Clear Form

HPAI Response

Initial Epidemiological (Epi) Interview

May 28, 2024

Your participation is vital and will help APHIS understand the occurrence and extent of HPAI detections in poultry. APHIS will safeguard study data as Confidential Business Information (CBI), as defined in the U.S. Code of Federal Regulations (CFR) 19 CFR 201.6, and we will utilize exemption 4 for any Freedom of Information Act (FOIA) (5 U.S. Code 552) requests for survey information associated with this study. Response is voluntary and you may discontinue participation at any time.

Instructions

We are asking you to fill out this survey to provide information on daily farm activities, facility and premises practices, deliveries to the premises, and sick poultry. The purpose of this survey is to better understand the health syndrome in poultry and to explore potential risk factors for infections in poultry. Any reports from this study will combine the data from all participants. The results of this survey will be summarized to develop hypotheses and to identify specific topics for future follow-up studies.

Section A – Premises Information

National Premises Identification Number: _____ premid

Name of premises: _____ premname

Address of premises: _____ premadd

County of premises: _____ premcnty

Premises **owner** contact name: _____ ownname

Primary phone: _____ ownph Email: _____ owneml

Premises Entrance Latitude: _____ premlat Longitude: _____ premlong

Animal **owner** contact name: _____ amlname

Address of animal owner: _____ amladd

Primary phone: _____ amlph Email: _____ amleml

Interviewee contact name: _____ weename

Interviewee position (e.g., owner, manager, veterinarian, etc.): _____ weepos

Primary phone: _____ weeph Email: _____ weeeml

Interviewer contact name: _____ wername

Primary phone: _____ werph Email: _____ wereml

Section B – Flock Information

1. In the questionnaire, we frequently ask questions about a **28-day reference period**. Questions regarding the **"28-day reference period**" refer to the **28 days prior to the date that clinical signs were first observed** on the premises.

a. Today's date (mm/dd/yyyy): _____ p0001

b. Date first clinical signs observed (mm/dd/yyyy): _____ p0002

c. Date 28-days **before** first clinical signs observed (mm/dd/yyyy): . _____ p0003

All questions that ask about the "28-day reference period" refer to the dates between b. and c. above.

2. Please provide a brief description of clinical signs: p0004 _____
_____

3. What is the baseline mortality rate (average number of dead birds/bird population prior to onset of clinical signs)? ..... p0005_____ #

4. What is the mortality rate on the day of initial sampling? ..... p0006_____ #

5. Please provide the dates and results of any avian influenza (AI) test submitted during the **28-day reference period** (indicate type of test):

	Date	Results	Test Type
a.	_____p0007a	_____p0007b	_____p0007c
b.	_____p0008a	_____p0008b	_____p0008c
c.	_____p0009a	_____p0009b	_____p0009c

6. Please complete the following table for houses with sick poultry:

House ID	Type of birds	Number of birds today	Number of birds placed	Age of birds (weeks)	Ventilation type	Date of onset of clinical signs	Location in house where clinical signs were first observed
_____ p0010a	_____ p0010b	_____ p0010c	_____ p0010d	_____ p0010e	_____ p0010f	_____ p0010g	_____ p0010h
_____ p0011a	_____ p0011b	_____ p0011c	_____ p0011d	_____ p0011e	_____ p0011f	_____ p0011g	_____ p0011h
_____ p0012a	_____ p0012b	_____ p0012c	_____ p0012d	_____ p0012e	_____ p0012f	_____ p0012g	_____ p0012h
_____ p0013a	_____ p0013b	_____ p0013c	_____ p0013d	_____ p0013e	_____ p0013f	_____ p0013g	_____ p0013h
_____ p0014a	_____ p0014b	_____ p0014c	_____ p0014d	_____ p0014e	_____ p0014f	_____ p0014g	_____ p0014h
_____ p0015a	_____ p0015b	_____ p0015c	_____ p0015d	_____ p0015e	_____ p0015f	_____ p0015g	_____ p0015h
_____ p0016a	_____ p0016b	_____ p0016c	_____ p0016d	_____ p0016e	_____ p0016f	_____ p0016g	_____ p0016h

7. Please estimate the total number of eggs present on the premises today: ..... p0017_____ dozen

8. Please estimate the number of eggs laid on-site in the last week: ..... p0018_____ dozen

9. Does this premises produce any eggs for research or vaccine production? .... p0019 ☐1 Yes ☐3 No
10. Do you have a veterinarian who regularly advises you on disease prevention? p0020 ☐1 Yes ☐3 No
    a. If Yes, name of veterinarian: p0020a _____
11. Do you have a prearranged depopulation plan for this flock? ..... p0021 ☐1 Yes ☐3 No
    a. If Yes, briefly describe the method: p0021a _____
    _____
12. Have you exercised or used this method previously? ..... p0022 ☐1 Yes ☐3 No

Section C – Trace-in and Trace-out

1. How are daily mortalities disposed of on this farm (please check one or more disposal methods that may have been used during the **28-day reference period**)?
    a. Composting:p0100 ☐1 On-site (distance to nearest barn:_____yards p0100oth) ☐3 Off-site ☐ N/A
        1. Dates composted during the 28-day reference period: p0100a _____ mm/dd/yy
        2. If off-site, company name and location of composting site: p0100b_____
        3. Company name of transporter: p0100c _____
    b. Burial:p0101 ☐1 On-site (distance to nearest barn:_____yards p0101oth) ☐3 Off-site ☐ N/A
        4. Dates buried during the 28-day reference period: p0101a_____ mm/dd/yy
        5. If off-site, company name and location of burial site: p0101b _____
        6. Company name of transporter: p0101c _____
    b. Incineration:p0102 ☐1 On-site (distance to nearest barn:_____yards p0102oth) ☐3 Off-site ☐ N/A
        1. Dates incinerated during the 28-day reference period: p0102a _____ mm/dd/yy
        2. If off-site, company name and location of incinerator: p0102b_____
        3. Company name of transporter: p0102c _____
    c. Rendering:p0103 ☐3 Off-site ☐ N/A
        1. Dates transported during the 28-day reference period: p0103a_____ mm/dd/yy
        2. Company name and location of renderer: p0103b _____
        3. Company name of transporter: p0103c _____
    e. Landfill:p0104 ☐3 Off-site ☐ N/A
        4. Dates transported during the 28-day reference period: p0104a_____ mm/dd/yy
        5. Company name and location of landfill: p0104b_____
        6. Company name of transporter: p0104c _____
    d. Other (specify): p0105 _____
2. Is there a carcass bin? ..... p0106 ☐1 Yes ☐3 No

    If Yes,

a. Is it kept covered? ..... p0106a ☐1 Yes ☐3 No

b. What is the distance between the carcass bin and the nearest barn? ..... p0106b _____ yards

c. Is the bin shared with another premises? ..... p0106c ☐1 Yes ☐3 No

3. How are accidentally broken eggs dealt with (please describe)? p0107 _____

_____

4. How does this premises dispose of wash water (please describe)? p0108 _____

_____

5. List any locations that **accepted manure/litter** from this premises during the **28-day reference period**:

Company name and location	Date (mm/dd/yy)	Intended use	Livestock or poultry housed at receiving location?	Type
_____ p0109	_____ p0109a	Select or Type p0109b	Select (Ctrl for mult p0109c	☐1 Fresh ☐2 Composted ☐3 Heat-treated p0109d
_____ p0110	_____ p0110a	Select or Type p0110b	Select (Ctrl for mult p0110c	☐1 Fresh ☐2 Composted ☐3 Heat-treated p0110d
_____ p0111	_____ p0111a	Select or Type p0111b	Select (Ctrl for mult p0111c	☐1 Fresh ☐2 Composted ☐3 Heat-treated p0111d

6. What is the minimum distance from the on-site litter storage area to the nearest barn? p0112____ yards

7. Prior to use, is the litter accessible to:

a. Wild birds? ..... p0113 ☐1 Yes ☐3 No

b. Wild animals (e.g., raccoons, opossum, coyotes, foxes)? ..... p0114 ☐1 Yes ☐3 No

8. Was manure or animal material (e.g., dead birds, eggshells, bad eggs, dairy products, etc.) from another premises brought onto this premises during the last 28 days? .....p0115 ☐1 Yes ☐3 No

a. If Yes: *[Complete the table as applicable.]*

Product (specify species of origin)	Source name/location/phone number	Date (mm/dd/yy)
_____ p0116	_____ p0116a	_____ p0116b
_____ p0117	_____ p0117a	_____ p0117b
_____ p0118	_____ p0118a	_____ p0118b
_____ p0119	_____ p0119a	_____ p0119b

9. Do you employ contract workers? ..... p0120 ☐1 Yes ☐3 No

a. If Yes, provide the name and phone number of the contract company: p0121

_____

10. Have you or any of your employees (including any contractors or volunteers) visited any other premises with poultry or other livestock, or any processors of eggs, poultry products, milk, or other livestock products during the last 28 days (e.g., farm, slaughter, processing, market, residence with poultry)? ..... p0122 ☐1 Yes ☐3 No

a. If Yes: *[Complete the table as applicable.]*

Premises/processor name	**Person/title**	**Date (mm/dd/yy)**
_____ p0123	_____ p0123a	_____ p0123b
_____ p0123c	_____ p0123d	_____ p0123e
_____ p0123f	_____ p0123g	_____ p0123h
_____ p0123i	_____ p0123j	_____ p0123k

11. Are any farm workers (including contractors or volunteers) from this premises in a community living situation where they interact with workers from other livestock or poultry facilities? p0124 ☐1 Yes ☐3 No

a. If Yes, check which type of livestock facility: *[Check all that apply.]* p0125

☐a Poultry ☐d Swine ☐g Sheep

☐b Cattle – dairy ☐e Goat – dairy

☐c Cattle – beef ☐f Goat – meat

b. If Yes, provide the name, location, and phone number of other livestock facilities: p0126

_____

_____

12. Did any crews (e.g., catch crews, load-out, vaccination, insemination) enter the premises during the **28-day reference period**? ..... p0127 ☐1 Yes ☐3 No

a. If Yes: *[Complete the table as applicable.]*

Date (mm/dd/yy)	**Crew type**	**Name/company/phone number**
_____ p0128	_____ p0128a	_____ p0128b
_____ p0129	_____ p0129a	_____ p0129b
_____ p0130	_____ p0130a	_____ p0130b
_____ p0131	_____ p0131a	_____ p0131b

b. If Yes, have these crews visited other types of livestock or poultry facilities during the **28-day reference period**? *[Check all that apply.]* p0132

☐a Poultry ☐d Swine ☐g Sheep

☐b Cattle – dairy ☐e Goat – dairy

☐c Cattle – beef ☐f Goat – meat

13. Did any of the following visit the premises during the **28-day reference period**?

If Yes, give the date(s), name/company information, phone number, indicate if the visitor type entered the poultry barn, and indicate if the visitor visited other categories of livestock premises during the **28-day reference period**.

Visitor type	Visit premises?	Date(s) of visit (mm/dd/yy)	Name/company/phone number	Did this visitor enter the poultry barn?	Visit to other livestock premises? (type)
a. Federal/State veterinary or animal healthworker	☐1 Yes ☐3 No p0133	p0133a	p0133b	☐1 Yes ☐3 No p0133c	Select (Ctrl fo Poultry p0133d
b. Extension agent or university veterinarian	☐1 Yes ☐3 No p0134	p0134a	p0134b	☐1 Yes ☐3 No p0134c	Select (Ctrl fo Poultry p0134d
c. Private or company veterinarian	☐1 Yes ☐3 No p0135	p0135a	p0135b	☐1 Yes ☐3 No p0135c	Select (Ctrl fo Poultry p0135d
d. Company service person	☐1 Yes ☐3 No p0136	p0136a	p0136b	☐1 Yes ☐3 No p0136c	Select (Ctrl fo Poultry p0136d
e. Nutritionist or feed company consultant	☐1 Yes ☐3 No p0137	p0137a	p0137b	☐1 Yes ☐3 No p0137c	Select (Ctrl fo Poultry p0137d
f. Inspector (e.g., FDA, NOP, biosecurity auditor)	☐1 Yes ☐3 No p0138	p0138a	p0138b	☐1 Yes ☐3 No p0138c	Select (Ctrl fo Poultry p0138d
g. Feed delivery	☐1 Yes ☐3 No p0139	p0139a	p0139b	☐1 Yes ☐3 No p0139c	Select (Ctrl fo Poultry p0139d
h. Egg truck	☐1 Yes ☐3 No p0140	p0140a	p0140b	☐1 Yes ☐3 No p0140c	Select (Ctrl fo Poultry p0140d
i. Litter/bedding delivery	☐1 Yes ☐3 No p0141	p0141a	p0141b	☐1 Yes ☐3 No p0141c	Select (Ctrl fo Poultry p0141d
j. Litter removal	☐1 Yes ☐3 No p0142	p0142a	p0142b	☐1 Yes ☐3 No p0142c	Select (Ctrl fo Poultry p0142d
k. Renderer/dead bird pick up	☐1 Yes ☐3 No p0143	p0143a	p0143b	☐1 Yes ☐3 No p0143c	Select (Ctrl fo Poultry p0143d
l. Pest/rodent control	☐1 Yes ☐3 No p0144	p0144a	p0144b	☐1 Yes ☐3 No p0144c	Select (Ctrl fo Poultry p0144d

m. Manure truck	☐ 1 Yes ☐ 3 No p0145	_____ p0145a	_____ p0145b	☐ 1 Yes ☐ 3 No p0145c	Select (Ctrl fo Poultry p0145d
n. Trash pick up	☐ 1 Yes ☐ 3 No p0146	_____ p0146a	_____ p0146b	☐ 1 Yes ☐ 3 No p0146c	Select (Ctrl fo Poultry p0146d
o. Occasional worker (e.g., family member, part-time holiday help)	☐ 1 Yes ☐ 3 No p0147	_____ p0147a	_____ p0147b	☐ 1 Yes ☐ 3 No p0147c	Select (Ctrl fo Poultry p0147d
p. Wholesaler, buyer, or dealer	☐ 1 Yes ☐ 3 No p0148	_____ p0148a	_____ p0148b	☐ 1 Yes ☐ 3 No p0148c	Select (Ctrl fo Poultry p0148d
q. Customer/consumer (private individual)	☐ 1 Yes ☐ 3 No p0149	_____ p0149a	_____ p0149b	☐ 1 Yes ☐ 3 No p0149c	Select (Ctrl fo Poultry p0149d
r. Other (specify: _____) p0150oth	☐ 1 Yes ☐ 3 No p0150	_____ p0150a	_____ p0150b	☐ 1 Yes ☐ 3 No p0150c	Select (Ctrl fo Poultry p0150d

14. Specify if any equipment was shared with another premises during the **28-day reference period**, whether you received or loaned the equipment, the location and contact information of the other premises, and the type of livestock premises with which the equipment was shared.

Equipment	**Received or loaned?**	**Name/company/phone number**	**Date last on site (mm/dd/yy)**	**Livestock type of other premises?**
a. ATV/4-wheeler	☐ 1 Received ☐ 3 Loaned p0151a	_____ p0151b	_____ p0151c	Select (Ctrl for mul Poultry p0151d
b. Tractor	☐ 1 Received ☐ 3 Loaned p0152a	_____ p0152b	_____ p0152c	Select (Ctrl for mul Poultry p0152d
c. Gates/panels	☐ 1 Received ☐ 3 Loaned p0153a	_____ p0153b	_____ p0153c	Select (Ctrl for mul Poultry p0153d
d. Skid-steer loaders	☐ 1 Received ☐ 3 Loaned p0154a	_____ p0154b	_____ p0154c	Select (Ctrl for mul Poultry p0154d
e. Egg flats	☐ 1 Received ☐ 3 Loaned p0155a	_____ p0155b	_____ p0155c	Select (Ctrl for mul Poultry p0155d
f. Egg racks	☐ 1 Received ☐ 3 Loaned p0156a	_____ p0156b	_____ p0156c	Select (Ctrl for mul Poultry p0156d
g. Pallets	☐ 1 Received ☐ 3 Loaned p0157a	_____ p0157b	_____ p0157c	Select (Ctrl for mul Poultry p0157d
h. Dead bird containers	☐ 1 Received ☐ 3 Loaned p0158a	_____ p0158b	_____ p0158c	Select (Ctrl for mul Poultry p0158d
i. Manure/litter handling equipment	☐ 1 Received ☐ 3 Loaned p0159a	_____ p0159b	_____ p0159c	Select (Ctrl for mul Poultry p0159d

j. Pressure sprayers/ washers/foamers	☐1 Received ☐3 Loaned p0160a	_____ p0160b	_____ p0160c	Select (Ctrl for mul Poultry p0160d
k. Other cleaning equipment	☐1 Received ☐3 Loaned p0161a	_____ p0161b	_____ p0161c	Select (Ctrl for mul Poultry p0161d
l. Vaccination equipment	☐1 Received ☐3 Loaned p0162a	_____ p0162b	_____ p0162c	Select (Ctrl for mul Poultry p0162d
m. Bird catching equipment	☐1 Received ☐3 Loaned p0163a	_____ p0163b	_____ p0163c	Select (Ctrl for mul Poultry p0163d
n. Live haul loader	☐1 Received ☐3 Loaned p0164a	_____ p0164b	_____ p0164c	Select (Ctrl for mul Poultry p0164d
o. Other (specify: _____) p0165oth	☐1 Received ☐3 Loaned p0165a	_____ p0165b	_____ p0165c	Select (Ctrl for mul Poultry p0165d

15. Were any birds introduced onto the premises during the **28-day reference period**?

..... p0166 ☐1 Yes ☐3 No

a. If Yes: *[Complete the table as applicable.]*

Date (mm/dd/yy)	**Bird type**	**Source name/location/ phone number**	**Transported by (name/phone number)**
_____ p0167	_____ p0167a	_____ p0167b	_____ p0167c
_____ p0168	_____ p0168a	_____ p0168b	_____ p0168c
_____ p0169	_____ p0169a	_____ p0169b	_____ p0169c
_____ p0170	_____ p0170a	_____ p0170b	_____ p0170c
_____ p0171	_____ p0171a	_____ p0171b	_____ p0171c

16. Have any birds moved off the premises during the **28-day reference period**?p0172 ☐1 Yes ☐3 No

a. If Yes: *[Complete the table as applicable.]*

Date (mm/dd/yy)	**Bird type**	**Destination name/location/ phone number**	**Transported by (name/phone number)**
_____ p0173	_____ p0173a	_____ p0173b	_____ p0173c
_____ p0174	_____ p0174a	_____ p0174b	_____ p0174c
_____ p0175	_____ p0175a	_____ p0175b	_____ p0175c
_____ p0176	_____ p0176a	_____ p0176b	_____ p0176c

_____ p0177	_____ p0177a	_____ p0177b	_____ p0177c

17. Were any birds moved within the premises during the **28-day reference period** (e.g., from one barn to another on the same premises)? ..... p0178 ☐1 Yes ☐3 No
    a. If Yes, was a contract crew used? ..... p0179 ☐1 Yes ☐3 No
        i. If Yes, specify company/crew name: _____ p0179oth
    b. If Yes, was farm specific equipment used? ..... p0180 ☐1 Yes ☐3 No
        i. If No, describe: _____ p0180oth
18. Were any **eggs** moved onto the premises during the **28-day reference period**?
    ..... p0181 ☐1 Yes ☐3 No
    a. If Yes, list the source (name and location) for eggs **coming onto** this premises during the last 28 days, the dates eggs were received, and whether the eggs were intended for hatching, nest run, or cleaned and sanitized.

Source name and location (company name)	**Date mm/dd/yy**	**Description of eggs**
_____ p0182	_____ p0182a	☐1 Intended for hatching ☐2 Nest run ☐3 Cleaned and sanitized p0182b
_____ p0183	_____ p0183a	☐1 Intended for hatching ☐2 Nest run ☐3 Cleaned and sanitized p0183b
_____ p0184	_____ p0184a	☐1 Intended for hatching ☐2 Nest run ☐3 Cleaned and sanitized p0184b
_____ p0185	_____ p0185a	☐1 Intended for hatching ☐2 Nest run ☐3 Cleaned and sanitized p0185b

19. Were any **egg products** moved onto the premises during the **28-day reference period**?
    ..... p0186 ☐1 Yes ☐3 No
    a. If Yes, list the source (name and location) for egg products **coming onto** this premises during the last 28 days, the dates egg products arrived, and whether the egg products were pasteurized or not pasteurized.

Source name and location (company name)	**Date mm/dd/yy**	**Description of egg products**
_____ p0187	_____ p0187a	☐1 Pasteurized ☐2 Not pasteurized p0187b
_____ p0188	_____ p0188a	☐1 Pasteurized ☐2 Not pasteurized p0188b
_____ p0189	_____ p0189a	☐1 Pasteurized ☐2 Not pasteurized p0189b

_____ p0190	_____ p0190a	☐1 Pasteurized ☐2 Not pasteurized p0190b

20. Were any **eggs** moved off the premises during the **28-day reference period**?

..... p0191 ☐1 Yes ☐3 No

a. If Yes, list the source (name and location) for eggs **moving off** this premises during the last 28 days, the dates eggs left, and whether the eggs were intended for hatching, nest run, or cleaned and sanitized.

Destination name and location (company name)	**Date mm/dd/yy**	**Description of eggs**
_____ p0192	_____ p0192a	☐1 Intended for hatching ☐2 Nest run ☐3 Cleaned and sanitized p0192b
_____ p0193	_____ p0193a	☐1 Intended for hatching ☐2 Nest run ☐3 Cleaned and sanitized p0193b
_____ p0194	_____ p0194a	☐1 Intended for hatching ☐2 Nest run ☐3 Cleaned and sanitized p0194b
_____ p0195	_____ p0195a	☐1 Intended for hatching ☐2 Nest run ☐3 Cleaned and sanitized p0195b

21. Were any **egg products** moved off the premises during the **28-day reference period**?

..... p0196 ☐1 Yes ☐3 No

a. If Yes, list the source (name and location) for egg products **moving off** this premises during the last 28 days, the dates egg products left, and whether the egg products were pasteurized or not pasteurized.

Destination name and location (company name)	**Date mm/dd/yy**	**Description of egg products**
_____ p0197	_____ p0197a	☐1 Pasteurized ☐2 Not pasteurized p0197b
_____ p0198	_____ p0198a	☐1 Pasteurized ☐2 Not pasteurized p0198b
_____ p0199	_____ p0199a	☐1 Pasteurized ☐2 Not pasteurized p0199b
_____ p0200	_____ p0200a	☐1 Pasteurized ☐2 Not pasteurized p0200b

Section D – Wild Birds and the Environment

1. Do any domestic birds on the farm have access to the outdoors? ..... p0300 ☐1 Yes ☐3 No

2. Are there any water bodies (e.g., pond, lake, stream, wetland, wastewater lagoon) within 350 yards of the farm? ..... p0301 ☐1 Yes ☐3 No

   a. If Yes, did any have open, unfrozen water during the **28-day reference period**?

   ..... p0302 ☐1 Yes ☐3 No

   b. For those unfrozen water bodies within 350 yards of the farm, approximately how many of the following types of waterfowl were seen on the water at some time during the **28-day reference period**?

      i. Ducks p0303 .....☐1 None ☐2 Tens ☐3 Hundreds ☐4 Thousands ☐5 Don't Know

      ii. Geese p0304 .....☐1 None ☐2 Tens ☐3 Hundreds ☐4 Thousands ☐5 Don't Know

      iii. Shorebirds (e.g., wading birds, gulls)

      p0305.....☐1 None ☐2 Tens ☐3 Hundreds ☐4 Thousands ☐5 Don't Know

      iv. Other (specify: _____ p0306oth)

      p0306.....☐1 None ☐2 Tens ☐3 Hundreds ☐4 Thousands ☐5 Don't Know

3. What is the approximate distance (in yards) to the closest field where crops or hay are harvested?

   ..... p0307_____ yards

4. Was this field tilled last fall?.....p0308 ☐1 Yes ☐3 No ☐4 Don't know

5. Was this field actively worked during the **28-day reference period**?

   .....p0309 ☐1 Yes ☐3 No ☐4 Don't know

6. For the closest field, approximately how many of the following types of waterfowl were seen during the **28-day reference period**?

   a. Ducks p0310.....☐1 None ☐2 Tens ☐3 Hundreds ☐4 Thousands ☐5 Don't Know

   b. Geese p0311 .....☐1 None ☐2 Tens ☐3 Hundreds ☐4 Thousands ☐5 Don't Know

   c. Shorebirds (e.g., wading birds, gulls)

   p0312.....☐1 None ☐2 Tens ☐3 Hundreds ☐4 Thousands ☐5 Don't Know

   d. Other (specify: _____ p0313oth)

   p0313.....☐1 None ☐2 Tens ☐3 Hundreds ☐4 Thousands ☐5 Don't Know

7. Did any non-poultry livestock on the farm, or located within 350 yards of the farm, receive supplemental feed (e.g., hay, grain) during the **28-day reference period**?

   .....p0314 ☐1 Yes ☐3 No ☐ NA ☐4 Don't know

8. How frequently were the following types of wild birds seen on the farm within 100 yard of the outside of the barns during the **28-day reference period**?

Bird type	**Often**	**Sometimes**	**Never**
a. Waterfowl (e.g., ducks, geese) p0315	☐1	☐2	☐3
b. Gulls p0316	☐1	☐2	☐3

c. Other water birds (e.g., egrets, cormorants) p0317	☐1	☐2	☐3
d. Small perching birds (e.g., sparrows, starlings, swallows) p0318	☐1	☐2	☐3
e. Blackbirds and crows p0319	☐1	☐2	☐3
f. Wild turkeys, pheasants, quail p0320	☐1	☐2	☐3
g. Raptors (e.g., eagles, hawks, owls) p0321	☐1	☐2	☐3
h. Pigeons and doves p0322	☐1	☐2	☐3
i. Other (specify:_____ p0323oth) p0323	☐1	☐2	☐3

9. Were wild mammals (e.g., raccoons, opossums, coyotes, foxes) or evidence of their presence seen in or around poultry barns during the **28-day reference period**? ..... p0324 ☐1 Yes ☐3 No
10. Does this premises have a wildlife management plan .....p0325 ☐1 Yes ☐3 No ☐4 Don't know
11. Were any wild birds or wild mammals observed around the dead bird collection area (i.e., burial, compost pile, rendering bin, etc.) during the **28-day reference period**?
    a. Wild birds ..... p0326 ☐1 Yes ☐3 No
    b. Wild mammals ..... p0327 ☐1 Yes ☐3 No
12. Is there any additional or important information that we need to know currently regarding the disease on your farm, including thoughts on how you may have become infected? .... p0328 ☐1 Yes ☐3 No
    a. If Yes, describe: p0328oth _____
    _____
    _____

*Please attach feed, water, mortality, and visitor records for the **28-day reference period** plus the period from the onset of clinical signs up to and including the day of depopulation.*