

NAHMS ID: \_\_\_\_\_

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 control number for this information collection is 0579-0079. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

**OMB Approved**  
0579-0079  
EXP: 04/2023

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

**HEALTH MANAGEMENT ON  
U.S. FEEDLOTS 2021  
PHASE 2 QUESTIONNAIRE**

**Beginning time (military)** ..... Time\_begin \_\_\_\_\_

**Ending time (military)** ..... Time\_end \_\_\_\_\_

State FIPS: _____	Operation #: _____	Interviewer: _____	Date: _____
2 digits FIPS	4 digits Oper_Num	initials Initials	mm/dd/yy Date_Interview

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept **confidential** and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both, if he or she willfully discloses ANY identifiable information about you or your feedlot. Response is **voluntary**.

**General Instructions**

**Unless otherwise noted, questions refer to calendar year 2020, from January 1, 2020, to December 31, 2020.**

We would like to know about all cattle and calves on feed for the slaughter market, regardless of ownership, on this particular feedlot.

- **Include** cattle being fed by you for others.
- **Exclude** any of your cattle being custom fed in feedlots operated by others.
- **Exclude** cattle being “backgrounded only” for sale as feeders, for later placement on feed on another feedlot, or to be returned to pasture.
- **Exclude** cows and bulls being fed by you for the slaughter market.

If “Don’t Know” is provided as an answer option, it is abbreviated as “DK.”

If “Not Applicable” is provided as an answer option, it is abbreviated as “NA.”

The following 4-point scale is utilized in many questions when possible instead of asking for specific percentages. This is done because we recognize that in many cases percentages are approximations and we would like the response to reflect that.

- “None” (0%)
- “Some (50% or less)
- “Most” (51% or more)
- “All” (100%)

If a different scale is used it is specified in the question.

During 2020, the spread of coronavirus disease, known as COVID-19, impacted the operation of meatpacking plants and had downstream effects on feedlot operations. New questions were added to this questionnaire so effects of COVID-19 on the health and management of feedlot cattle could be described.

## Section A—Cattle Health and Health Practices

### Preconditioning and Backgrounding

1. Preconditioning and backgrounding comprises procedures such as acclimatization to feed bunks, vaccinations, implants, antibiotic use, weaning, deworming, castration, and dehorning that occur before cattle arrive at the feedlot. For this question, **reliable** information about preconditioning and backgrounding is defined as information that is trusted, but not necessarily documented.

For each of the following arrival weight and breed classes, answer yes or no for whether they were placed on this feedlot. If yes, for what proportion of these cattle did you have **reliable** information about preconditioning/backgrounding they received prior to arrival at this feedlot?

Weight class and breed	Weight class and breed placed on the feedlot?		Reliable information?				
			None	Some	Most	All	
a. Beef breed cattle (less than 400 lb at arrival)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F101	If No, SKIP to 1b If Yes →	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	F107
b. Beef breed cattle (400-699 lb at arrival)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F102	If No, SKIP to 1c If Yes →	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	F108
c. Beef breed cattle (700 lb or greater at arrival)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F103	If No, SKIP to 1d If Yes →	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	F109
d. Dairy or dairy cross breed cattle (less than 400 lb at arrival)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F104	If No, SKIP to 1e If Yes →	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	F110
e. Dairy or dairy cross breed cattle (less than 400-699 lb at arrival)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F105	If No, SKIP to 1f If Yes →	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	F111
f. Dairy or dairy cross breed cattle (700 lb or greater at arrival)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F106	If No, SKIP to 2 If Yes →	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	F112

2. In 2020, were <b>all</b> cattle placed on this feedlot bred and raised by this operation?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK F113
--	---

**[If Question 2 = Yes, then SKIP to Question 6]**

3. How important is it to have reliable information on the preconditioning and backgrounding that cattle received prior to arrival? *[Choose one only]* F114

Not important	Slightly important	Moderately important	Very important	Extremely important
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**[If Question 3 = Not Important, SKIP to Question 6]**

4. Are you able to access all the reliable information that you want about preconditioning and backgrounding?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <span style="float: left; margin-right: 10px;">F115</span>
---	--

**[If Question 4 = Yes, SKIP to Question 6]**

NAHMS ID: \_\_\_\_\_

5. Why can't you access the reliable information that you want?

a. Finding cattle to purchase for which this information is known is inconvenient.	F116	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
b. Cattle are purchased at a sale barn where this information is not available.	F117	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
c. Cattle for which this information is known are too expensive.	F118	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
d. There is no practical mechanism for transfer of this information.	F119	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
e. Other (specify: _____)	F120 (F120_Other)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No

6. When you were aware of the history of cattle you purchased, or in calves you raised yourself, what proportion of the cattle had the following preconditioning and backgrounding procedures performed before arriving at the feedlot?

		None	Some	Most	All	DK
a. Introduction to the feed bunk	F121	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
b. Given respiratory vaccines less than 2 weeks prior to or at weaning	F122	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
c. Given respiratory vaccines more than 2 weeks prior to weaning	F123	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
d. Given modified live, not killed, respiratory vaccines	F124	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
e. Weaned 4-6 weeks before arrival at feedlot	F125	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
f. Weaned more than 6 weeks before arrival at feedlot	F126	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
g. Bull calves and/or bulls castrated at least 3 weeks prior to arrival at feedlot	F127	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
h. Non-polled cattle dehorned at least 3 weeks prior to arrival at feedlot <input type="checkbox"/> <sub>5</sub> Check if all cattle placed were naturally polled	F128	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
i. Treated for external or internal parasites	F129	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
j. Given antibiotics within 4 weeks prior to arrival at feedlot	F130	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>

**Initial Processing and Management at the Feedlot**

7. Were cattle assessed for their risk for bovine respiratory disease when they arrived at this feedlot and initial processing protocols modified based on this assessment?	F131	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
---	------	--

**[If Question 7 = No, SKIP to Question 9]**

8. How important were the following factors when making this risk assessment?

		Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
a. Long shipping distance	F132	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Arrival weight class	F133	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Appearance of cattle at arrival	F134	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Respiratory disease in cattle previously received from same source	F135	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Presence of respiratory disease in some cattle in group	F136	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

NAHMS ID: \_\_\_\_\_

		Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
f. Whether cattle were commingled with other cattle prior to arrival	F137	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. Geographic origin of the cattle	F138	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. Lack of previous respiratory vaccination	F139	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. Lack of preconditioning/backgrounding	F140	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. Season of the year	F141	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. Weather at time of arrival at the feedlot	F142	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l. Experience of receiving crew	F143	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m. Breed of cattle	F144	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
n. History of prior antibiotic treatment	F145	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
o. Other (specify: _____ F146_Other)	F146	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

<p>9. Processing includes procedures such as vaccinations, tagging, implants, deworming, mineral or vitamin supplementation, castration, dehorning, and antibiotic administrations.</p> <p>Excluding cattle processed individually for treating illness, what proportion of cattle were processed as a group at, or within 4 weeks, of placement?</p>	F147	<input type="checkbox"/> <sub>1</sub> None <input type="checkbox"/> <sub>2</sub> Some <input type="checkbox"/> <sub>3</sub> Most <input type="checkbox"/> <sub>4</sub> All
<p>a. Was the proportion of cattle processed as a group in calendar year 2020 different than the proportion of cattle processed as a group in calendar year 2019 due to COVID-19 or its effects?</p>	F847	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
<p><b>[If Question 9a = No or DK, SKIP to Question 10]</b></p>		
<p>b. Was the proportion of cattle processed as a group in calendar year 2020 more or less compared to the proportion of cattle processed as a group in calendar year 2019 due to COVID-19 or its effects?</p>	F848	<input type="checkbox"/> <sub>1</sub> More than 2019 <input type="checkbox"/> <sub>3</sub> Less than 2019

**[If Question 9 = None, then SKIP to Question 15]**

10. What proportion of cattle that were initially processed as a group (Question 9) were initially processed during the following time periods?

		None	Some	Most	All	DK
a. Less than 1 day after arrival	F148	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
b. 1 to 3 day(s) after arrival	F149	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
c. 4 to 13 days after arrival	F150	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
d. 14 to 28 days after arrival	F151	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>

NAHMS ID: \_\_\_\_\_

11. When cattle were initially processed as a group at placement, what proportion of the cattle initially processed as a group (Question 9) had the following procedures performed? Select none, some, most, all, or DK for “don’t know”. Answer for all cattle of all weight classes at arrival.

[Refer to Reference Card 2 (Vaccine Examples) for examples of common trade names of vaccines. For combination products, enter information into all relevant rows]

		None	Some	Most	All	DK
<b>Vaccinations</b>						
a. Vaccination against bovine viral diarrhea (BVD)	F153	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
b. Vaccination against clostridial diseases (e.g., blackleg)	F154	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
c. Vaccination against tetanus	F155	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
d. Vaccination against <i>Moraxella</i> (pinkeye)	F156	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
e. Vaccination against any respiratory diseases	F157	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
<b>[If Question 11e = none, SKIP to Other Procedures 11i]</b>						
f. Injectable vaccination against viral respiratory disease	F158	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
g. Intranasal vaccination against viral respiratory disease	F159	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
h. Vaccination against bacterial respiratory disease due to <i>Mannheimia</i> and/or <i>Pasteurella</i>	F160	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
<b>Other procedures</b>						
i. Testing for bovine viral diarrhea (BVD) infection	F161	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
j. Implantation	F162	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
k. Administration of a parasiticide	F163	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
l. Administration of an immunostimulant (e.g., Zelnate™)	F164	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
m. Individual weighing of the animal	F165	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
n. Taking the temperature of the animal	F166	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
o. Listening to lungs with stethoscope	F167	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
p. Administration of injectable antibiotic	F168	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
q. Administration of vitamin and/or mineral injection	F169	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
r. Other procedure (specify: _____ _____F170_Other)	F170	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8

12. Did group processing procedures in calendar year 2020 change when compared to those carried out in calendar year 2019 due to COVID-19 or its effects? F853

1 Yes 3 No 8 DK

**[If Question 12 = No or DK, SKIP to Question 14]**

13. Please describe changes to group processing procedures in calendar year 2020 due to COVID-19 or its effects below: F854

NAHMS ID: \_\_\_\_\_

14. Continue to select none, some, most, all, NA for “Not Applicable” (if cattle of the given subgroup are not placed or are not initially processed as a group), or DK for “Don’t Know” for these questions about subgroups of cattle.

	None	Some	Most	All	DK	NA
a. For heifers, what proportion had a pregnancy check at arrival? F171	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 7
<b>[If Question 14a = NA, SKIP to Question 14c]</b>						
b. For heifers, what proportion were administered an abortifacient such as prostaglandin at arrival? F172	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8	
c. For bulls and bull calves, what proportion arrived at the feedlot uncastrated? F173	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 7
d. What proportion of cattle arrived at the feedlot with horns? F174	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8	
<b>[If Question 14d = None or NA, SKIP to Question 15]</b>						
e. What proportion of horned cattle were dehorned at the feedlot? F175	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8	
f. What proportion of horned cattle were tipped at the feedlot? F176	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8	

15. How frequently did you conduct pen-riding or walking procedures for:

	Less than once a day	Once a day	Twice a day	More than twice a day	No standard procedure
a. New arrivals (at feedlot less than 15 days)? F177	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Animals at feedlot 15 to 29 days? F178	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Animals at feedlot 30 days or more? F179	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

16. Were the following used to mitigate weather-related stress on this feedlot?

a. Shade/shelter	F180	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 8 DK
b. Sprinklers, misters, and/or water trucks	F181	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 8 DK
c. Wind breaks	F182	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 8 DK
d. Building mounds	F183	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 8 DK
e. Feed additives, such as yeast, essential oils, or pepper extract	F184	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 8 DK
f. Other (specify: _____, F185_Other)	F185	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No

NAHMS ID: \_\_\_\_\_

**Disease Conditions**

17. What percentage of all placed cattle of the following arrival weight classes were **affected** with bovine respiratory disease (BRD) in 2020? What percentage of all placed cattle of the following arrival weight classes **died** due to bovine respiratory disease during this time period?

*[If it is not possible to estimate these percentages stratified by weight classes, enter DK for Don't Know and complete the cattle of all arrival weight classes row. If it is not possible to estimate the percentage for all arrival weight classes, enter DK for Don't Know]*

		Affected	Died
a. Cattle less than 400 lb at arrival	F186/F190	%	%
b. Cattle 400 to 699 lb at arrival	F187/F191	%	%
c. Cattle 700 lb or greater at arrival	F188/F192	%	%
<b>OR</b>			
d. Cattle of all arrival weight classes	F189/F193	%	%

18. Did the overall percentage of cattle on this feedlot affected with BRD in calendar year 2020 differ from the percentage of cattle that were affected with BRD in calendar year 2019 due to COVID-19 or its effects?	F886	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
---	------	---

**[If Question 18 = No or DK, SKIP to Question 20]**

19. Was the overall percentage of cattle on this feedlot affected with BRD in calendar year 2020 higher or lower compared to the percentage of cattle that were affected with BRD in calendar year 2019 due to COVID-19 or its effects?	F887	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019
---	------	---

20. What percentage of cattle developed the following conditions in 2020? If you are not familiar with the condition or do not think you can provide an accurate estimate of the percentage of cattle that developed it, answer DK.

*[Refer to Reference Card 3 (Disease Conditions other than BRD) for the list of disease conditions]*

a. Acute interstitial pneumonia (i.e., AIP, dust pneumonia, atypical pneumonia)	F198	%	<input type="checkbox"/> -8 DK
b. Bloat	F199	%	<input type="checkbox"/> -8 DK
c. Other digestive disorders excluding bloat (e.g., coccidiosis, diarrhea)	F200	%	<input type="checkbox"/> -8 DK
d. Footrot (infectious pododermatitis)	F201	%	<input type="checkbox"/> -8 DK
e. Hairy heel wart (papillomatous digital dermatitis)	F202	%	<input type="checkbox"/> -8 DK
f. Central nervous system (CNS) disease (e.g., polio, listeriosis, "brainers")	F203	%	<input type="checkbox"/> -8 DK
g. Pinkeye	F204	%	<input type="checkbox"/> -8 DK
h. Cardiovascular disease (e.g., heart failure, brisket disease)	F205	%	<input type="checkbox"/> -8 DK
i. Fatigued cattle syndrome	F206	%	<input type="checkbox"/> -8 DK
j. Other (specify: _____ F207_Other)	F207	%	

21. Did the overall percentage of cattle on this feedlot affected with any of the conditions below in calendar year 2020 differ from the percentage of cattle that were affected with those conditions in calendar year 2019 due to COVID-19 or its effects?

If yes, was the overall percentage of cattle on this feedlot affected with the condition in calendar year 2020 higher or lower compared to the percentage of cattle that were affected with the condition in calendar year 2019 due to COVID-19 or its effects?

*[Refer to Reference Card 3 (Disease Conditions) for the list of disease conditions]*

Condition	Percentage in 2020 different from 2019 due to COVID-19?	If yes, higher or lower than 2019?
a. Acute interstitial pneumonia (i.e., AIP, dust pneumonia, atypical pneumonia) <span style="float: right;">F888/F898</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019
b. Bloat <span style="float: right;">F889/F899</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019
c. Other digestive disorders excluding bloat (e.g., coccidiosis, diarrhea) <span style="float: right;">F890/F900</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019
d. Footrot (infectious pododermatitis) <span style="float: right;">F891/F901</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019
e. Hairy heel wart (papillomatous digital dermatitis) <span style="float: right;">F892/F902</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019
f. Central nervous system (CNS) disease (e.g., polio, listeriosis, "brainers") <span style="float: right;">F893/F903</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019
g. Pinkeye <span style="float: right;">F894/F904</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019
h. Cardiovascular disease (e.g., heart failure, brisket disease) <span style="float: right;">F895/F905</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019
i. Fatigued cattle syndrome <span style="float: right;">F896/F906</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019
j. Other (specify: _____ <span style="float: right;">F897_Other</span> ) <span style="float: right;">F897/F907</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Higher than 2019 <input type="checkbox"/> <sub>3</sub> Lower than 2019

22. When cattle died on this feedlot, what proportion of cattle had a post-mortem examination (i.e., necropsy) performed? <span style="float: right;">F211</span>	<b>None</b>	<b>Some</b>	<b>Most</b>	<b>All</b>	<b>DK</b>
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>

NAHMS ID: \_\_\_\_\_

23. Are the following given to sick cattle as part of the **initial course** of treatment for:

Treatment	Bovine respiratory disease	Digestive disorders other than bloat (e.g., coccidiosis, diarrhea)	Footrot	Pinkeye
If no disease, SKIP column F212/F226/F239/F252	<input type="checkbox"/> No BRD	<input type="checkbox"/> No digestive disorders	<input type="checkbox"/> No footrot	<input type="checkbox"/> No pinkeye
a. Injectable antibiotic? F213/F227/F240/F253	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
b. Bolus-dosed oral antibiotic? F214/F228/F241/F254	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
c. In feed antibiotic? F215/F229	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK		
d. Topical antibiotic? F242/F255			<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
e. Respiratory vaccine? F216	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK			
f. Corticosteroid (e.g., Dexium®)? F217/F230/F243/F256	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
g. Nonsteroidal anti-inflammatory (e.g., Banamine®, aspirin)? F218/F231/F244/F257	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
h. Antihistamine? F219/F232/F245/F258	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
i. Vitamin B injection? F220/F233/F246/F259	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
j. Vitamin C injection? F221/F234/F247/F260	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
k. Immunostimulant (e.g., Zelnate™)? F222/F235/F248/F261	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
l. Injectable mineral supplement (e.g., MultiMin®)? F223/F236/F249/F262	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
m. Probiotic paste? F224/F237/F250/F263	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
n. Other? (specify: _____) F225/F238/F251/F264 F225_Other/ F238_Other/ F251_Other/ F264_Other	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK

24. Were there separate pens to house sick cattle (e.g., hospital pens)? F265	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
--	---

**[If Question 24 = No or DK, SKIP to Question 26]**

NAHMS ID: \_\_\_\_\_

25. Were the following resources provided to cattle in the hospital pen? Answer none of the time, some of the time (as needed), or all of the time.

		None of the time	Some of the time	All of the time	DK
a. Wind breaks	F266	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
b. Shade	F267	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
c. Sprinklers/misters to keep cattle cool	F268	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
d. Additional bedding (e.g., straw) compared to home pen	F269	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
e. Additional hay to eat compared to home pen	F270	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
f. Increased waterer/bunk space per animal compared to home pen	F271	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
g. Increased observation/surveillance compared to home pen	F272	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
h. Dust control	F273	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
i. Other (specify: _____, F274_Other)	F274	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8

26. Did you receive information from slaughter facilities about the percentage of cattle from this feedlot affected with liver abscesses resulting in condemnation of livers?	F275	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 8 DK
---	------	--

**[If Question 26 = No or DK, SKIP to Question 28]**

27. Approximately what percentage of slaughtered cattle of the following types had liver condemnations due to liver abscesses?

	Placed on this feedlot?		Percentage with liver condemnations?		
a. Beef breed cattle given in-feed antibiotics to control liver abscesses	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	If No, SKIP to 27b If Yes →	%	<input type="checkbox"/> -8 DK	F276/F280
b. Dairy or dairy cross breed cattle given in-feed antibiotics to control liver abscesses	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	If No, SKIP to 27c If Yes →	%	<input type="checkbox"/> -8 DK	F277/F281
c. Beef breed cattle NOT given in-feed antibiotics to control liver abscesses	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	If No, SKIP to 27d If Yes →	%	<input type="checkbox"/> -8 DK	F278/F282
d. Dairy or dairy cross breed cattle NOT given in-feed antibiotics to control liver abscesses	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No	If No, SKIP to 28 If Yes →	%	<input type="checkbox"/> -8 DK	F279/F283

28. Did the rate of death loss in late-fed cattle in this feedlot in calendar year 2020 differ from the rate of death loss in late-fed cattle in calendar year 2019 due to COVID-19 or its effects?	F908	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No <input type="checkbox"/> 8 DK
<b>[If Question 28 = No or DK, SKIP to Question 30]</b>		
29. Was the rate of death loss in late-fed cattle in this feedlot in calendar year 2020 higher or lower compared to the rate of death loss in late-fed cattle in calendar year 2019 due to COVID-19 or its effects?	F909	<input type="checkbox"/> 1 Higher than 2019 <input type="checkbox"/> 3 Lower than 2019

NAHMS ID: \_\_\_\_\_

30. More generally, over the past 5 years, has there been an increase in death loss in late-fed cattle on this feedlot (i.e., cattle fed 100 days or more)?	F284	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
---	------	---

**[If Question 30 = No or DK, SKIP to Section B]**

31. Were the following associated with this increased late-fed death loss?

a. Acute interstitial pneumonia (i.e., dust pneumonia, atypical pneumonia)	F285	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
b. Bovine respiratory disease, excluding acute interstitial pneumonia	F286	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
c. Injury (e.g., downers, fractures)	F287	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
d. Fatigued cattle syndrome	F288	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
e. Heart failure	F289	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
f. Bloat	F291	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
g. Other (specify: _____, F290_Other)	F290	<input type="checkbox"/> <sub>1</sub> Yes

## Section B—Antibiotic Use

1. Were <b>any</b> antibiotics used in cattle on this feedlot (all forms; e.g., injectable, bolus-dosed, in feed, and/or in water) in 2020?	F300	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
---	------	---

**[If Question 1 = No or DK, SKIP to Section C]**

### Injectable and Bolus-Dosed Antibiotic Use

2. Were injectable or bolus-dosed antibiotics used on this feedlot?	F301	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
---	------	---

**[If Question 2 = No or DK, SKIP to Question 11.a]**

3. How important were the following factors in the selection of injectable and bolus-dosed antibiotics?

		Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
a. Veterinarian recommendations	F302	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Other producers' recommendations	F303	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Laboratory test results	F304	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Drug company advertisement	F305	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Personal experience (past response rates)	F306	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. Cost of antibiotic	F307	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

NAHMS ID: \_\_\_\_\_

		Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
g. Approved route by which antibiotic is given	F308	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. Duration of action (e.g., only needs to be given once)	F309	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. Drug withdrawal time	F310	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. Over the counter availability (i.e., no prescription required)	F311	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. Other (specify _____, F312_Other)	F312	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

<p>4. For this question, <b>individual treatment</b> is defined as the administration of antibiotics only to those cattle identified to be sick.</p> <p>Were cattle administered <b>injectable or bolus-dosed antibiotics</b> for the <b>individual treatment of bovine respiratory disease (BRD)</b>? <span style="float: right;">F313</span></p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
--	---

**[If Question 4 = No or DK, SKIP to Question 7]**

<p>5. For this question, consider only the cattle that you identified in Section A, Question 17; Page 7, to be <b>affected with BRD</b>. For each of the following <b>injectable or bolus-dosed antibiotics</b>, what percentage of these cattle were <b>individually treated for BRD</b> with this antibiotic for their initial treatment?  <i>[Write in DK if the estimate is unknown. Refer to Reference Card 4 (Antibiotics Given via Injection or Bolus)]</i></p>	
Active ingredient name (Trade name examples)	% all sick cattle
a. Tilmicosin (Micotil®)	F314
b. Gamithromycin (Zactran®)	F315
c. Tulathromycin (Draxxin®)	F316
d. Tylosin (Tylan® 200)	F317
e. Tildipirosin (Zuprevo®)	F318
f. Florfenicol (Nuflor®)	F319
g. Florfenicol w/ flunixin meglumine (Resflor Gold®)	F320
h. Enrofloxacin (Baytril®)	F321
i. Danofloxacin (Advocin™)	F322
j. Ceftiofur (Naxcel®, Excenel®, Excede®)	F323
k. Oxytetracycline (LA-200®, BioMycin®)	F324
l. Penicillin (Aquacillin™, Penicillin G Procaine)	F325
m. Ampicillin (Polyflex®)	F326
n. Sulfadimethoxine (Albon® Injection)	F327
o. Sulfadimethoxine (Albon® Bolus)	F328
p. Sulfamethazine (Sustain III® Bolus, Supra Sulfa® III)	F329

NAHMS ID: \_\_\_\_\_

6. Of the sick cattle described in Question B5 that were initially treated for BRD, what percentage:  
*[Write DK if unknown]*

		% all sick cattle
a. Responded and recovered?	F330	
b. Died or were euthanized?	F331	
c. Were considered chronics and marketed early?	F332	
d. Did not respond and were re-treated?	F333	

7. For this question, <b>GROUP</b> administration of antibiotics means that the majority of the pen was given an antibiotic at one time.		<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
Were cattle on your feedlot administered <b>injectable or bolus-dosed</b> antibiotics <b>as a GROUP</b> for the prevention, control, or treatment of <b>BRD</b> ?	F334	

**[If Question 7 = No or DK, SKIP to Question 9]**

8. For each of the following injectable or bolus-dosed antibiotics, what percentage of cattle were given this antibiotic **as a GROUP** for the prevention, control, or treatment of **BRD**?  
*[Answer by weight class at arrival if possible. If not, answer for all cattle overall. Write in DK if the estimate is unknown. Refer to Reference Card 4 (Antibiotics Given via Injection or Bolus)]*

Active ingredient name (Trade name examples)	Arrival Weight			% all cattle
	% cattle <400 lb	% cattle 400 - 699 lb	% cattle ≥700 lb	
a. Tilmicosin (Micotil®)	Fa335	Fb335	Fc335	F335
b. Gamithromycin (Zactran®)	Fa336	Fb336	Fc336	F336
c. Tulathromycin (Draxxin®)	Fa337	Fb337	Fc337	F337
d. Tylosin (Tylan® 200)	Fa338	Fb338	Fc338	F338
e. Tildipirosin (Zuprevo®)	Fa339	Fb339	Fc339	F339
f. Florfenicol (Nuflor®)	Fa340	Fb340	Fc340	F340
g. Florfenicol w/ flunixin meglumine (Resflor Gold®)	Fa341	Fb341	Fc341	F341
h. Enrofloxacin (Baytril®)	Fa342	Fb342	Fc342	F342
i. Danofloxacin (Advocin™)	Fa343	Fb343	Fc343	F343
j. Ceftiofur (Naxcel®, Excenel®, Excede®)	Fa344	Fb344	Fc344	F344
k. Oxytetracycline (LA-200®, BioMycin®)	Fa345	Fb345	Fc345	F345
l. Penicillin (Aquacillin™, Penicillin G Procaine)	Fa346	Fb346	Fc346	F346
m. Ampicillin (Polyflex®)	Fa347	Fb347	Fc347	F347
n. Sulfadimethoxine (Albon® Injection)	Fa348	Fb348	Fc348	F348
o. Sulfadimethoxine (Albon® Bolus)	Fa349	Fb349	Fc349	F349
p. Sulfamethazine (Sustain III® Bolus, Supra Sulfa® III)	Fa350	Fb350	Fc350	F350

OR

9. Were sick cattle on your feedlot administered <b>injectable or bolus-dosed antibiotics</b> for the <b>individual treatment</b> of conditions <b>other than BRD</b> ? <span style="float: right; font-size: small;">F351</span>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
---	---

**[If Question 9 = No or DK, SKIP to Question 11.a]**

10. For this question, consider only the cattle that you identified in Section A, Question 20; Page 7 to have developed the conditions in that question, also listed in the reason codes below. If an injectable or bolus-dosed antibiotic in the list below was used to individually treat cattle with these conditions, enter the reason code corresponding to the <b>most common reason</b> (primary reason) in the list that this antibiotic was used. <i>[Refer to Reference Cards 3 (Disease conditions other than BRD) and 4 (Antibiotics Given via Injection or Bolus)]</i>		
Active ingredient name (Trade name examples)	Reason Code	Reason Codes for Question 10
a. Tilmicosin (Micotil®) <span style="float: right; font-size: x-small;">F352</span>		<b>1</b> Acute Interstitial Pneumonia
b. Gamithromycin (Zactran®) <span style="float: right; font-size: x-small;">F353</span>		<b>2</b> Bloat
c. Tulathromycin (Draxxin®) <span style="float: right; font-size: x-small;">F354</span>		<b>3</b> Other digestive disorders
d. Tylosin (Tylan® 200) <span style="float: right; font-size: x-small;">F355</span>		<b>4</b> Footrot
e. Tildipirosin (Zuprevo®) <span style="float: right; font-size: x-small;">F356</span>		<b>5</b> Hairy heel warts
f. Florfenicol (Nuflor®) <span style="float: right; font-size: x-small;">F357</span>		<b>6</b> CNS disease
g. Florfenicol with flunixin meglumine (Resflor Gold®) <span style="float: right; font-size: x-small;">F358</span>		<b>7</b> Pinkeye
h. Ceftiofur (Naxcel®, Excenel®, Excede®) <span style="float: right; font-size: x-small;">F359</span>		<b>8</b> Cardiovascular disease
i. Oxytetracycline (LA-200®, BioMycin®) <span style="float: right; font-size: x-small;">F360</span>		<b>9</b> Fatigued cattle syndrome
j. Penicillin (Aquacillin™, Penicillin G Procaine) <span style="float: right; font-size: x-small;">F361</span>		<b>10</b> Other
k. Ampicillin (Polyflex®) <span style="float: right; font-size: x-small;">F362</span>		(specify: _____ F365_Other)
l. Sulfadimethoxine (Albon® Injection) <span style="float: right; font-size: x-small;">F363</span>		
m. Sulfadimethoxine (Albon® Bolus) <span style="float: right; font-size: x-small;">F364</span>		
n. Sulfamethazine (Sustain III® Bolus, Supra Sulfa® III) <span style="float: right; font-size: x-small;">F365</span>		

**Antibiotic Use in Feed**

11.a. Were <b>any</b> antibiotics that DO NOT require a veterinary feed directive (VFD) used in <b>feed</b> on this feedlot? <span style="float: right; font-size: x-small;">F366a</span>  Examples of antibiotics that DO NOT require a VFD include ionophores (e.g., Rumensin®, Monovet®, Bovatec®, and Cattlyst®), bambermycin, and bacitracin.	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
11.b. Were <b>any</b> antibiotics that DO require a VFD used in <b>feed</b> on this feedlot? <span style="float: right; font-size: x-small;">F366b</span>  Examples of antibiotics that DO require a VFD include chlortetracycline and tylosin.	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK

**[If Question 11.a AND 11b = No or DK, SKIP to Question 16  
 If Question 11.a = No or DK and Question 11.b = Yes, skip to Question 13  
 If Question 11.a = Yes and Question 11.b = No or DK, answer Question 12 then SKIP to Question 16]**

NAHMS ID: \_\_\_\_\_

12. For each of the following antibiotics that DO NOT require a VFD, what percentage of cattle overall received it in feed for any reason? If the antibiotic was used, designate up to 2 reason codes from the box below and the percentage of cattle that received it specifically for the reason(s). If the antibiotic was used for only one reason, leave the Reason Code II columns blank.  
*[Refer to Reference Card 5 (Antibiotics Given via Feed or Water)]*

Reason codes for Question 12	
1	Coccidiosis
2	Growth promotion/improved feed efficiency
3	Reduction in the incidence of liver abscesses
4	Other (specify: _____ (Fa367_Other-Fa369_Other) OR _____ Fc367_Other-Fc369_Other)

Active ingredient name (Trade name examples)	% cattle overall	Reason Code I	% cattle for Reason Code I	Reason Code II	% cattle for Reason Code II
a. Any ionophore (e.g., Rumensin®, Bovatec®)	F367	Fa367	Fb367	Fc367	Fd367
b. Bambermycin (Gainpro® 10)	F368	Fa368	Fb368	Fc368	Fd368
c. Bacitracin (BMD®, Bacifer®)	F369	Fa369	Fb369	Fc369	Fd369

13. This question asks about in-feed antibiotics that DO require a VFD used in cattle that were **less than 700 lb** at arrival. For each of the following antibiotics, what percentage of cattle **less than 700 lb** at arrival overall received it in feed for any reason? If the antibiotic was used, designate up to 2 reason codes from the box below and the percentage of cattle that received it specifically for the reason(s). If the antibiotic was used for only one reason, leave the Reason Code II columns blank.  
*[Refer to Reference Card 5 (Antibiotics Given via Feed or Water)]*

Reason codes for Question 13	
1	Reduction in the incidence of liver abscesses
2	Respiratory disease (e.g., bacterial pneumonia, shipping fever)
3	Gastrointestinal disease (e.g., bacterial enteritis [diarrhea])
4	Anaplasmosis
5	Other (specify: _____ (Fa370_Other-Fa376_Other) OR _____ Fa370_Other-Fa376_Other)

Active ingredient name (Trade name examples)	% cattle overall	Reason Code I	% cattle for Reason Code I	Reason Code II	% cattle for Reason Code II
a. Chlortetracycline (Aureomycin®, CTC)	F370	Fa370	Fb370	Fc370	Fd370
b. Oxytetracycline (Terramycin®, OTC)	F371	Fa371	Fb371	Fc371	Fd371
c. Chlortetracycline/Sulfamethazine (Aureo S 700®, Aureomix® S 700)	F372	Fa372	Fb372	Fc372	Fd372
d. Neomycin (Neomix)	F373	Fa373	Fb373	Fc373	Fd373
e. Tylosin (Tylan, Tylovet)	F374	Fa374	Fb374	Fc374	Fd374
f. Virginiamycin (Vmax)	F375	Fa375	Fb375	Fc375	Fd375
g. Tilmicosin (Pulmotil®, Tilmovet®)	F376	Fa376	Fb376	Fc376	Fd376

NAHMS ID: \_\_\_\_\_

14. This question asks about in-feed antibiotics that DO require a VFD used in cattle that were **700 lb or greater** at arrival. For each of the following antibiotics, what percentage of cattle **700 lb or greater** at arrival overall received it in feed for any reason? If the antibiotic was used, designate up to 2 reason codes from the box below and the percentage of cattle that received it specifically for the reason(s). If the antibiotic was used for only one reason, leave the Reason Code II columns blank.  
*[Refer to Reference Card 5 (Antibiotics Given via Feed or Water)]*

Reason codes for Question 14	
1	Reduction in the incidence of liver abscesses
2	Respiratory disease (e.g., bacterial pneumonia, shipping fever)
3	Gastrointestinal disease (e.g., bacterial enteritis [diarrhea])
4	Anaplasmosis
5	Other (specify: _____ (Fa377_Other-Fa383_Other)OR _____ Fc377_Other-Fc383_Other)

Active ingredient name (Trade name examples)	% cattle overall	Reason Code I	% cattle for Reason Code I	Reason Code II	% cattle for Reason Code II
a. Chlortetracycline (Aureomycin®, CTC)	F377	Fa377	Fb377	Fc377	Fd377
b. Oxytetracycline (Terramycin®, OTC)	F378	Fa378	Fb378	Fc378	Fd378
c. Chlortetracycline/Sulfamethazine (Aureo S 700®, Aureomix® S 700)	F379	Fa379	Fb379	Fc379	Fd379
d. Neomycin (Neomix)	F380	Fa380	Fb380	Fc380	Fd380
e. Tylosin (Tylan, Tylovet)	F381	Fa381	Fb381	Fc381	Fd381
f. Virginiamycin (Vmax)	F382	Fa382	Fb382	Fc382	Fd382
g. Tilmicosin (Pulmotil®, Tilmovet®)	F383	Fa383	Fb383	Fc383	Fd383

**[If Question 13.a and 14.a = 0, i.e. no chlortetracycline was used in feed, SKIP to Question 16. If chlortetracycline was used but reason code was NOT 2, SKIP to Question 16]**

15. In-feed chlortetracycline (10 mg/lb/day) is currently approved for use in cattle for 5 days to treat respiratory disease. If cattle do not respond to this pulse treatment, producers have the option to obtain a second VFD from a veterinarian to administer a second pulse, and so on.

	None	Some	Most	All	DK
When chlortetracycline was used in feed for the <b>treatment</b> of respiratory disease, what proportion of cattle received more than one pulse treatment?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>8</sub>
Answer None (0%), Some (50% or less), Most (more than 50%), or All (100%).	F384				

**Antibiotic Use in Water**

16. Were any antibiotics used <b>in water</b> on this feedlot?	F385	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
--	------	---

**[If Question 16 = No or DK, SKIP to Section C]**

NAHMS ID: \_\_\_\_\_

17. For each of the following **in-water antibiotics**, what percentage of cattle overall received it in water for any reason? If the antibiotic was used, designate up to 2 reason codes from the box below and the percentage of cattle that received it specifically for the reason(s).

*[Refer to Reference Card 5 (Antibiotics Given via Feed or Water)]*

Reason codes for Question 17	
1	Respiratory disease (e.g., bacterial pneumonia, shipping fever)
2	Gastrointestinal disease (e.g., bacterial enteritis [diarrhea])
3	Pinkeye
4	Footrot
5	Other (specify: _____ (Fa386_Other-Fa391_Other) OR _____ Fc386_Other-Fa391_Other)

Active ingredient name	% cattle overall	Reason Code I	% cattle for Reason Code I	Reason Code II	% cattle for Reason Code II
a. Chlortetracycline (Aureomycin®, CTC)	F386	Fa386	Fb386	Fc386	Fd386
b. Oxytetracycline (Terramycin®, OTC)	F387	Fa387	Fb387	Fc387	Fd387
c. Tetracycline (Duramycin, Tet-Sol)	F388	Fa388	Fb388	Fc388	Fd388
d. Sulfamethazine/sulfadimethoxine (Sulfasol)	F389	Fa389	Fb389	Fc389	Fd389
e. Neomycin (Neosol)	F390	Fa390	Fb390	Fc390	Fd390
f. Spectinomycin (Spectam, SpectoGard)	F391	Fa391	Fb391	Fc391	Fd391

## Section C—Nutrition

1. Of all cattle placed on feed, what percentage were ever given the following during the feeding period?

a. A coccidiostat other than an ionophore, such as amprolium (e.g., Corid®) or decoquinate (e.g., Deccox®)?	F400	%	<input type="checkbox"/> _8 DK
b. A beta-agonist (e.g., ractopamine)	F401	%	<input type="checkbox"/> _8 DK
c. Was the percentage of cattle fed a beta-agonist (e.g., ractopamine) in calendar year 2020 different than the percentage of cattle fed a beta-agonist in calendar year 2019 due to COVID-19 or its effects?	F800		<input type="checkbox"/> _1 Yes <input type="checkbox"/> _3 No <input type="checkbox"/> _8 DK
<b>[If Question 1c = No or DK, SKIP to Question 2]</b>			
d. Was the percentage of cattle fed a beta-agonist in calendar year 2020 more or less than the percentage of cattle fed a beta-agonist in calendar year 2019 due to COVID-19 or its effects?	F801		<input type="checkbox"/> _1 More than 2019 <input type="checkbox"/> _3 Less than 2019

2. Did this feedlot use the services of a nutritionist?	F402	<input type="checkbox"/> _1 Yes <input type="checkbox"/> _3 No <input type="checkbox"/> _8 DK
---	------	---

NAHMS ID: \_\_\_\_\_

3. Which of the following water sources were used for the cattle on this feedlot?

a. Ground water (well)	F403	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
b. Surface water (ponds, lakes, streams, water storage from river flows)	F404	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
c. Municipal water supply	F405	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK

4. Were any of the following feed additives used on this feedlot? If yes, which of the following were reasons they were included in the ration? [Check all that apply]

	Used on feedlot?	If used on feedlot, for what reason(s)					
		Improve growth rate and/or feed efficiency	Antibiotic Alternative	Bovine respiratory disease	Hoof health	Pre-harvest food safety	Reduce liver abscesses
a. Direct-fed microbial or probiotic (e.g., <i>Lactobacillus acidophilus</i> or yeast)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F406	<input type="checkbox"/> <sub>1</sub> Fa406	<input type="checkbox"/> <sub>2</sub> Fb406	<input type="checkbox"/> <sub>3</sub> Fc406	<input type="checkbox"/> <sub>4</sub> Fd406	<input type="checkbox"/> <sub>5</sub> Fe406	<input type="checkbox"/> <sub>6</sub> Ff406
b. Yeast fermentation products	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F407	<input type="checkbox"/> <sub>1</sub> Fa407	<input type="checkbox"/> <sub>2</sub> Fb407	<input type="checkbox"/> <sub>3</sub> Fc407	<input type="checkbox"/> <sub>4</sub> Fd407	<input type="checkbox"/> <sub>5</sub> Fe407	<input type="checkbox"/> <sub>6</sub> Ff407
c. Prebiotics (e.g., mannan-oligosaccharides)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F408	<input type="checkbox"/> <sub>1</sub> Fa408	<input type="checkbox"/> <sub>2</sub> Fb408	<input type="checkbox"/> <sub>3</sub> Fc408	<input type="checkbox"/> <sub>4</sub> Fd408	<input type="checkbox"/> <sub>5</sub> Fe408	<input type="checkbox"/> <sub>6</sub> Ff408
d. Vitamin supplements	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F409	<input type="checkbox"/> <sub>1</sub> Fa409	<input type="checkbox"/> <sub>2</sub> Fb409	<input type="checkbox"/> <sub>3</sub> Fc409	<input type="checkbox"/> <sub>4</sub> Fd409	<input type="checkbox"/> <sub>5</sub> Fe409	<input type="checkbox"/> <sub>6</sub> Ff409
e. Organic mineral supplements	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F410	<input type="checkbox"/> <sub>1</sub> Fa410	<input type="checkbox"/> <sub>2</sub> Fb410	<input type="checkbox"/> <sub>3</sub> Fc410	<input type="checkbox"/> <sub>4</sub> Fd410	<input type="checkbox"/> <sub>5</sub> Fe410	<input type="checkbox"/> <sub>6</sub> Ff410
f. Inorganic mineral supplements	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F411	<input type="checkbox"/> <sub>1</sub> Fa411	<input type="checkbox"/> <sub>2</sub> Fb411	<input type="checkbox"/> <sub>3</sub> Fc411	<input type="checkbox"/> <sub>4</sub> Fd411	<input type="checkbox"/> <sub>5</sub> Fe411	<input type="checkbox"/> <sub>6</sub> Ff411
g. Enzymes	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F412	<input type="checkbox"/> <sub>1</sub> Fa412	<input type="checkbox"/> <sub>2</sub> Fb412	<input type="checkbox"/> <sub>3</sub> Fc412	<input type="checkbox"/> <sub>4</sub> Fd412	<input type="checkbox"/> <sub>5</sub> Fe412	<input type="checkbox"/> <sub>6</sub> Ff412
h. Essential oils and plant-derived products (e.g., yucca extract)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F413	<input type="checkbox"/> <sub>1</sub> Fa413	<input type="checkbox"/> <sub>2</sub> Fb413	<input type="checkbox"/> <sub>3</sub> Fc413	<input type="checkbox"/> <sub>4</sub> Fd413	<input type="checkbox"/> <sub>5</sub> Fe413	<input type="checkbox"/> <sub>6</sub> Ff413
5. Other (specify: _____)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No F414	<input type="checkbox"/> <sub>1</sub> Fa414	<input type="checkbox"/> <sub>2</sub> Fb414	<input type="checkbox"/> <sub>3</sub> Fc414	<input type="checkbox"/> <sub>4</sub> Fd414	<input type="checkbox"/> <sub>5</sub> Fe414	<input type="checkbox"/> <sub>6</sub> Ff414

## Section D—Biosecurity

1. Were the following practices used on this feedlot?

a. Control access for visitors entering animal areas	F500	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> No visitors
b. Restrict access of visitors onto the feedlot premises	F804	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> No visitors
c. Disposable or clean boots for visitors entering animal areas	F501	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> No visitors
d. Footbaths for visitors entering animal areas	F502	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> No visitors
e. Control access for vehicles entering animal areas	F503	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> No vehicles
f. Restrict access of vehicles onto the feedlot premises	F805	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> No vehicles
g. Restrict movement of horses onto the feedlot premises	F504	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> No horses
h. Did any of these practices change in calendar year 2020 due to COVID-19 or its effects?	F806	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK

**[If Question 1h = No or DK, then SKIP to Question 2]**

i. Please describe changes to the above biosecurity practices in 2020 due to COVID-19 or its effects below: F807

2. Were the following practices used on this feedlot?

a. Insect control	F505	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
b. Rodent control	F506	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
c. Bird control	F507	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
d. Have dead cattle picked up at edge of property	F508	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
e. Compost deads on site	F509	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No

3. Did this feedlot have a written or electronic biosecurity plan? F510 <sub>1</sub> Yes <sub>3</sub> No <sub>8</sub> DK

4. Does this feedlot have a shared fenceline with another operation such that there could be nose to nose contact with other cattle, bison or other domestic ruminants? F511 <sub>1</sub> Yes <sub>3</sub> No <sub>8</sub> DK

**[If Question 4 = YES, then SKIP to Question 6]**

5. How close, to the nearest ½ mile, is this feedlot to another operation with cattle, bison, or other domestic ruminants? F512 miles

Number of employees

6. How many employees directly involved in cattle care did this feedlot have on average in 2020? F513

**[If Question 6 = 0, SKIP to Question 8]**

7. Did employees of this feedlot...

a. Have contact with cattle, bison, or other ruminants on other operations?	F514	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK
b. Own cattle, bison, or other ruminants at another location?	F515	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub> DK

NAHMS ID: \_\_\_\_\_

8. Did cattle stay in the same pen during the entire feeding period?	F516	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>8</sub>
--	------	--

**[If Question 8 = YES or DK, then SKIP to Question 10]**

		Number
9. How many times were cattle re-sorted during the feeding period?	F517	

10. How familiar are you with the Secure Beef Supply Plan? *[Check one only]* F518

<input type="checkbox"/> <sub>1</sub> Very familiar
<input type="checkbox"/> <sub>2</sub> Somewhat familiar
<input type="checkbox"/> <sub>3</sub> Heard of name only
<input type="checkbox"/> <sub>4</sub> Not familiar

**[If the operation is in the state of California, continue to Question 11; Otherwise, SKIP to Section E]**

<p>11. Do you agree to allow USDA-APHIS-NAHMS staff to share aggregate data collected in the NAHMS Health Management on U.S. Feedlots 2021 study from California cattle feedlots with California Department of Food and Agriculture (CDFA) for the purposes of fulfilling the reporting requirements (see California Food and Agriculture Codes 14400-14408) for the State of California in monitoring antimicrobial use and management practices in livestock? This is one way to efficiently collect information in only one survey and be used for two purposes while maintaining the strong data protections allowed by both USDA-NASS and USDA-APHIS-NAHMS. The purpose of this sharing is for monitoring and educational, not regulatory purposes. Only aggregate (summary) data, not individual data, will be shared with CDFA. The identity of the Producer will be withheld.</p> <p><i>[Refer to Reference Card 6 (Informed Consent For Feedlots In The State Of California) for more information]</i></p>	<p><input type="checkbox"/><sub>1</sub> Yes <input type="checkbox"/><sub>3</sub> No</p> <p>F519</p>
---	---

**Thank you for your help in completing this survey. Please feel free to use this space or the back of this questionnaire to communicate comments about the survey or any other information about health management on your feedlot that you think is relevant, including any information about the impact of COVID-19 on the operations of the feedlot.**

Comments (fcmnts) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAHMS ID: \_\_\_\_\_

### Section E—Office Use Only

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

1. Total time for interview [include time to discuss the program and complete the questionnaire] ..... Time\_interview \_\_\_\_\_ min
2. Total travel time [round trip] ..... Time\_travel \_\_\_\_\_ min
3. Data collector(s) (Enter the number for each category.)  
\_\_\_\_\_ Federal VMO    \_\_\_\_\_ Other (specify in margin)    VFED/VOTH  
\_\_\_\_\_ State VMO    \_\_\_\_\_ VST
4. Enter response code 99 if questionnaire is completed or enter one code of 00 through 07 that best describes the reason why the owner is not participating ..... Response\_code \_\_\_\_\_ code

- 99 = Survey completed
- 00 = Producer not contacted by VMO
- 01 = Poor time of year to contact or no time available to participate
- 02 = Doesn't want anyone on operation
- 03 = Bad experience with government veterinarian(s)
- 04 = Doesn't want to do another survey or divulge information
- 05 = Told NASS they didn't want to be contacted by VS
- 06 = Ineligible (no longer in operation)
- 07 = Other (explain in the comments section below)

5. Which of the following best describes the respondent's position with this operation? ..... Respondent\_role \_\_\_\_\_ code  
1 = Owner  
2 = Manager  
3 = Family member (other than owner or manager)  
4 = Other hired employee (non-veterinarian)  
5 = Veterinarian on staff (e.g., company veterinarian)  
6 = Herd veterinarian or other veterinarian  
7 = Other (specify: \_\_\_\_\_)

6. Producer data quality ..... PDQ    1 Good to excellent    2 OK    3 Poor

7. Comments regarding this questionnaire or operation: Final\_Comments

VMO signature: \_\_\_\_\_ VMO\_signature

#### TO BE COMPLETED BY COORDINATOR:

8. Field data quality ..... FDQ    1 Good to excellent    2 OK    3 Poor

NAHMS ID: \_\_\_\_\_

## REFERENCE CARD 1: Paperwork Reduction Act

<p>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 control number for this information collection is 0579-0079. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.</p>	<p><b>OMB Approved</b> 0579-0079 EXP: 04/2023</p>
<p><b>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES NATIONAL ANIMAL HEALTH MONITORING SYSTEM 2150 CENTRE AVE, BLDG B FORT COLLINS, CO 80526</b></p>	<p><b>HEALTH MANAGEMENT ON U.S. FEEDLOTS 2021 PHASE 2 QUESTIONNAIRE</b></p>

## REFERENCE CARD 2: Vaccine Examples

[For use with Phase 2 questionnaire, Section A, Question 11]

Type of Vaccine	Example trade names
Injectable vaccines against BVD and/or viral respiratory disease (e.g., IBR, BVD, PI3, BRSV)	Boehringer Ingelheim Elite, Express, Prism, Pyramid, Triangle Colorado Serum Pre-Breed, Respira Elanco Master Guard, Titanium, Vira Shield Merck Vista Texas Vet Lab Multi-Vac 3L, Super Poly-Bac B Zoetis Bovi-Shield 4, GOLD, and IBR, Cattle Master, One Shot BVD or Ultra 7, PregGuard GOLD FP 10, Resvac 4/Somubac
Intranasal vaccines against BVD and/or viral respiratory disease (e.g., IBR, BVD, PI3, BRSV)	Zoetis Inforce 3, TSV-2 Merck Nasalgen IP
Vaccines against bacterial respiratory disease ( <i>Mannheimia haemolytica</i> and <i>Pasteurella multocida</i> )	AgriLabs Pulmo-Guard Boehringer Ingelheim Bar Somnus 2P, Presponse, Triangle 4 or 9 PH-K, Pyramid+Presponse, Bo-Bac 2X Colorado Serum Mannheimia Haemolytica-Pasteurella Multocida Bacterin Elanco Titanium PH-M, Nuplura PH, Vira Shield 6 +/- Somnus Durvet Durvac Past HM Immvac ENDOVAC Merck Vista Once SQ, Once PMH Texas Vet Lab Poly-Bac B or Super Poly-Bac B Zoetis Bovi-Shield GOLD One Shot, One Shot, One Shot Ultra
Vaccines against clostridial diseases	Boehringer Ingelheim Alpha 7 or CD, Bar-Vac., Caliber 3 or 7 Colorado Serum Essential Elanco Pili Shield + C, Clostri Shield, Scour Bos 9 Merck 20/20 Vision 7 with Spur, Cavalry 9, Covexin 8, Guardian, Vision 7, 8, CD, or DC-T with Spur, Piliguard Pinkeye + 7, Super-Tet with Havlogen Professional Biological Clostridium perfringens Type C&D Toxoid and Toxoid-Tetanus Toxoid Zoetis One Shot Ultra 7 or 8, Ultrabac 7, 8, or CD, UltraChoice 7, 8, or CD, ScourGuard 4KC
Vaccines against <i>Moraxella</i> (pinkeye)	AgriLabs I-Site XP, <i>Moraxella bovoculi</i> bacterin Addison Maxi/Guard Pinkeye Bacterin Boehringer Ingelheim Ocu-Guard-MB-1, Alpha7/MB-1 Elanco Pinkeye Shield XT4 Merck 20/20 Vision 7 with Spur, Piliguard Pinkeye+7, Piliguard Pinkeye-1 Trivalent Zoetis SolidBac Pinkeye IR/PR

**REFERENCE CARD 3: Disease Conditions other than BRD**

*[For use with Phase 2 questionnaire, Section A, Questions 20-21 and Section B, Question 10]*

<b>Code</b>	<b>Disease Condition</b>
1	Acute Interstitial Pneumonia (e.g., AIP, dust pneumonia, atypical pneumonia)
2	Bloat
3	Other digestive disorders (e.g., coccidiosis, diarrhea)
4	Footrot
5	Hairy heel wart
6	Central Nervous System disease (e.g., polio, listeriosis, "brainers")
7	Pinkeye
8	Cardiovascular disease (e.g., heart failure, brisket disease)
9	Fatigued cattle syndrome
10	Other

**REFERENCE CARD 4: Antibiotics Given via Injection or Bolus***[For use with Phase 2 questionnaire, Section B, Questions 5, 8, and 10]**Codes are provided for use in electronic questionnaire and are not necessary for paper-administered questionnaire*

<b>ANTIBIOTICS GIVEN VIA INJECTION OR BOLUS</b>		
<b>Code</b>	<b>Active Ingredient</b>	<b>Product Name</b>
1	Tilmicosin	Micotil
2	Gamithromycin	Zactran
3	Tulathromycin	Draxxin
4	Tylosin	Tylan 200
5	Tildipirosin	Zuprevo
6	Florfenicol	Nuflor
7	Florfenicol with Flunixin meglumine	Resflor Gold
8	Enrofloxacin*	Baytril
9	Danofloxacin*	Advocin
10	Ceftiofur	Naxcel, Excenel, Excede
11	Oxytetracycline	LA-200, BioMycin
12	Penicillin	Aquacillin, Penicillin G Procaine
13	Ampicillin	Polyflex
14	Sulfadimethoxine (injectable)	Albon Injection
15	Sulfadimethoxine (Bolus)	Albon Bolus
16	Sulfamethazine	Sustain III Bolus, Supra Sulfa

\*These antibiotics are labeled only for the treatment of bovine respiratory disease (BRD) associated with *Mannheimia haemolytica*, *Pasteurella multocida*, *Histophilus somni* and *Mycoplasma bovis* in beef and non-lactating dairy cattle and for the control of BRD in beef and non-lactating dairy cattle at high risk of developing BRD associated with *Mannheimia haemolytica*, *Pasteurella multocida*, *Histophilus somni* and *Mycoplasma bovis*, and their extra-label use is prohibited. Therefore, these antibiotics are not presented as options for Section B, Question 10 (individual treatment of conditions other than BRD).

## REFERENCE CARD 5: Antibiotics Given via Feed or Water

*[For use with Phase 2 questionnaire, Section B, Questions 12, 13, 14, 15, & 17]*

*Codes for antibiotics that don't require a veterinary feed directive (VFD) are not necessary for either the electronic questionnaire or the paper-administered questionnaire so are not provided*

<b>ANTIBIOTICS USED IN FEED THAT DO NOT REQUIRE A VFD</b>	
<b>Active Ingredient</b>	<b>Product Name</b>
Ionophore	Rumensin, Bovatec, Cattlyst
Bambermycin	Gainpro 10
Bacitracin	BMD, Baciferam

*Codes for VFD antibiotics and antibiotics used in water are provided for use in electronic questionnaire and are not necessary for paper-administered questionnaire*

<b>ANTIBIOTICS USED IN FEED THAT DO REQUIRE A VFD</b>		
<b>Code</b>	<b>Active Ingredient</b>	<b>Product Name</b>
1	Chlortetracycline	Aureomycin, CTC
2	Oxytetracycline	Terramycin, OTC
3	Chlortetracycline/Sulfamethazine	AS700, Aureo S 700, Aureomix S 700
4	Neomycin	Neomix
5	Tylosin	Tylan, Tylovet
6	Virginiamycin	Vmax
7	Tilmicosin	Pulmotil, Tilmovet

<b>ANTIBIOTICS USED IN WATER</b>		
<b>Code</b>	<b>Active Ingredient</b>	<b>Product Name</b>
1	Chlortetracycline	Aureomycin, Chloronex
2	Oxytetracycline	Terramycin, OTC
3	Tetracycline	Duramycin, Tet-Sol
4	Sulfamethazine / Sulfadimethoxine	Sulfasol
5	Neomycin	Neosol
6	Spectinomycin	Spectam, SpectoGard

NAHMS ID: \_\_\_\_\_

## **REFERENCE CARD 6: Informed Consent For Feedlots In The State Of California**

The U.S. Department of Agriculture's Animal and Plant Health Inspection Service (APHIS), the California Department of Food and Agriculture and the State of California, and the Producer hereby enter into this National Animal Health Monitoring System (NAHMS) Health Management on U.S. Feedlots 2021 INFORMED CONSENT, the terms of which are set forth below.

1. The California Department of Food and Agriculture (CDFA) is mandated by California Food and Agricultural Codes 14400-14408 to monitor antimicrobial use and management practices in livestock. The California Law furthermore directs that, when applicable, this information be gathered in coordination with NAHMS. The California Law stipulates that these data are collected in a voluntary manner. The collected data will be used for monitoring and educational, not regulatory, purposes.
2. Since the NAHMS Health Management on U.S. Feedlots 2021 study will include collection of data regarding antimicrobial use and health management in feedlot cattle in California, CDFA has requested that NAHMS share aggregate data collected in the NAHMS Health Management on U.S. Feedlots 2021 study from California cattle feedlots with them for the purposes of fulfilling California Food and Agricultural Codes 14400-14408.
3. Only aggregate (summary) data, not individual data, will be shared with CDFA. The identity of the Producer will be withheld. No individual responses will be shared or published.