide 1 (BVD Vaccine Reference Card) and enter the vaccine code for the product used most commonly for that age group.]

- | | | | | Vaccine Code
<i>(from Guide 1)</i> |
|----|---|---|--|--|
| a. | Calves 1 to 21 days.....V266/V273 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ code |
| b. | Calves 22 days through weaning.....V267/V274 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ code |
| | If Item 7b = YES, number of times a calf
is vaccinated between 22 days and weaning. V275 | | | _____ times |
| c. | Weaned replacement heifers before breeding.V268/V276 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ code |
| d. | Bred replacement heifers precalvingV269/V277
(e.g., at pregnancy check) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ code |
| e. | Cows prebreeding.....V270/V278 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ code |
| f. | Cows precalving (e.g., at pregnancy check)V271/V279 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ code |
| g. | Bulls.....V272/V280 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ code |

8. Were the following cattle classes given an annual **BVD booster injection in 2007?**

[If YES, show the Producer Guide 1 (BVD Vaccine Reference Card) and enter the vaccine code for the product used most commonly.]

- | | | | | Vaccine Code
<i>(from Guide 1)</i> |
|----|----------------------|---|--|--|
| a. | Cows V281/V283 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ code |
| b. | Bulls..... V282/V284 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ code |

Testing Practices

BVD Testing Practices

9. Do you believe that removing calves that have tested positive for persistent infection (PI) with BVD virus affects the **value** of the remaining calves in the group?..... V285

₁ Yes ₂ D/K ₃ No

If Item 9 = NO or DON'T KNOW, SKIP to Item 10.

- | | | <u>Increased value</u> | <u>Decreased value</u> |
|----|--|------------------------|------------------------|
| a. | How much does the value of a BVD-negative calf increase or decrease after its group is tested for persistent infection (PI) with BVD virus and all positive animals are removed?.....V286/V287 | +_____ \$/hd | OR -_____ \$/hd |

10. Do you believe that removing calves that have tested positive for persistent infection (PI) with BVD virus affects the **health** of the remaining cattle in the group? V288

₁ Yes ₂ D/K ₃ No

If Item 10 = NO or DON'T KNOW, SKIP to Item 12.

11. Which of the following health effects would you expect to see from removing calves positive for persistent infection (PI) with BVD virus?

- a. Improved reproductive efficiency (fewer abortions, stillbirths) V289 ₁ Yes ₃ No
- b. Reduced sickness and/or treatment costs V290 ₁ Yes ₃ No
- c. Reduced death loss V291 ₁ Yes ₃ No
- d. Other (specify: _____ V292OTH) V292 ₁ Yes ₃ No

12. In the past 3 years, have you tested any **beef calves** for persistent infection (PI) with BVD virus? V293 ₁ Yes ₃ No

If Item 12 = NO, SKIP to Item 15.

13. During 2007, did you BVD test:

- a. All calves born to heifers/cows bred on the operation? V294 ₁ Yes ₂ N/A ₃ No
- b. All calves born to heifers/cows purchased when pregnant? V295 ₁ Yes ₂ N/A ₃ No
- c. All calves acquired as part of a cow-calf pair? V296 ₁ Yes ₂ N/A ₃ No
- d. All heifers/cows purchased when open? V297 ₁ Yes ₂ N/A ₃ No
- e. Clinical suspects? V298 ₁ Yes ₂ N/A ₃ No
- f. Other (specify: _____ V299OTH) V299 ₁ Yes ₂ N/A ₃ No

If Items 13a-13f are all NO or N/A, SKIP to Item 15.

14. What samples were collected for BVD testing?

- a. Ear notches V300 ₁ Yes ₃ No
 - (i) If Yes, how were the samples tested at the laboratory?
 - (a) Pools followed by individual testing if a positive was identified V301 ₁ Yes ₂ D/K ₃ No
 - (b) Individual sample testing only V302 ₁ Yes ₂ D/K ₃ No
- b. Serum samples V303 ₁ Yes ₃ No
 - (i) If Yes, how were the samples tested at the laboratory?
 - (a) Pools followed by individual testing if a positive was identified V304 ₁ Yes ₂ D/K ₃ No
 - (b) Individual sample testing only V305 ₁ Yes ₂ D/K ₃ No

Parasite Testing Practices

15. In the last 3 years, have you done any fecal testing to evaluate parasite burdens? V306 ₁ Yes ₃ No

Section D—Disease Control, Illness, and Deaths

1. Do you use antibiotics in feed to prevent disease and/or promote growth?V307 ₁ Yes ₃ No

If Item 1 = NO, SKIP to Item 3.

List D1— Item D2b, Column B	
1 – Trade journals	5 – Supplier of antibiotics other than veterinarian (e.g., feedstore, direct marketer, Internet company)
2 – Other producers	6 – Other (specify: _____V308OTH)
3 – Local veterinary practitioner	7 – No other influences
4 – Consulting or second-opinion veterinarian	

2. a. For the three animal classes listed in the table below, do you use antibiotics in feed for the primary purposes indicated?
[Check “Yes” or “No” in Column A.]
- b. *[If Column A is “Yes,” complete Items 2b, 2b(i), and 2b(ii). If Column A is “No,” proceed to next row.]* For those primary purposes for which you use antibiotics in feed, other than your knowledge and experience, who or what has the primary influence on decisions regarding which antibiotics to use? *[Enter a code from List D1 (above) in Column B (below).]*
- (i) What is the primary antibiotic used? *[Consult Guide 2 (Antibiotics Used in Feed to Prevent Disease and/or Promote Growth) and enter the appropriate code for the primary antibiotic used in Column C (below).]*
- (ii) On average, how many days is the antibiotic fed to an animal in that age group?
[In Column D (below), enter the average number of days the antibiotic was fed to an animal in that age group.]

Animal Class	Primary Purpose	Column A Use Antibiotics in Feed?	Column B <i>If Column A = Yes</i> Primary Influence (from List D1)	Column C Primary Antibiotic (Code from Guide 2)	Column D Average Number of Days Fed
Unweaned calves	Prevent respiratory disease	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V308a	V308b	V308c	V308d
	Other (specify: _____V309OTH)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V309a	V309b	V309c	V309d
Replacement heifers weaned but not yet calved	Prevent respiratory disease	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V310a	V310b	V310c	V310d
	Promote growth	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V311a	V311b	V311c	V311d
	Other (specify: _____V312OTH)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V312a	V312b	V312c	V312d
Other calves weaned but not yet shipped for feeding or sold as breeding stock (If none, enter “N/A.”)	Prevent respiratory disease	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V313a	V313b	V313c	V313d
	Promote growth	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V314a	V314b	V314c	V314d
	Other (specify: _____V315OTH)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V315a	V315b	V315c	V315d

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3. Do you use either oral or injectable antibiotics to **treat** disease?V337 ₁ Yes ₃ No

If Item 3 = NO, SKIP to Item 8.

List D2— Item D4b, Column B	
1 – Trade journals	5 – Supplier of antibiotics other than veterinarian (e.g., feed store, direct marketer, Internet company)
2 – Other producers	6 – Other (specify: _____ V338OTH)
3 – Local veterinary practitioner	7 – No other influences
4 – Consulting or second-opinion veterinarian	

4. a. For the two animal classes listed in the table below, do you use oral or injectable antibiotics to treat the listed diseases?
[Check “Yes” or “No” in Column A.]

b. [If Column A is “Yes,” continue with 4b to complete row.] Aside from you, who or what has the primary influence on decisions regarding which **oral** or **injectable** antibiotics to use?
[Enter a code from List D2 (above) in Column B (below).]

Animal Class	Disease	Column A	Column B
		Use Antibiotics to Treat Disease?	If Column A = Yes Primary Influence on Decisions (from List D2)
Unweaned calves	Pinkeye	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V338a	V338b
	Respiratory disease	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V339a	V339b
	Digestive disease	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V340a	V340b
	Other (specify: _____ V341OTH)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V341a	V341b
Replacement heifers weaned but not yet calved	Pinkeye	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V342a	V342b
	Respiratory disease	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V343a	V343b
	Other (specify: _____ V344OTH)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No V344a	V344b

5. How many **affected/sick** animals in each of the following categories were **treated** at least once with either oral or injectable antibiotics for any **diseases** or **disorders** during 2007? This does NOT apply to preventive treatments.

[Write in N/A if category not on operation.]

- a. Unweaned calves V345 _____ head
- b. Replacement heifers weaned but not yet calved V346 _____ head
- c. Cows V347 _____ head

If Items 5a, 5b, and 5c all = ZERO, SKIP to Item 7.

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6. Complete the table below on oral and injectable antibiotics used during 2007 for **treating DISEASES or DISORDERS** in unweaned calves, replacement heifers weaned but not yet calved, and cows. **This does NOT include preventive treatments.**
[Codes for this table are in Guide 3 (Oral and Injectable Antibiotics Used to Treat Disease).]

Animal Class	Disease or Disorder	Number Affected during 2007	Number of Affected Animals Treated with ORAL Antibiotics	Primary ORAL Antibiotic Used (Code)	Number of Affected Animals Treated with INJECTABLE Antibiotics	Primary INJECTABLE Antibiotic Used (Code)
Unweaned calves	Respiratory	V348	V365	V382	V399	V416
	Diarrhea/scours or other digestive	V349	V366	V383	V400	V417
	Pinkeye	V350	V367	V384	V401	V418
	Navel infection	V351	V368	V385	V402	V419
	Other (specify) V352OTH	V352	V369	V386	V403	V420
Replacement heifers weaned but not yet calved	Respiratory	V353	V370	V387	V404	V421
	Diarrhea or other digestive	V354	V371	V388	V405	V422
	Pinkeye	V355	V372	V389	V406	V423
	Lameness/footrot	V356	V373	V390	V407	V424
	Other (specify) V357OTH	V357	V374	V391	V408	V425
Cows	Respiratory	V358	V375	V392	V409	V426
	Diarrhea or other digestive	V359	V376	V393	V410	V427
	Pinkeye	V360	V377	V394	V411	V428
	Reproductive (retained placenta/uterine infection)	V361	V378	V395	V412	V429
	Abortion	V362	V379	V396	V413	V430
	Lameness/footrot	V363	V380	V397	V414	V431
	Other (specify) V364OTH	V364	V381	V398	V415	V432

7. In general, do you treat calves 7 days and older with antibiotics for diarrhea (scours)?V433 ₁ Yes ₃ No

8. How often do you usually deworm:

Animal Class	Never	Occasionally (Less than Once a Year)	Once a Year	More than Once a Year	
Unweaned calves?					V434
Replacement heifers weaned but not yet calved?					V435
Weaned stocker calves?					V436
Cows?					V437

If ALL categories = NEVER, SKIP to Item 17.

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9. Which of the following do you use **primarily** to decide when to treat your cattle for internal parasites (worms)? *[Select one only.]*

- ₁ When the cattle look rough
- ₂ Fecal consistency (diarrhea)
- ₃ On a regular schedule
- ₄ Based on fecal tests
- ₅ Other (specify: _____ V438OTH) V438

10. Have you used the following products to treat cattle for internal parasites in the last 3 years? *[For help categorizing specific products into anthelmintic class, see Guide 4 (Anthelmintic Reference Card).]*

- a. Avermectins (Ivomec®--ivermectin, Cydectin®--moxidectin)?V439 ₁ Yes ₃ No
- b. Benzimidazoles (Valbazen®--albendazole, Panacur®--fenbendazole)?V440 ₁ Yes ₃ No
- c. Imidazothiazoles (Levasole®--levamisole)?V441 ₁ Yes ₃ No
- d. Benzenesulphonamides (Curatrem®--clorsulon, Ivomec Plus®--clorsulon)? .V442 ₁ Yes ₃ No
- e. Tetrahydropyrimidines (Rumatel®--morantel)?V443 ₁ Yes ₃ No

11. How important to you are the following reasons for choosing the deworming product used?

	Very Important	Important	Slightly Important	Not Important	
Price.....					V444
Tradition.....					V445
Efficacy					V446
Recommended by others					V447
Ease of application or administration					V448
Other reason (specify: _____ V449OTH) ...					V449

12. How important to you are the following as sources for deworming information?

	Very Important	Important	Slightly Important	Not Important	
Veterinarian					V450
Other producers					V451
Sales representative					V452
Extension/university personnel.....					V453
Magazines/journals (articles and/or ads).....					V454
Internet					V455
Other source (specify: _____ V456OTH).....					V456

13. How involved would you say your veterinarian is regarding the:

	Highly Involved	Somewhat Involved	Not Involved	
Diagnosis of parasite infections?.....				V457
Decisions about parasite treatments? ...				V458

14. Which of the following is the **primary** way you tell if your dewormer program is working?
[Select one only.]

- ₁ Achieve expected performance
- ₂ Appearance of cattle
- ₃ Fecal consistency (no diarrhea)
- ₄ Laboratory testing
- ₅ Other (specify: _____ V459OTH)

V459

15. Are you doing any of the following to prolong or improve the efficacy of the dewormers you use?

- a. Rotating dewormer type V460 ₁ Yes ₃ No
- b. Monitoring effectiveness by laboratory testing..... V461 ₁ Yes ₃ No
- c. Deworming more often..... V462 ₁ Yes ₃ No
- d. Deworming less often..... V463 ₁ Yes ₃ No
- e. Other (specify: _____ V464OTH) V464 ₁ Yes ₃ No

16. In 2007, did you deworm any of the following types of beef cattle?
 If yes, when were they dewormed?

	Unweaned Calves	Replacement Heifers and/or Stockers	Cows	
Dewormed in 2007?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ Not present in 2007	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ Not present in 2007	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	V465/V470/V475
If No or Not present, skip rest of the column.				
If Yes, were the animals dewormed in:				
January – March?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	V466/V471/V476
April – June?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	V467/V472/V477
July – September?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	V468/V473/V478
October – December?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	V469/V474/V479

17. In the last 12 months, have you used a pour-on product for fly and/or lice control? V480 ₁ Yes ₃ No

18. My next questions are about cattle and calves that died or were lost. During 2007, of the (Section A, Item 2a) **beef calves born alive**, how many died or were lost prior to weaning from all causes? *[Exclude calves born dead (Section A, Item 2b).]* .. V481 _____ head

If Item 18 = ZERO, SKIP to Item 19.

- a. How many of these (Item 18) **unweaned calves** died or were lost:
 - (i) 24 hours or less after birth? V482 _____ head
 - (ii) More than 24 hours but less than 3 weeks after birth? V483 _____ head
 - (iii) 3 weeks or more after birth, but before weaning?..... V484 _____ head
 - (iv) *[Add Items 18a(i), 18a(ii), and 18a(iii). Total should equal Item 18.]*..... V485 = _____ **HEAD**

19. During 2007, how many **beef breeding cattle**, weaned or older (replacement heifers, cows, and bulls), died or were lost from all causes? .. V486 _____ head

If both Items 18 AND 19 = ZERO, SKIP to Item 22.

20. How many of the deaths or losses of (Item 18) unweaned calves and/or (Item 19) beef breeding cattle in 2007 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.)	V487	V500	V513
Respiratory problems (pneumonia, shipping fever, etc.)	V488	V501	V514
Metabolic problems (milk fever, grass tetany, etc.)	V489	V502	V515
Mastitis (cows only)			V516
Lameness or injury	V490	V503	V517
Calving-related/birth-related problems	V491	V504	V518
Other known diseases (specify: V492OTH)	V492	V505	V519
Weather-related causes (lightning, drowning, chilling, etc.)	V493	V506	V520
Poisoning (nitrates, noxious feeds, noxious weeds, etc.)	V494	V507	V521
Predators (known or unknown)	V495	V508	V522
Theft (stolen)	V496	V509	V523
Other known causes (old age, etc.) (specify: V497OTH)	V497	V510	V524
Unknown causes	V498	V511	V525
[Sum column for each age group of unweaned beef calves.]	V499	V512	
Verify Total [should equal Item 18 or 19]	Add 'sum cells' in row above to get total for unweaned calves:		V526
			V527

21. What percentage of the unweaned calves and breeding cattle that died in 2007 were disposed of by the following methods?

		Unweaned Calves	Breeding Cattle
a. Buried on this operation.....	V528/V534	_____ %	_____ %
b. Burned on this operation.....	V529/V535	_____ %	_____ %
c. Landfill.....	V530/V536	_____ %	_____ %
d. Renderer	V531/V537	_____ %	_____ %
e. No disposal method (e.g., left to nature/scavengers)	V532/V538	_____ %	_____ %
f. Other (specify: _____ V533OTH).....	V533/V539	_____ %	_____ %
[Total should equal 100%.]		100%	100%

22. Did you bring any new cattle onto this operation in the last 3 years?V540 Yes No

If Item 22 = NO, SKIP to Item 26.

State/Operation #: _____

23. Before bringing cattle onto this operation in the last 3 years, did you normally require **vaccination** of the animals for:

- a. Brucellosis? *[If only bulls brought on, check N/A.]*.....V541 ₁ Yes ₂ N/A ₃ No
- b. BVD (bovine viral diarrhea)?V542 ₁ Yes ₃ No
- c. IBR (infectious bovine rhinotracheitis)?V543 ₁ Yes ₃ No
- d. Leptospirosis?V544 ₁ Yes ₃ No
- e. Anything else? (specify: _____V545OTH).....V545 ₁ Yes ₃ No

24. Before bringing cattle onto the operation in the last 3 years, did you normally require **tests** for:

- a. Brucellosis for animals 2 years of age or older?
[If only cattle less than 2 years brought on, check N/A.].....V546 ₁ Yes ₂ N/A ₃ No
- b. Johne's disease (*M. paratuberculosis*)?V547 ₁ Yes ₃ No
- c. BVD (bovine viral diarrhea) (persistently infected)?V548 ₁ Yes ₃ No
- d. TB (bovine tuberculosis)?V549 ₁ Yes ₃ No
- e. Anything else? (specify: _____V550OTH).....V550 ₁ Yes ₃ No

25. Before bringing weaned calves (stockers or replacement heifers) and/or cows onto the operation during the previous 3 years, did you normally require:
[If animals not brought on, check N/A.]

	Weaned calves	Cows	
Testing for internal parasites (worms)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ N/A <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ N/A <input type="checkbox"/> ₃ No	V551/V553
Treatment for internal parasites (worms)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ N/A <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ N/A <input type="checkbox"/> ₃ No	V552/V554

26. Are any of the cattle on this operation used for rodeo events (e.g., team roping):

- a. On the premises? V555 ₁ Yes ₃ No
- b. Off the premises? V556 ₁ Yes ₃ No

If Item 26 = YES for **either** 26a or 26b, how many of your cattle are used for rodeo events?..... V557 _____ head

Section E—Opinions on Significance of Health Problems

1. Indicate whether you strongly agree, agree, disagree, or strongly disagree with each of the following statements about specific health problems and their **economic impact** on your operation during 2007. **Include** the cost of prevention, cost of treatment, and lost production in the economic impact.

[Data Collector: To begin, say, "Internal parasites had a significant economic impact on this cow/calf operation during 2007."]

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion	
PARASITES						
a. Internal parasites						V558
b. External parasites (flies, lice, ticks, grubs)						V559
DIGESTIVE						
c. Calf scours						V560
d. Bloat/colic/ulcers (abomasal/stomach)						V561
e. Coccidiosis						V562
REPRODUCTIVE						
f. Open/late calvers						V563
g. Abortion						V564
h. Weak calves						V565
RESPIRATORY						
i. Calf pneumonia/shipping fever						V566
j. Cow asthma						V567
PLANT-RELATED						
k. Plant-related toxicities						V568
OTHER						
l. Pinkeye						V569
m. Footrot						V570
n. White muscle disease (selenium/vitamin E deficiency)						V571
o. Copper deficiency						V572
p. <i>Anaplasma</i>						V573
q. Grass tetany						V574

State/Operation #: _____

2. Indicate whether you strongly agree, agree, disagree, or strongly disagree with each of the following statements about specific health problems and their importance to the **beef industry**.

[Data Collector: To begin, say, "Tuberculosis is a significant problem for the U.S. beef cattle industry."]

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion	
a. Tuberculosis						V575
b. Brucellosis						V576
c. <i>Tritrichomonas</i> infection ("trich")						V577
d. Johne's disease (paratuberculosis)						V578
e. BLV (bovine leukosis virus) infection						V579
f. BVD (bovine viral diarrhea)						V580
g. <i>Anaplasma</i> infection						V581
h. <i>Neospora</i> infection						V582
i. Internal parasites (worms)						V583
i.1. Resistance to anthelmintics (dewormers)						V584

3. Do you strongly agree, agree, disagree, or strongly disagree with the following statement:

"The United States is well prepared to handle outbreaks of livestock disease currently not found in this country, such as foot-and-mouth disease and rinderpest."

Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion

V585

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State FIPS: _____ 2-digits	Operation #: _____ 4-digits	Interviewer: _____ Initials	Date: _____ (mm/dd/yy)
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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 VITIME
2. Total travel time (round trip). If more than one data collector present, enter the combined time..... _____ min VTTIME
3. Data collector(s): *[Enter the number for each category.]*
 _____ Federal VMO _____ Federal AHT _____ State personnel _____ Other (specify) VVMO/VAHT/VST/VOTH
4. 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 VRCO

- 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

5. Producer data quality..... ₁ Good to Excellent ₂ OK ₃ Poor VPDQ
6. Which of the following best describes the respondent's position with this operation?..... _____ code VCONS
 1 = Owner
 2 = Manager
 3 = Family member (other than owner or manager)
 4 = Other hired employee
 5 = Other (specify: _____) VPOSOTH
7. 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 VPOS

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 VFDQ