



LIVESTOCK OPERATIONS REPORT

National Animal Health Monitoring System

2150 Centre Ave.,
Bldg. B
Fort Collins, CO 80526-8117

Animal and Plant Health Inspection Service

Form Approved
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NAHMS 260
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Veterinary Services

Please help us by completing this questionnaire and mailing it in the accompanying business reply envelope. Information requested in the survey is used to prepare estimates of selected agricultural commodities. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes in combination with similar reports from other producers. Response is **voluntary**.

Please make corrections to name, address and zip code, if necessary.

Section A – Livestock Inventory

Important: In this survey, the word "livestock" is meant to include cattle, poultry, goats, sheep, swine, horses, other equine, aquaculture and other farm animals raised for sale or home use.

1. What was the peak number of the following livestock or poultry on your operation during the last 12 months?

	None	Peak number on this operation at any one time in the last 12 months
a. Beef cattle.....	<input type="checkbox"/>	0001
b. Dairy cattle.....	<input type="checkbox"/>	0002
c. Swine.....	<input type="checkbox"/>	0003
d. Sheep.....	<input type="checkbox"/>	0004
e. Goats.....	<input type="checkbox"/>	0005
f. Chickens and other poultry.....	<input type="checkbox"/>	0006
g. Horses and other equine.....	<input type="checkbox"/>	0007
h. Bison.....	<input type="checkbox"/>	0008
i. Other livestock species (specify: _____).....	<input type="checkbox"/>	0009

If no livestock or poultry on this operation in the last 12 months, go to Section J, Conclusion.

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 is 0535-1. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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2. During the last 12 months, were any **new** livestock or poultry brought onto your operation?... 0010 1 Yes 3 No
3. During the last 12 months, were any livestock or poultry moved off and **returned** to your operation (e.g., taken to fair, bred elsewhere, etc.)? ... 0011 1 Yes 3 No

If you answered "No" to both items 2 and 3, go to Section B.

For the next two questions, "isolate" means to prevent nose-to-nose contact and to prevent the sharing of feed, drinking water, and equipment with other animals of the same species already present.

4. During the last 12 months, did you rarely, sometimes, or always isolate the new or returning animals for a period of time?

- 0012 Always. On average, how many days did you isolate new or returning animals? **days** (Skip to Section B)
- Sometimes. On average, how many days did you isolate new or returning animals? **days** (continue to next question)
- Rarely, or never (continue to next question)

5. Which of the following are reasons you sometimes or rarely isolate new or returning animals? (Check all that apply.)

- 0013 I do not have a separate enclosure or extra equipment for isolating animals
- 0139 I trust the source of the new animals, or the place from which the animals are returning
- 0140 I have inadequate labor or time to implement isolation
- 0141 I don't believe isolation is beneficial or prevents disease
- 0142 Other reasons (specify: _____)

Section B – Crop Inventory

1. Were any of the following crops grown on your operation during the last 12 months?

- a. Hay. 0014 1 Yes 3 No
- b. Wheat. 0015 1 Yes 3 No
- c. Corn, barley, oats, or rye. 0016 1 Yes 3 No
- d. Soybeans and other oil-bearing crops and/or oilseeds. 0017 1 Yes 3 No
- e. Tobacco. 0018 1 Yes 3 No
- f. Cotton and/or cotton seed. 0019 1 Yes 3 No
- g. Vegetables and/or melons. 0020 1 Yes 3 No
- h. Fruits, berries, and/or tree nuts. 0021 1 Yes 3 No
- i. Other crops? (specify: _____). 0022 1 Yes 3 No

Section D – Future Plans

1. Do you expect to continue farming over the next 5 years?

0042 **Yes, complete this column** ↓

No, complete this column ↓

		How Necessary?		
		Not	Somewhat	Very
a.	Stable cost of farm expenses 0044	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Improved prices you get for your products 0045	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Greater stability of prices for your products 0046	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Interest rates on debt remain low 0047	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Access to operating loans 0048	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Ability to find off-farm employment to supplement income 0049	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Other factors (specify: _____) 0050	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		How Important?		
		Not	Somewhat	Very
a.	Cost of farm expenses 0051	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Prices you get for your products 0052	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Instability of prices you get for your products 0053	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Access to markets 0054	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Interest rates on debt 0055	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Access to operating loans 0056	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Difficulty finding off-farm employment to supplement income 0057	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Lack of interest from future generations (no farm successor) 0058	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Opportunity to sell land for non-farm purpose (e.g., urban development, preservation project, etc.) 0059	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Burden of Government regulations 0060	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Other factors (specify: _____) 0061	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following best describes your plans after leaving farming? (**Check one only**)

0062 Retirement
 Change to a different job/career
 Other (specify: _____)

Section E – Resources

1. Do you use any of the following for slaughtering livestock or poultry (for home use or sale)?
- a. Mobile slaughter service that comes to your operation? 0065 1 Yes 3 No
- b. Live animals transported to the slaughter facility? 0066 1 Yes 3 No

If yes, what is the farthest one-way distance to the slaughter facility? miles

0067

2. Do you transport your animals or products to sell them? (e.g., to auction, other farms, fair, farmer's market, etc.) 0068 1 Yes 3 No

If yes, what is the farthest one-way distance you travel? miles

0069

3. Do you use any of the following to obtain feed for your livestock or poultry?
- a. Home grown feed? 0070 1 Yes 3 No
- b. Feed transported/shipped by supplier? 0071 1 Yes 3 No

If yes, what is the farthest one-way distance feed is transported? miles

0072

- c. Transport feed to operation myself. 0073 1 Yes 3 No

If yes, what is the farthest one-way distance you travel? miles

0074

4. Does anyone in your household, including yourself, earn income from an off-farm job?

- 0075 3 No - (Skip to Section F)
- 1 Yes - (Continue to next question)

5. What industry(s) do they or you work in? (Check all that apply.)

- | | |
|--|--|
| 0077 <input type="checkbox"/> Agriculture, forestry, fishing, hunting, or mining | 0169 <input type="checkbox"/> Wholesale trade, warehousing, utilities or transportation |
| 0164 <input type="checkbox"/> Construction | 0170 <input type="checkbox"/> Finance, insurance, real estate, and other professional services |
| 0165 <input type="checkbox"/> Manufacturing | 0171 <input type="checkbox"/> Recreation or tourism including eating and lodging |
| 0166 <input type="checkbox"/> Education services | 0172 <input type="checkbox"/> Retail trade or personal services |
| 0167 <input type="checkbox"/> Healthcare services | 0173 <input type="checkbox"/> Other (specify: _____) |
| 0168 <input type="checkbox"/> Other government services | |

6. What is the farthest one-way distance anyone in your household travels to their off-farm job? miles

0078

Section F – Use of Veterinarians

1. How many miles away is the nearest veterinarian that works with your type(s) of livestock or poultry (**Check one only**)?

- 0079 1 29 miles or less 4 300 miles or more
- 2 30 - 99 miles 5 No veterinarian available for my type of animals
- 3 100 - 299 miles 6 Don't know

2. In the last 12 months, did you use a veterinarian for your livestock or poultry? (e.g., treatment, consultation, health certificates, etc.)

- 0080 1 Yes - (Go to Section G)
- 3 No - (Continue to next question)

3. What were the reasons for **not** using a veterinarian? (Check all that apply.)

- 0081 Too expensive
- 0160 No veterinarian available in my area or veterinarian too far away
- 0161 I provide my own health care for my animals
- 0162 No disease or other need for veterinarian
- 0163 Other reasons (specify: _____)

Section G – General Management

1. In the last 12 months, have you used natural or alternative medicine such as holistic, herbal or homeopathic treatments for your livestock or poultry?(e.g., garlic for parasites, echinacea, chiropractic, acupuncture, etc.)
 0083 No
 Yes - (specify: _____)

2. In the last 12 months, did your livestock or poultry ever share a pasture at the same time with livestock or poultry from other operations? 0084 Yes No

3. Do you have a fence around the entire perimeter of your livestock or poultry area that keeps out animals from other operations?
 0085 No (Go to Item 5)
 Yes (Continue to next question)

4. Is there anywhere along this perimeter that your livestock or poultry has nose-to-nose contact with the same-species of livestock from other operations? 0087 Yes No

5. If you had livestock or poultry on your operation you suspected of having a foreign animal disease (a disease not known to be present in the United States, such as foot-and-mouth disease or exotic Newcastle disease, etc.) how likely are you to directly contact the following resources?

	Not Likely	Somewhat Likely	Very Likely
a. Extension agent/university. 0088	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. State Veterinarian's office. 0089	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. U.S. Department of Agriculture. 0090	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Private veterinarian. 0091	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify: _____) 0092	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section H – Federal Livestock and Poultry Compensation

Both USDA and State Veterinarians are responsible for controlling a specific set of regulated diseases, such as tuberculosis, brucellosis, pseudorabies, exotic Newcastle disease, etc. If it is determined that a herd or flock is infected and must be removed and euthanized to prevent disease spread of these regulated diseases, Federal law provides compensation (indemnity) to the producer based upon "fair-market value" of the animals lost.

1. Have you previously heard of Federal compensation (indemnity) as described above? 0094 Yes No

The next questions in this section ask for **your opinion** about how the Federal government should compensate farmers for animals removed or euthanized to prevent disease spread.

2. In your opinion, which of the following should be used to determine the fair-market value for a production animal removed or euthanized to prevent the spread of a regulated disease? (Check one only.)
 0095 The market price of healthy young breeding replacement stock
 The market price of healthy animals of similar age, weight, and purpose on a similar farm
 The current market price of a cull animal

For the next question, “*infectious disease management*” is defined as: Management practices that reduce the chance that infectious disease will be carried onto the farm by animals or people.

3. Which of the following statements do you agree with more? (Check one only.)

- 0096 The government should take into account a livestock owner’s infectious disease management practices when determining compensation.
 The government should pay full compensation regardless of a livestock owner's infectious disease management practices

Section I – Your Operation

1. Please rate the importance to you of the following reasons for farming:

How Important?

- | | | | | |
|--|------|------------------------------|-----------------------------------|-------------------------------|
| a. Family tradition/heritage. | 0138 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| b. Maintain farm for future generations. | 0101 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| c. Source of income | 0102 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| d. Tax benefits. | 0103 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| e. Products for personal consumption. | 0104 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| f. Lifestyle. | 0105 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| g. Other reasons for farming (specify: _____) | 0106 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |

2. How useful would additional training be to you and your farm business in the following areas?

How Useful?

- | | | | | |
|---|------|------------------------------|-----------------------------------|-------------------------------|
| a. Infectious disease management practices. | 0107 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| b. Marketing of products. | 0108 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| c. Managing the business. | 0109 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| d. Hiring and managing labor. | 0110 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| e. Tax-related issues. | 0111 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| f. Animal health/diseases. | 0112 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| g. Government programs and regulations. | 0113 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| h. Rules governing interstate or international movement of animals or products. | 0114 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| i. How to transfer the farm to the next generation. | 0115 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |
| j. Other areas (specify: _____). | 0116 | <input type="checkbox"/> Not | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Very |

3. How would you prefer to receive training or additional information? (Check all that apply.)

- | | |
|--|--|
| 0117 <input type="checkbox"/> Through local extension office | 0150 <input type="checkbox"/> Internet |
| 0148 <input type="checkbox"/> Presentation by expert | 0151 <input type="checkbox"/> Livestock association/club |
| 0149 <input type="checkbox"/> Written publication | |

4. How many hours per month do you spend completing paperwork related to local, state, or Federal health and environmental regulations? **hours** 0122

5. Which of the following best describes this farm? (Check one only.)

- 0123 Retirement farm (the principal operator is retired from another occupation)
 Residential/lifestyle farm (the principal operator's primary occupation is something OTHER than farming)
 Farming occupation (farming is the principal operator's primary occupation)
 Other (specify: _____)

6. An operator is an individual who is involved in the day-to-day decisions for this operation. Please fill in the following table for up to 2 operators of this operation.

	Primary Operator		Secondary Operator (leave blank if not applicable)	
a. Is the operator of Spanish, Hispanic or Latino origin or background, such as Mexican, Cuban, or Puerto Rican, regardless of race?	0127	<input type="checkbox"/> Yes <input type="checkbox"/> No	0128	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. What is the operator's race?	0129 0152 0153 0154 0155	Mark one or more. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander	0130 0156 0157 0158 0159	Mark one or more. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander
c. Sex of operator	0131	<input type="checkbox"/> Male <input type="checkbox"/> Female	0132	<input type="checkbox"/> Male <input type="checkbox"/> Female
d. What is the operator's age?	0133	<input type="checkbox"/> Less than 25 years old <input type="checkbox"/> 25 to 44 years <input type="checkbox"/> 45 to 64 years <input type="checkbox"/> 65 years old or more	0134	<input type="checkbox"/> Less than 25 years old <input type="checkbox"/> 25 to 44 years <input type="checkbox"/> 45 to 64 years <input type="checkbox"/> 65 years old or more
e. What is the highest level of formal education the operator has completed?	0135	<input type="checkbox"/> Less than high school diploma <input type="checkbox"/> High school diploma or equivalency (GED) <input type="checkbox"/> Some college (include Associate degree) <input type="checkbox"/> College graduate and beyond		

7. Who completed this survey?

0137 Primary operator
 Secondary operator
 Other(specify: _____)

Section J – Conclusion

Thank you for your time. Please return this questionnaire in the enclosed envelope.

Comments:

9910	MM	DD	YY
Date:	__	__	__

For office use only										
Response			Respondent		Mode			Enum.	Eval.	R. Unit
1-Comp	5-R – Est	9901	1-Op/Mgr	9902	1-Mail	6-e-mail	9903	098	100	921
2-R	6-Inac – Est		2-Sp		2-Tel	7-Fax				
3-Inac	7-Off Hold – Est		3-Acct/Bkpr		3-Face-to-Face	8-CAPI				
4-Office Hold	8-Known Zero		4-Partner		4-CATI	19-Other				
			9-Oth		5-Web					