



Cornell. Oregon State. Wisconsin

**Project COW: Cornell - Oregon State - Wisconsin
Impact of Management on Dairy Cattle Health and Well-being Questionnaire**

INSTRUCTIONS TO THE INTERVIEWER (INT):

CAPITALIZED FONT INDICATES THAT THE QUESTION IS NOT TO BE READ OUT LOUD. THESE SECTIONS CONTAIN INSTRUCTIONS FOR THE INTERVIEWER OR POTENTIAL CODED ANSWERS (WHEN AN OPEN-ENDED QUESTION IS ASKED BUT THE ANSWER IS CODED AS IT IS ANSWERED).

ALL NON-CAPITALIZED TEXT IS TO BE READ AS PART OF THE QUESTIONNAIRE

IDENTIFICATION OF ANIMAL HEALTH PERSONNEL

The questionnaire is divided into two parts, with the largest part at the beginning pertaining to lactating cows and dry cows, and a smaller part at the end pertaining to calves and heifers. Questions are to be answered by the person with the primary responsibility for health and treatment of the particular group specified in each part. If the appropriate person is unavailable to answer questions, please list who will answer those questions and their role on the farm.

1. Is more than one person responsible for health and treatment of cattle on this farm?

IF NO, ASK:

- A. Who has primary responsibility for health and treatment of cattle: _____
- B. How many years has he/she been on this dairy: _____

IF YES, ASK:

- C. Who has primary responsibility for health and treatment of **lactating cows**: _____
- D. How many years has he/she been on this dairy: _____
- E. NAME AND ROLE OF PERSON ANSWERING QUESTIONS REGARDING LACTATING COWS (IF DIFFERENT THAN ABOVE): _____
- F. Who has primary responsibility for health and treatment of **dry cows**: _____
- G. How many years has he/she been on this dairy: _____
- H. NAME AND ROLE OF PERSON ANSWERING QUESTIONS REGARDING DRY COWS (IF DIFFERENT THAN ABOVE): _____
- I. Who has primary responsibility for health and treatment of **calves**: _____
- J. How many years has he/she been on this dairy: _____
- K. NAME AND ROLE OF PERSON ANSWERING QUESTIONS REGARDING CALVES (IF DIFFERENT THAN ABOVE): _____
- L. Who has primary responsibility for health and treatment of **heifers**: _____
- M. How many years has he/she been on this dairy: _____
- N. NAME AND ROLE OF PERSON ANSWERING QUESTIONS REGARDING HEIFERS (IF DIFFERENT THAN ABOVE): _____

Before we get started, a note about the questions: The exact same questionnaire is administered both to conventional and organic farmers. All questions and examples are the same for all farmers, regardless of farming style.

HERD INVENTORY AND EXPANSION

2. First, we would like to gather information about your animal inventory and the lactation of each animal on your farm.

A. INDICATE SOURCE(S) OF DATA: i. FARMER ii. DHIA iii. ON-FARM COMPUTER SYSTEM

INT: READ THE QUESTIONS BELOW. RECORD ANSWERS IN THE CHART:

What is the total number of lactating cows on your farm?

How many lactating cows are in each of the following lactations: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th?

What is the total number of dry cows on your farm?

How many dry cows are in each of the following lactations: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th?

What is the total number of pre-weaned heifers on your farm?

What is the total number of heifers on your farm, aged weaning through first freshening?

What is the total number of weaned bulls on your farm?

What is the total number of non-dairy cattle on your farm?

What is the total number of other livestock on your farm?

	LACT 1	LACT 2	LACT 3	LACT 4	LACT 5	LACT 6	LACT 7 ⁺	TOTAL
B. LACTATING COWS								
C. DRY COWS								
D. PRE-WEANED HEIFERS								
E. HEIFERS WEANING THRU FRESHENING								
F. PRE-WEANED BULLS								
G. WEANED BULLS								
H. NON-DAIRY CATTLE								
I. TOTAL CATTLE (ADD A THROUGH F)								
J. OTHER LIVESTOCK								

3. In the past 12 months, how many calves, live or dead, were born on the farm? Of these, how many were heifers and how many were bulls?

A. Total: _____

i. Heifers: _____

ii. Bulls: _____

4. In the past 12 months, were any of the following groups of animals brought onto this operation **from outside** sources?

INT: IF ANSWER "YES" TO ANY CATTLE CATEGORY → CONTINUE

IF ANSWER "NO" TO ALL CATTLE → SKIP TO QUESTION #6

	BROUGHT ONTO OPERATION?	IF YES, ASK: How many?
A. Preweaned heifers	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B. Heifers weaning through freshening	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C. Dairy cows	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D. Bulls	<input type="checkbox"/> YES <input type="checkbox"/> NO	
E. Non-dairy cattle	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F. TOTAL CATTLE (ADD A THROUGH E)		
G. Other livestock	<input type="checkbox"/> YES <input type="checkbox"/> NO	

5. INT: ASK ONLY IF QUESTION 3 WAS ANSWERED "YES" FOR ANY CATTLE

Please indicate if any of the following were used as sources of cattle for your herd:

- A. Single farm?
- B. Multiple farms?
- C. Dealer?
- D. Sale barn?
- E. Club sale?

6. Please list all breeds on your farm and the percentage of each breed within your herd. Count all crossbreds as a separate breed.

Breed	Percent of herd
AYRSHIRE	
BROWN SWISS	
GUERNSEY	
HOLSTEIN	
JERSEY	
MILKING SHORTHORN	
CROSSBRED	
OTHER (PLEASE SPECIFY)	

7. Is your herd a seasonal calving herd?

A. Yes

i. IF YES, ASK: In which season(s) do you try to calve your cows: Spring Summer Fall Winter

B. No

8. Do you have arrangements with another farm to transfer cows to that farm?

A. Yes

B. No

PRODUCTION AND HEALTH

Next, we will ask questions about your milk production for the past 3 months. Please refer to your processor slips for the numbers to answer these questions.

9. What are the average, minimum, and maximum bulk tank somatic cell counts for each of the past three months?
- A. Three months ago Month: _____ BTSCC Avg: _____ Min: _____ Max: _____
- B. Two months ago. Month: _____ BTSCC Avg: _____ Min: _____ Max: _____
- C. Last month. Month: _____ BTSCC Avg: _____ Min: _____ Max: _____
10. What has been the bacteria count (standard plate count, plate loop count) for the past three months?
- A. Three months ago Month: _____ Bacteria Avg: _____ Min: _____ Max: _____
- B. Two months ago. Month: _____ Bacteria Avg: _____ Min: _____ Max: _____
- C. Last month. Month: _____ Bacteria Avg: _____ Min: _____ Max: _____
11. A. INT: IF THE HERD IS ON DHIA, ASK:
What is your rolling herd average? _____ lbs/year
- B. INT: IF THE HERD IS NOT ON DHIA, ASK:
- i. What is your current milk per cow per day? _____ lbs/cow/day
- ii. How long is an average lactation for one of your cows? _____ days
12. In the past year, have you maintained a written record of herd health events, such as calvings, breedings, dry-offs, etc?
- A. Yes
- B. No
13. In the past year, have you maintained a written record of all treatments performed on cows?
- A. Yes
- B. No
14. How many years have you been dairying? _____ years
15. INT: IF THE HERD IS ORGANIC, ASK:
As of today, how many years have you been shipping organic milk? _____ years

REPRODUCTIVE INFORMATION

The next section will ask questions about the reproduction program on your farm.

16. Please choose the method most commonly used to identify pregnancies on your farm:
- A. Palpation or ultrasound, usually within first 90 days
 - B. Blood test, usually within first 90 days
 - C. Other method, usually within first 90 days
 - D. Check after 90 days or do not check for pregnancy.
17. A. INT: INDICATE SOURCE OF DATA: i. FARMER ii. DHIA iii. ON-FARM COMPUTER SYSTEM
 B. On your farm today, how many lactating cows are confirmed pregnant: _____
18. A. Please estimate the percentage of your lactating herd that is bull-bred: _____ %
 B. Please estimate the percentage of your heifers that are bull-bred _____ %
19. In the past 12 months, please estimate how many problem breeders you have had. A problem breeder meets at least one of the following criteria:
- A. Removed from herd because of failure to conceive
 - B. Removed from breeding population by labeling her "do not breed" because of failure to conceive
 - C. Fresh at least 9 months, and not yet pregnant
- _____ COWS
20. Do you routinely use a timed AI program such as OvSynch, prostaglandin shots, etc?
 - A. Yes → CONTINUE
 - B. No → SKIP TO QUESTION #22
21. A. What is the number of injections for any pre-synchronization protocol(s) _____ injections
 B. What is the number of injections per synchronization program _____ injections
 C. How many times is an average cow run through a synch program _____ times
22. Do you routinely use any non-hormonal reproductive aids, such as herbals, homeopathics, etc., to increase fertility or regulate the heat cycle?
 - A. Yes → CONTINUE
 - B. No → SKIP TO QUESTION #24
23. A. How many reproductive products are used on the average cow? _____ products
 B. How many injections for reproduction are given to the average cow? _____ injections
24. A. INT: IF HERD IS NOT ON DHIA OR HAS NO COMPUTER BREEDING RECORDS, ASK:
 - i. Please estimate your calving interval, in months. _____ months
 - ii. Please estimate the average length of lactation, in days _____ days
 - iii. Please estimate how many cows have been inseminated or bred in the past 60 days _____ cows
 B. INT: IF THE HERD IS ON DHIA OR HAS COMPUTERIZED BREEDING RECORDS, PLEASE MAKE SURE THE DHIA SUPPLEMENTAL SHEET IS FILLED OUT AND VERIFY THE ACCURACY OF THE DATA AT THIS POINT.

HOUSING FACILITIES

The next section has questions on various housing facilities on your farm.

25. INT: SHOW CARD "A" WITH HOUSING CHOICES RECORD ANSWERS IN THE CHART
 In the past 12 months, which of the following were used as the primary housing for the following groups of animals, during the spring/summer season and the fall/winter season

Housing choices:

- A. Hutch (calves only)
- B. Tied in barn (calves only)
- C. Individual animal pen or area
- D. Multiple animal pen or area
- E. Tie stall or stanchion
- F. Freestall
- G. Pasture or drylot

	During spring/summer season	During fall/winter season
What was the primary housing for preweaned heifers		
What was the primary housing for heifers weaning through first freshening		
What was the primary housing for lactating cows		
What was the primary housing for dry cows		

26. Are sick animals normally housed in a pen or facility separate from lactating cows?

- A. Yes
- B. No
- C. Only those animals that require a milk withhold

27. Which of the following statements is the most accurate description of your calving area:

- A. Cows calve in an area that also houses lactating cows
- B. Cows calve in a separate area from lactating cows
- C. Cows calve in a separate area that sometimes houses sick cows
- D. Cows calve in a dedicated calving area

28. A. What is the age of your primary cow facilities? _____ years
 B. How long has it been since the primary cow facilities had any significant improvements? _____ years
 C. What is the age of your primary pre-weaned calf facilities? _____ years
 D. How long has it been since the primary calf facilities had any significant improvements? _____ years

FEED AND WATER SYSTEMS

The next section has questions about feed and water systems on your farm.

29. Does your herd, including lactating and/or dry cows, go out to pasture?
A. Yes → CONTINUE
B. No → SKIP TO QUESTION #37
30. A. In the past 12 months, how many total acres of pasture were available for your herd? _____ acres
B. What percent of total acres are improved pasture, that is, pasture that has been reseeded in the past seven years and is periodically fertilized? _____ %
C. What percent of total acres are irrigated? _____ %
31. In the past 12 months, how many days has your herd spent grazing? _____ days
32. The following questions estimate dry matter intake (DMI) that your herd received from pasture in the past 12 months:
A. Please estimate the percentage of DMI that came from pasture over the entire grazing season: _____ %
B. Please estimate the percentage of DMI that came from pasture in the 1st third of the grazing season: _____ %
C. Please estimate the percentage of DMI that came from pasture in the 2nd third of the grazing season: _____ %
D. Please estimate the percentage of DMI that came from pasture in the last third of the grazing season: _____ %
33. Do you use rotational grazing?
A. Yes → CONTINUE
B. No → SKIP TO #36
34. How often are cows presented with a fresh section of pasture?
Choose the answer that most closely reflects how often pasture is changed.
A. After every milking
B. Daily
C. Every other day
D. Once per week
E. Every 4 weeks
F. Less often than every 4 weeks
35. Over a typical year, on average, how many weeks lapse until the cows return to a previously grazed section?
A. Less than 4 weeks
B. 4 to 6 weeks
C. 6 to 8 weeks
D. More than 8 weeks
36. Are your laneways improved?
A. Yes
B. No

37. During the past 12 months, approximately how many months of daily access to outside areas did the following groups of dairy animals have?

INT: ENTER "0" IF ANIMALS HAVE NO ACCESS TO DRYLOT OR PASTURE

	Drylot Or Pasture that provides <30% of DMI in ration	Pasture Provides ≥ 30% of DMI in ration
A. Weaned dairy heifers?	Months	months
B. Lactating dairy cows?	Months	months
C. Dry cows?	Months	months
D. Maternity, close-up, or recently fresh cow housing?	Months	months

38. Do you feed a total mixed ration (TMR) to lactating dairy cows?

- A. Yes
- B. No

39. A. In the past 60 days, how much grain have you fed per cow per day? Grain may be fed as a separate mix or mixed into the TMR _____ lbs/head/day

B. IF GREATER THAN "0", ASK:

Please list the three main ingredients in your grain mix or grain portion of TMR:

1. _____ 2. _____ 3. _____

40. Does a nutritionist formulate the ration you feed to your cows?

- A. Yes → CONTINUE
- B. No → SKIP TO QUESTION #43

41. How many times per year does the nutritionist visit your farm? _____ times per year

42. How many times per year do either you or your nutritionist take feed samples for analysis? _____/year

43. How do you feed supplemental minerals?

- A. Offer free choice
- B. Mix into TMR or grain mix, or top-dress
- C. Do not feed supplemental minerals

44. In the past 60 days, which of the following has been the primary source of drinking water for cows?

- A. Well
- B. Municipal water
- C. Surface water (stream, lake, spring, etc.)
- D. Other. Please specify: _____

45. Do you test the water that cows drink for any of the following:

- A. Nitrates i. Yes ii. No
- B. Bacteria i. Yes ii. No
- C. Inorganics such as arsenic, iron, calcium, etc i. Yes ii. No

46. Do you normally feed anionic salts in transition cow diets? (e.g. during the last 2 to 3 weeks of gestation) Common anionic salts are the sulfates or chlorides of magnesium, calcium, or ammonium.

- A. Yes
- B. No

MILKING PROCEDURES

The next section has questions about your milking procedures.

47. Which of the following best describes the primary milking facilities used on this operation during the past 12 months?
- A. Pit Parlor, not including swing parlors
 - B. Flat parlor or walk-through milking facility
 - C. Tie stall or stanchion barn milking facilities
 - D. Other type of milking facility (including swing parlors). Please specify: _____
48. How many units are used to milk? _____
49. How many people milk at each milking? _____
50. How many people milk on the farm each month? _____
51. How many times are cows milked each day? _____ times per day
52. Do the milkers wear gloves during milking?
- A. Never
 - B. Sometimes
 - C. Always
53. Indicate the ORDER of the steps in the milking routine used on your farm.

INT: SHOW CARD "B", MILKING ROUTINE

AFTER THIS QUESTION IS ANSWERED:

IF PRE-DIP, WASH UDDER, OR POST-DIP ARE CHOSEN → PROCEED AS DIRECTED

IF NONE OF THESE ARE CHOSEN → SKIP TO QUESTION #57

Milking step	Order	IF CHOSEN, AFTER THIS QUESTION...
Strip out foremilk		
Wash udder		ASK QUESTION #54
Pre-dip (Choose: dip, spray, foam)		ASK QUESTION #55
Dry teats		
Attach milk units		
Post-dip (Choose: dip, spray, foam)		ASK QUESTION #56
Hand strip after milking		
Other		

54. INT: ASK ONLY IF "WASH UDDER" WAS CHOSEN IN QUESTION #53
 What do you use to wash udders prior to milking?
- A. Bucket and water
 - B. Bucket of water with sanitizer
55. INT: ASK ONLY IF "PRE-DIP" WAS CHOSEN IN QUESTION #53
 What type of teat dip do you use for pre-dip?
- A. Iodine
 - B. Chlorine-based
 - C. Chlorhexidine
 - D. Other: _____
56. INT: ASK ONLY IF "POST-DIP" WAS CHOSEN IN QUESTION #53
 What type of teat dip do you use for post-dip?
- A. Iodine
 - B. Chlorine-based
 - C. Chlorhexidine
 - D. Other: _____

57. Do you use automatic take-offs (ATOs)?

- A. Yes
- B. No

58. Which one of the following is used to dry udders:

- A. Paper towels, 1 per cow
- B. Cloth towels, 1 per cow
- C. Paper or cloth towels, 1 per 2 cows
- D. Other: _____

59. Do you have a WRITTEN milking routine?

- A. Yes
- B. No

60. Do you use a CMT paddle or other cowside somatic cell count test?

- A. Yes
- B. No

61. In the past year, approximately how often have bulk tank cultures been performed?

- A. Never
- B. Monthly
- C. Quarterly
- D. _____ times per year

62. In the last year, has Mycoplasma been detected in milk samples on your farm?

- A. Yes
- B. No
- C. Never tested

63. Do you use internal teat sealants (eg. Orbeseal) at dry-off?

- A. Yes
- B. No

64. Do you use external teat sealants (eg. Dryflex, Stronghold) at dry-off?

- A. Yes
- B. No

65. How many cows with three or fewer quarters do you have on your farm? _____ cows

66. For how many non-treated cows per milking is milk from one or more quarters segregated and not sold? _____ cows

67. Do you have a quarantine unit that you use during milking, or segregate cows into a quarantine pen?

- A. Yes
- B. No

ROUTINE PROCEDURES

Now we will ask about **routine** procedures that you may perform on your cows. Routine procedures are procedures that you do to all or nearly all animals in these groups.

68. What, if anything, do you routinely check on your fresh cows that are less than 30 DIM?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. MILK PRODUCTION / UDDER FILL
- B. FEED INTAKE / OFF FEED
- C. TEMPERATURE
- D. KETOSIS
- E. COW WEAK, OR DOWN
- F. MASTITIS
- G. CHECK UTERUS / RETAINED PLACENTA / CHECK FOR CLEANINGS
- H. OTHER: _____
- I. DO NOT ROUTINELY CHECK FRESH COWS → SKIP TO QUESTION #72

69. For how long do you routinely check fresh cows?

- A. Once
- B. Up to one week
- C. More than 1, up to 2 weeks
- D. More than 2, up to 3 weeks
- E. More than 3 weeks

70. How frequently do you check fresh cows?

- A. More than once a day
- B. Once per day
- C. Every 2-3 days
- D. Less frequently than every 3 days

71. Which of the following procedures do you routinely perform on cows? As a reminder, routine procedures are procedures that you do to all or nearly all cows in these groups.

INT: RECORD ANSWERS IN CHART BY CHOOSING BOX(ES) THAT BEST FIT THE RESPONSE

- A. Do you routinely perform a CMT or other cowside SCC on fresh cows less than 30 DIM? IF YES, ASK: "How often?"
 On lactating cows? IF YES, ASK: "How often?"
 At dry-off?
- B. Do you routinely clip fresh cows less than 30 DIM? IF YES, ASK: "How often?"
 Lactating cows? IF YES, ASK: "How often?"
 At dry-off?
 During the dry period? IF YES, ASK: "How often?"
- C. Do you routinely singe or clip udders on fresh cows less than 30 DIM? IF YES, ASK: "How often?"
 On lactating cows? IF YES, ASK: "How often?"
 At dry-off?
 During the dry period? IF YES, ASK: "How often?"
- D. Do you routinely use a footbath for fresh cows less than 30 DIM? IF YES, ASK: "How often?"
 For lactating cows? IF YES, ASK: "How often?"
 At dry-off?
 During the dry period? IF YES, ASK: "How often?"
- E. Do you routinely trim hooves on fresh cows? IF YES, ASK: "How often?"
 On lactating cows? IF YES, ASK: "How often?"
 At dry-off?
 During the dry period? IF YES, ASK: "How often?"

	<u>FRESH COWS</u> COWS <30 DIM				<u>LACTATING COWS</u> 30 DIM TO DRY-OFF						<u>AT DRY-</u> <u>OFF</u>		<u>DURING DRY PERIOD</u>						
	NONE	ONCE	DAILY	WEEKLY	NONE	ONCE	DAILY	WEEKLY	MONTHLY	EVERY 2 MO	EVERY 4 MOS	NONE	ONCE	NONE	ONCE	DAILY	WEEKLY	MONTHLY	EVERY 2 MOS
A. CMT OR OTHER COWSIDE SCC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. CLIP COWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. SINGE OR CLIP UDDERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. FOOTBATHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. TRIM HOOVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Questionnaire

State Study ID# _____

72. The next set of questions refers to oral products, such as drenches, pastes, boluses, etc.

INT: RECORD ANSWERS TO EACH QUESTION IN THE FOLLOWING CHART

- A. Do you routinely administer oral products to fresh cows, less than 30 DIM?
IF NO, RECORD "NONE"
IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
- B. Do you routinely administer oral products to lactating cows, from 30 DIM to dry-off?
IF NO, RECORD "NONE"
IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
- C. Do you routinely administer oral products to cows at dry-off?
IF NO, RECORD "NONE"
IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
- D. Do you routinely administer oral products during the dry period?
IF NO, RECORD "NONE"
IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.

<u>A. FRESH COWS</u>		<u>B. LACTATING COWS</u>		<u>C. AT DRY-OFF</u>		<u>D. DURING DRY PERIOD</u>	
<u>PRODUCT</u>	<u>FREQ</u>	<u>PRODUCT</u>	<u>FREQ</u>	<u>PRODUCT</u>	<u>FREQ</u>	<u>PRODUCT</u>	<u>FREQ</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____



73. The next set of questions refers to injections, not including vaccines or reproductive drugs.

INT: RECORD ANSWERS TO EACH QUESTION IN THE FOLLOWING CHART

- A. Do you routinely administer any injections to fresh cows, less than 30 DIM?
 IF NO, RECORD "NONE" IN CHART
 IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
 Please also list the total number of injections, for all products, given to fresh cows.

- B. Do you routinely administer any injections to lactating cows, from 30 DIM to dry-off?
 IF NO, RECORD "NONE" IN CHART
 IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
 Please also list the total number of injections, for all products, given to lactating cows.

- C. Do you routinely administer any injections to cows at dry-off?
 IF NO, RECORD "NONE" IN CHART
 IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
 Please also list the total number of injections, for all products, given at dry-off.

- D. Do you routinely administer any injections during the dry period?
 IF NO, RECORD "NONE" IN CHART
 IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
 Please also list the total number of injections, for all products, given during the dry period.

A. FRESH COWS	B. LACTATING COWS	C. AT DRY-OFF	D. DURING DRY PERIOD
<u>PRODUCT</u> <u>FREQ</u>	<u>PRODUCT</u> <u>FREQ</u>	<u>PRODUCT</u> <u>FREQ</u>	<u>PRODUCT</u> <u>FREQ</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL # INJECTIONS: _____	TOTAL # INJECTIONS: _____	TOTAL # INJECTIONS: _____	TOTAL # INJECTIONS: _____



74. The next set of questions refers to any other treatment, including, but not limited to the following: intramammary treatments, vaginal suppositories, uterine infusions, pour-on medications, etc

INT: RECORD ANSWERS TO THE QUESTIONS IN THE FOLLOWING CHART

- A. Do you routinely administer any other treatment to fresh cows, less than 30 DIM?
IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
IF NO, RECORD "NONE" IN CHART
- B. Do you routinely administer any other treatment to lactating cows, from 30 DIM to dry-off?
IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
IF NO, RECORD "NONE" IN CHART
- C. Do you routinely administer any other treatment to cows at dry-off?
IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
IF NO, RECORD "NONE" IN CHART
- D. Do you routinely administer any other treatment during the dry period?
IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.
IF NO, RECORD "NONE" IN CHART

<u>A. FRESH COWS</u>		<u>B. LACTATING COWS</u>		<u>C. AT DRY-OFF</u>		<u>D. DURING DRY PERIOD</u>	
<u>PRODUCT</u>	<u>FREQ</u>	<u>PRODUCT</u>	<u>FREQ</u>	<u>PRODUCT</u>	<u>FREQ</u>	<u>PRODUCT</u>	<u>FREQ</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

SCREENING PROCEDURES

75. A. How do you screen cows to identify cows that may need further examination? What signs do you watch for to alert you that a cow may not be feeling well? Please list the top three observations you rely upon to screen for cows that may need a further exam.

INT: DO NOT READ RESPONSES. CHOOSE THREE TO CODE RESPONSE.

- I. NOT EATING REGULAR FEED
- II. NOT EATING SPECIAL FEED OFFERED- TOP-DRESSED HAY OR GRAIN, GRAIN IN PARLOR, ETC.
- III. DECREASED MILK PRODUCTION OR DECREASED UDDER FILL
- IV. DEPRESSED ATTITUDE – DROOPY EYES, EARS, ETC.
- V. RELUCTANT TO RISE OR SLOW COMING IN FROM PASTURE OR PEN
- VI. ABNORMAL UTERINE DISCHARGE- APPEARANCE AND/OR ODOR
- VII. ABNORMAL MANURE- TOO LOOSE OR TOO FIRM
- VIII. WARM AND/OR SWOLLEN UDDER
- IX. TEMPERATURE
- X. OTHER _____

B. Please rank your top three observations in order of importance.

RANKING: 1ST: _____ 2ND: _____ 3RD: _____

Disease Definitions and Treatment

The next section contains questions on how you define and treat certain diseases.

76. How do you recognize **milk fever**?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. COLD EARS
- B. WEAK COW – SLOW TO RISE, STAGGERING, ETC.
- C. DOWN COW
- D. DEPRESSED ATTITUDE – DROOPY EYES, EARS, ETC.
- E. VETERINARIAN DIAGNOSES
- F. OTHER: _____
- G. DON'T KNOW WHAT MILK FEVER IS → SKIP TO #82
- H. NEVER HAVE MILK FEVER → SKIP TO #82

77. For what percentage of milk fever cases does a veterinarian give the initial treatment? _____%

78. What percentage of milk fever cases do not receive any treatment? _____%
IF LESS THAN 100% → CONTINUE
IF 100% → SKIP TO 81

79. Please list all products and procedures you use to manage a case of milk fever

INT: SHOW CARD "C". IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO. AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING: "Do you use any other products to treat milk fever?" AND "Do you use any other procedures to treat milk fever?"

Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Calcium gluconate</i>	<i>IV</i>	<i>1</i>	<i>Bottle</i>	<i>1</i>	<i>100%</i>	<i>500</i>	<i>mL</i>	<i>230 mg/mL</i>	<i>\$4</i>

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit (mL, tube, etc)			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

Procedures: LIST ANY PROCEDURES THAT THEY USE

- DON'T MILK HER
- VET TREATS
- OTHER(S): _____

80. How do you decide to stop treating a cow for milk fever?

INT: DO NOT READ RESPONSES. CHOOSE MOST APPROPRIATE TO CODE RESPONSE.

- A. SHE RISES EASILY / SHE CAN GET UP
- B. TREATMENT IS DONE
- C. VETERINARIAN DECIDES
- D. OTHER: _____

81. How satisfied are you with the outcome of milk fever cases on your farm?

- A. Very satisfied
- B. Satisfied
- C. Somewhat satisfied
- D. Dissatisfied



82. How do you recognize **ketosis**?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. KETONE TEST
- B. DECREASED MILK PRODUCTION
- C. SMELL
- D. OFF-FEED
- E. DEPRESSED ATTITUDE – DROOPY EYES, EARS, ETC.
- F. OTHER: _____
- G. VETERINARIAN DIAGNOSES
- H. DON'T KNOW WHAT KETOSIS IS → SKIP TO #88
- I. NEVER HAVE KETOSIS → SKIP TO #88

83. For what percentage of ketosis cases does a veterinarian give the initial treatment? _____ %

84. What percentage of ketosis cases do not receive any treatment? _____ %

IF LESS THAN 100% → CONTINUE

IF 100% → SKIP TO #87

85. Please list all products and procedures you use to manage a case of ketosis.

INT: SHOW CARD "C".

IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO.

AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING: "Do you use any other products to treat ketosis?"

AND "Do you use any other procedures to treat ketosis?"

Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Propylene glycol</i>	<i>PO</i>	<i>8</i>	<i>Oz</i>	<i>5</i>	<i>100%</i>	<i>1</i>	<i>Gal</i>		<i>\$16</i>

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit (mL, tube, etc)			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

PROCEDURES: LIST ANY PROCEDURES THAT THEY USE

- VET TREATS _____

86. How do you decide to stop treating a cow for ketosis?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. KETONE TEST NEGATIVE
- B. INCREASED MILK PRODUCTION
- C. INCREASED APPETITE
- D. SMELL IS GONE
- E. VETERINARIAN DECIDES
- F. TREATMENT IS DONE
- G. OTHER: _____

87. How satisfied are you with the outcome of ketosis cases on your farm?
- A. Very satisfied
 - B. Satisfied
 - C. Somewhat satisfied
 - D. Dissatisfied

88. How do you decide that a cow has a **retained placenta** (or that she **did not clean**)?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. PLACENTA IS VISIBLE
- B. ABNORMAL DISCHARGE OR ODOR
- C. OFF-FEED
- D. VETERINARIAN DIAGNOSES
- E. OTHER: _____
- F. DON'T KNOW WHAT RETAINED PLACENTA IS → SKIP TO #94
- G. DON'T HAVE RETAINED PLACENTAS → SKIP TO #94

89. How long after calving do you wait to determine that a cow has a retained placenta?
- A. Less than 24 hours
 - B. 1 day
 - C. 2 days
 - D. 3 or more days

90. For what percentage of retained placentas does a veterinarian give the initial treatment? _____%

91. What percentage of retained placentas do not receive any treatment? _____%
- IF LESS THAN 100%, CONTINUE
IF 100%, SKIP TO #93

92. What products and procedures do you use to treat retained placentas?

INT: SHOW CARD "C".

IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO.

AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING: "Do you use any other products to treat retained placentas?"

AND "Do you use any other procedures to treat retained placentas?"

Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Excenel</i>	<i>IM</i>	<i>25</i>	<i>mL</i>	<i>4</i>	<i>75%</i>	<i>100</i>	<i>mL</i>	<i>50 mg/mL</i>	<i>\$89</i>

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit (mL, tube, etc)			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

Procedures: LIST ANY PROCEDURES THAT THEY USE

- MANUALLY REMOVE PLACENTA
- VET TREATS
- OTHER(S): _____

93. How satisfied are you with the outcome of retained placenta cases on your farm?

- A. Very satisfied
- B. Satisfied
- C. Somewhat satisfied
- D. Dissatisfied

94. How do you recognize **metritis** or a **uterine infection**?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. ABNORMAL DISCHARGE – ODOR OR APPEARANCE
- B. FEVER
- C. HISTORY OF RETAINED PLACENTA OR DID NOT CLEAN
- D. DEPRESSED ATTITUDE – DROOPY EYES, EARS, ETC.
- E. OFF-FEED
- F. VETERINARIAN DIAGNOSES
- F. OTHER: _____
- H. DON'T KNOW WHAT METRITIS → SKIP TO #100
- I. DON'T HAVE METRITIS → SKIP TO #100

95. For what percentage of metritis cases does a veterinarian give the initial treatment? _____ %

96. What percentage of metritis cases do not receive any treatment? _____ %
IF LESS THAN 100% → CONTINUE
IF 100% → SKIP TO #99

97. What products and procedures do you use to manage a case of metritis?

INT: SHOW CARD "C".

IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO. AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING: "Do you use any other products to treat metritis?" AND "Do you use any other procedures to treat metritis?"

Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Excenel</i>	<i>IM</i>	<i>25</i>	<i>mL</i>	<i>4</i>	<i>75%</i>	<i>100</i>	<i>mL</i>	<i>50 mg/mL</i>	<i>\$89</i>

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit (mL, tube, etc)			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

Procedures: LIST ANY PROCEDURES THAT THEY USE

- UTERINE OR UDDER MASSAGE (TO STIMULATE OXYTOCIN PRODUCTION)
- UTERINE FLUSH – NO ANTIBIOTICS. RECORD INTRAUTERINE ANTIBIOTICS IN "PRODUCTS"
- VET TREATS
- OTHER(S): _____

98. How do you decide to stop treating a cow for metritis?

INT: DO NOT READ RESPONSES. CHOOSE MOST APPROPRIATE TO CODE RESPONSE.

- A. CLINICAL SIGNS RESOLVE
- B. TREATMENT IS DONE
- C. VETERINARIAN DECIDES
- D. OTHER: _____

99. How satisfied are you with the outcome of metritis cases on your farm?

- A. Very satisfied
- B. Satisfied
- C. Somewhat satisfied
- D. Dissatisfied



100. How do you recognize **pneumonia** in your adult cows?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. COUGH
- B. SNOTTY NOSE
- C. FEVER
- D. DIFFICULTY BREATHING, INCREASED RESPIRATORY RATE
- E. DEPRESSED ATTITUDE – DROOPY EYES, EARS, ETC.
- F. OFF-FEED
- G. VETERINARIAN DIAGNOSES
- H. OTHER: _____
- I. DON'T KNOW WHAT PNEUMONIA IS → SKIP TO #106
- J. NEVER HAVE PNEUMONIA → SKIP TO #106

101. For what percentage of pneumonia cases does a veterinarian give the initial treatment? _____%

102. What percentage of pneumonia cases do not receive any treatment? _____%

IF LESS THAN 100% → CONTINUE

IF 100% → SKIP TO #105

103. What products and procedures do you use to manage a case of pneumonia in adult cows?
 INT: SHOW CARD "C".
 IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO.
 AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING: "Do you use any other products to treat pneumonia?"
 AND "Do you use any other procedures to treat pneumonia?"

PRODUCTS:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Banamine</i>	<i>IV</i>	<i>10</i>	<i>mL</i>	<i>1</i>	<i>10%</i>	<i>100</i>	<i>mL</i>	<i>100 mg/mL</i>	<i>\$45</i>

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit (mL, tube, etc)			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

PROCEDURES: LIST ALL PROCEDURES THAT THEY USE

o VET TREATS

OTHER: _____

104. How do you decide to stop treating a cow for pneumonia?

INT: DO NOT READ RESPONSES. CHOOSE MOST APPROPRIATE TO CODE RESPONSE.

- A. CLINICAL SIGNS RESOLVE
- B. TREATMENT IS DONE
- C. VETERINARIAN DECIDES
- D. OTHER: _____

105. How satisfied are you with the outcome of pneumonia cases on your farm?

- A. Very satisfied
- B. Satisfied
- C. Somewhat satisfied
- D. Dissatisfied

106. Do you perceive **intestinal parasites** as a problem in your lactating herd?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. YES
- B. ROUTINELY TREAT FOR PARASITES → SKIP PARASITE QUESTIONS, INFO IS GATHERED IN ROUTINE PROCEDURES SKIP TO #113
- C. NO → SKIP TO #113
- D. DON'T KNOW WHAT THAT IS → SKIP TO #113

107. How do you recognize intestinal parasites in your lactating herd?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. POOR BODY CONDITION
- B. ROUGH HAIRCOAT
- C. LOOSE MANURE
- D. FECAL FLOAT
- E. DEPRESSED ATTITUDE – DROOPY EYES, EARS, ETC.
- F. VETERINARIAN DIAGNOSES
- G. OTHER: _____

108. For what percentage of intestinal parasite cases does a veterinarian give the initial treatment? _____ %

109. What percentage of intestinal parasite cases do not receive any treatment? _____ %
IF LESS THAN 100% → CONTINUE
IF 100% → SKIP TO 112

110. What products and procedures do you use to manage a case of intestinal parasites in your lactating herd?

INT: SHOW CARD "C". IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO. AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING: "Do you use any other products to treat intestinal parasites?" AND "Do you use any other procedures to treat intestinal parasites?"

PRODUCTS:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Eprinex</i>	<i>Topical</i>	<i>40</i>	<i>mL</i>	<i>1</i>	<i>100%</i>	<i>1</i>	<i>Liter</i>	<i>5 mg/mL</i>	<i>\$105</i>

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit (mL, tube, etc)			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

PROCEDURES: LIST ANY PROCEDURES THAT THEY USE

- VET TREATS
- OTHER: _____

111. How do you decide to stop treating a cow for parasites?

INT: DO NOT READ RESPONSES. CHOOSE MOST APPROPRIATE TO CODE RESPONSE.

- A. CLINICAL SIGNS RESOLVE
- B. FECAL FLOAT NEGATIVE
- C. TREATMENT IS DONE
- D. VETERINARIAN DECIDES
- E. OTHER: _____

112. How satisfied are you with the outcome of intestinal parasite cases on your farm?

- A. Very satisfied
- B. Satisfied
- C. Somewhat satisfied
- D. Dissatisfied

113. Do you ever see **lameness** in your herd?

INT: DO NOT READ RESPONSES. CHOOSE ANY APPROPRIATE TO CODE RESPONSE.

- A. YES → CONTINUE
- B. DON'T KNOW WHAT LAMENESS IS → SKIP TO #118
- C. NEVER HAVE LAMENESS → SKIP TO #118

114. For what percentage of lameness cases does a veterinarian give the initial treatment? _____ %

115. What percentage of lameness cases do not receive any treatment? _____ %

IF LESS THAN 100% → CONTINUE
IF 100% → SKIP TO #117

116. What products and procedures do you use to manage a case of lameness?

INT: SHOW CARD "C". IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO. AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING: "Do you use any other products to treat lameness?" AND "Do you use any other procedures to treat lameness?"

Traditional Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Penicillin</i>	<i>IM</i>	<i>50</i>	<i>mL</i>	<i>4</i>	<i>25%</i>	<i>300,000</i>	<i>IU/mL</i>	<i>25%</i>	<i>\$12</i>

Alternative products

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

Procedures:

- HOOFTTRIMMING
- FOOTBATH
- VET TREATS
- OTHER(S): _____

117. How satisfied are you with the outcome of lameness cases on your farm?
- A. Very satisfied
 - B. Satisfied
 - C. Somewhat satisfied
 - D. Dissatisfied

MASTITIS DEFINITIONS AND TREATMENT

The next section asks questions about how you define and treat mastitis

118. Do you keep a record of clinical mastitis cases?
- A. Yes
 - B. No
 - C. Temporary record is kept until milk is good
119. How many people treat cases of mastitis on your farm? _____
120. Do you have written treatment protocols for clinical mastitis?
- A. Yes
 - B. No
121. Do you culture cases of clinical mastitis?
- A. None
 - B. Repeat cases
 - C. Selected cases
 - D. Only severe cases
 - E. All cases are cultured
 - F. I don't know
122. If a cow has clinical mastitis, do you ever use **only non-antibiotic** products for treatment?
- A. Yes → CONTINUE
 - B. No → SKIP TO QUESTION #124
123. If only non-antibiotic products are used to treat mastitis, how do you decide how long to withhold milk?
Select the option that is most commonly used on your farm.
- A. Milk from that cow is never sold again on our farm.
 - B. Milk is withheld until it appears normal
 - C. Milk is withheld as instructed by the product label
 - D. Milk is withheld for an extended period beyond label recommendations
 - E. Milk is withheld according to instructions provided by my veterinarian
 - F. Milk is not withheld
124. Do you **ever** use antibiotics to treat clinical mastitis?
- o Yes → CONTINUE
 - o No → SKIP TO QUESTION #126
125. After using an antibiotic to treat mastitis, how do you decide how long to withhold milk?
Select the option that is most commonly used on your farm.
- A. Milk from that cow is never sold again on our farm
 - B. Milk is withheld as instructed by the product label
 - C. Milk is withheld for an extended period beyond label recommendations
 - D. Milk is withheld according to instructions provided by my veterinarian
 - E. Milk is withheld until an antibiotic residue test indicates that the milk is ready to be sold
 - F. Milk is not withheld

126. How do you recognize **clinical mastitis**?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. CHECK FOR ABNORMAL MILK ONCE PER DAY OR LESS OFTEN
- B. CHECK FOR ABNORMAL MILK EVERY MILKING
- C. SEE ABNORMAL MILK ON MILK FILTER
- D. CMT POSITIVE
- E. SWOLLEN QUARTER
- F. DECREASED MILK YIELD AND SICK COW
- G. VETERINARIAN DIAGNOSES
- H. OTHER: _____
- I. DON'T KNOW WHAT CLINICAL MASTITIS IS → SKIP TO #133
- J. NEVER HAVE CLINICAL MASTITIS → SKIP TO #133

127. For what percentage of mastitis cases does a veterinarian give the initial treatment?

_____ %

128. What percentage of mastitis cases do not receive any treatment?

_____ %

IF LESS THAN 100% → CONTINUE

IF 100% → SKIP TO #132

129. What products and procedures do you use to manage a case of mastitis where the cow has either only abnormal milk or abnormal milk and a swollen quarter?

INT: SHOW CARD "C".

IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO.

AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING: "Do you use any other procedures to treat this type of clinical mastitis?"

AND "Do you use any other products to treat this type of clinical mastitis?"

ABNORMAL MILK +/- SWOLLEN QUARTER

Traditional Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Today</i>	<i>IMM</i>	<i>1</i>	<i>Tube</i>	<i>1</i>	<i>100%</i>	<i>12</i>	<i>Tubes</i>	<i>20 mg/mL</i>	<i>\$27</i>

Alternative products

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

ABNORMAL MILK +/- SWOLLEN QUARTER PROCEDURES:

- FREQUENT STRIPPING
- DRY THAT QUARTER
- PUT A CALF BACK ON HER
- VET TREATS
- OTHER(S): _____

130. What products and procedures do you use to manage a case of mastitis where the cow has abnormal milk, a swollen quarter, and is acting sick?

INT: SHOW CARD "C".

IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO.

AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING: "Do you use any other procedures to treat a severe case of clinical mastitis?"

AND "Do you use any other products to treat a severe case of clinical mastitis?"

SEVERE CLINICAL MASTITIS PRODUCTS

Traditional Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Spectramast</i>	<i>IMM</i>	<i>1</i>	<i>Tube</i>	<i>3</i>	<i>75%</i>	<i>12</i>	<i>Tubes</i>	<i>12.5 mg/mL</i>	<i>\$60</i>

Alternative products

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

SEVERE CLINICAL MASTITIS PROCEDURES:

- FREQUENT STRIPPING
- DRY THAT QUARTER
- PUT A CALF BACK ON HER
- VET TREATS
- OTHER(S): _____

131. How do you decide that a case of mastitis is cured?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. MILK RETURNS TO NORMAL
- B. NORMAL UDDER AND TEATS
- C. CMT NEGATIVE
- D. SCC SCORE
- E. CULTURE NEGATIVE
- F. TREATMENT IS DONE
- G. VETERINARIAN DECIDES
- H. OTHER: _____

132. How satisfied are you with the outcome of mastitis cases on your farm?

- A. Very satisfied
- B. Satisfied
- C. Somewhat satisfied
- D. Dissatisfied

133. How do you recognize **subclinical mastitis**?

I. INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. CMT POSITIVE
- B. OTHER COWSIDE SOMATIC CELL COUNT TEST
- C. MONTHLY DHIA SOMATIC CELL COUNT SCORES
- D. DON'T KNOW WHAT SUBCLINICAL MASTITIS IS → GO TO PART "II" OF QUESTION
- E. NEVER HAVE SUBCLINICAL MASTITIS → SKIP TO #138
- F. DO NOT CHECK FOR SUBCLINICAL MASTITIS → SKIP TO #138

II. IF THEY DO NOT KNOW WHAT SUBCLINICAL MASTITIS IS, SAY, "Some ways you might identify subclinical mastitis include CMT test, other cowside somatic cell count test, or monthly DHIA somatic cell count scores. Do you use any of these to recognize subclinical mastitis?"

- G. CMT positive
- H. Other cowside SCC test
- I. Monthly DHIA SCC scores
- J. Never have subclinical mastitis → SKIP TO #138
- K. Do not check for subclinical mastitis → SKIP TO #138

134. For what percentage of subclinical mastitis cases does a veterinarian give the initial treatment? _____%

135. What percentage of subclinical mastitis cases do not receive any treatment? _____%
IF LESS THAN 100% → CONTINUE
IF 100% → SKIP TO #137

136. What products and procedures do you use to manage a case of subclinical mastitis?

INT: SHOW CARD "C".

IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO.

AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING:: "Do you use any other procedures to treat subclinical mastitis?"

AND "Do you use any other products to treat subclinical mastitis?"

Traditional Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Hetacin K</i>	<i>IMM</i>	<i>1</i>	<i>tube</i>	<i>1</i>	<i>50%</i>	<i>12</i>	<i>Tubes</i>	<i>6.25 mg/mL</i>	<i>\$45</i>

Alternative products

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

PROCEDURES:

- STRIP FREQUENTLY
- DRY THAT QUARTER
- PUT A CALF BACK ON HER
- VET TREATS
- OTHER(S): _____

137. How satisfied are you with the outcome of subclinical mastitis cases on your farm?

- A. Very satisfied
- B. Satisfied
- C. Somewhat satisfied
- D. Dissatisfied

JOHNE'S DISEASE

The next section asks questions about Johne's disease management in your herd.

138. Do you test cows for Johnes, or have you tested in the past?
- A. Yes, currently test → CONTINUE
 - B. Yes, have tested in the past → CONTINUE
 - C. No, have never tested → SKIP TO QUESTION #142
 - D. Don't know what Johne's disease is → SKIP TO QUESTION #147
139. How do you test for Johne's disease? Choose any that you use.
- A. Bulk milk test
 - B. Individual animal blood test
 - C. Individual animal fecal culture
 - D. Individual animal milk test
 - E. Other: _____
140. IF FARM DOES INDIVIDUAL ANIMAL TESTING, ASK:
Which animals do you test for Johne's disease?
- A. The whole herd
 - B. Some or most animals in the herd
 - C. Only test suspect cases
 - D. Other: _____
141. How frequently do you test for Johne's disease?
- A. Routinely test twice per year
 - B. Routinely test once per year
 - C. Routinely test at dry-off
 - D. Only when there is a suspect case
 - E. Once
 - F. Every _____ months
142. When was the most recent clinical case of Johnes? (month and year) _____
IF NEVER HAD CLINICAL JOHNES AND DO TEST, ENTER "0" AND SKIP TO #144
IF NEVER HAD CLINICAL JOHNES AND DO NOT TEST, ENTER "0" AND SKIP TO #145
143. How do you recognize clinical Johne's disease in a cow?
- INT: DO NOT READ RESPONSES. CHOOSE ANY APPROPRIATE TO CODE RESPONSE.
- A. POOR BODY CONDITION DESPITE GOOD APPETITE,
 - B. LOOSE MANURE / PIPESTREAM DIARRHEA
 - C. VETERINARIAN DIAGNOSES
 - D. OTHER _____
144. If a cow is suspected of having Johne's or tests positive, how do you handle her?
- A. Do nothing differently
 - B. Manage her separately by identifying and/or segregating her, not using her colostrum, etc.
 - C. Cull after she calves or when she dries off
 - D. Cull immediately
 - E. Never had a positive Johnes test, and never had clinical Johnes
145. Do you have a written herd plan for managing Johne's Disease in your herd?
- A. Yes
 - B. No
146. Do you participate in a federal or state Johne's control program?
- A. Yes → INT: IF YES, ASK: "How long?" _____
 - B. No

147. INT: IF HERD GRAZES → CONTINUE
IF HERD DOES NOT GRAZE → SKIP TO #148
How often during the grazing season do you spread manure on forage ground that is either grazed that season or harvested and fed? _____times/season
148. Do you use a loader bucket on a tractor or skid steer to move feed?
A. Yes → CONTINUE
B. No → SKIP TO QUESTION #151
149. Do you use the same loader bucket for moving feed and for handling manure?
A. No, do not use same bucket for moving feed and handling manure → SKIP TO QUESTION #151
B. Yes, use same bucket for moving feed and handling manure → CONTINUE
150. After you have used the loader bucket for handling manure, do you do any of the following before using it for feed?
A. Rinse bucket with water only?
B. Power wash bucket with high pressure water?
C. Wash and disinfect bucket? List disinfectant: _____
D. Do not wash or disinfect bucket?

DISEASE SCENARIOS

Next, I will present you two hypothetical scenarios for a sick cow using pictures. Please tell me what would be your **first** course of action for each case.

151. INT: SHOW CARD "D". DO NOT READ RESPONSES. CODE ONLY ONE ANSWER.

What is the most likely initial action you would take at this point?

- A. NOTHING
- B. WAIT AND SEE (CHECK ON HER LATER)
- C. FURTHER DIAGNOSTICS- (CHECK TEMPERATURE, LISTEN TO LUNGS, ETC)
- D. TREAT IMMEDIATELY
- E. CALL THE VETERINARIAN
- F. OTHER MANAGEMENT STRATEGY- CULL, TRANSFER TO ANOTHER HERD, ETC.

152. INT: SHOW CARD "E". DO NOT READ RESPONSES. CODE ONLY ONE ANSWER.

What is the most likely initial action you would take at this point?

- A. NOTHING
- B. WAIT AND SEE (CHECK ON HER LATER)
- C. FURTHER DIAGNOSTICS- (CHECK TEMP, ETC)
- D. TREAT IMMEDIATELY
- E. STRIP THAT QUARTER
- F. CALL THE VETERINARIAN
- G. OTHER MANAGEMENT STRATEGY- CULL, TRANSFER TO ANOTHER HERD, ETC

VETERINARIAN INVOLVEMENT

The following set of questions is designed to help us understand how your veterinarian is involved on your farm, and how frequently he/she is involved.

153. Do you have regularly scheduled visits from your veterinarian?
A. Yes
 i. IF YES, ASK: How often: _____ times per year
B. No
154. Does your veterinarian perform any training of farm personnel?
A. Yes
 i. IF YES, ASK: How often: _____ times per year
B. No
155. Does your veterinarian help develop standard operating procedures or treatment protocols for your farm?
A. Yes
 i. IF YES, ASK: How often: _____ times per year
B. No
156. Please tell us who is most likely to perform each of the following routine procedures on your farm.
CHOICES: FARMER OR FARM EMPLOYEE, VET, OTHER, HOOFTTRIMMER, DO NOT PERFORM THIS PROCEDURE
- A. Vaccinating cows _____
 - B. Vaccinating calves _____
 - C. Dehorning calves _____
 - D. Hoof trims on cows _____

For the next three questions, please rank how likely you are to call the veterinarian at that point, from not at all likely to extremely likely.

157. You have just discovered an off-feed cow. How likely are you to call the veterinarian at this point?
- A. Not at all likely
 - B. Slightly likely
 - C. Somewhat likely
 - D. Very likely
 - E. Extremely likely
158. You have been treating an off-feed cow for two days, and her condition has not changed. How likely are you to call the veterinarian at this point?
- A. Not at all likely
 - B. Slightly likely
 - C. Somewhat likely
 - D. Very likely
 - E. Extremely likely
159. You have been treating an off-feed cow for two days, and her condition has gotten worse. How likely are you to call the veterinarian at this point?
- A. Not at all likely
 - B. Slightly likely
 - C. Somewhat likely
 - D. Very likely
 - E. Extremely likely

160. In the past three years, how many times have necropsies (postmortems) or diagnostic tests been performed to identify cause of death? _____ times
 IF "0", ASK:
 In the past three years, have any animals died of unknown causes?
 A. Yes
 B. No

SECTION 2- CALVES AND HEIFERS

INT: THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY THE PRIMARY PERSON RESPONSIBLE FOR THE HEALTH, TREATMENT, AND MANAGEMENT OF CALVES AND HEIFERS ON THE FARM.

Routine Procedures for Pre-Weaned Calves

Now I will ask about **routine** procedures that you may perform on your pre-weaned calves. Routine procedures are procedures that you do to all or nearly all animals in this group.

161. How do your calves receive colostrum? Choose any that are typically used.
 A. They nurse from their dam How long are they with their dam: _____ hours
 B. Use esophageal feeder to tube it to them How much? _____ quarts
 C. Feed it to them with a bottle or bucket How much? _____ quarts'
 D. They do not receive any colostrum → SKIP TO QUESTION #164
162. How long after birth does a calf receive its first colostrum? _____ hours
163. Do you use stored or banked colostrum?
 A. Yes, from single source only
 B. Yes, from pooled sources
 C. No
164. Do you dip the navels on pre-weaned calves?
 A. Yes IF YES, ASK: With what: _____
 B. No
165. Which of the following do you **usually** feed to pre-weaned calves? Choose all that are typically used, but do not include things rarely fed.
 A. Non-saleable milk (waste milk)
 B. Pasteurized waste milk
 C. Whole milk from healthy cows
 D. Pasteurized whole milk
 E. Milk replacer
 F. Medicated milk replacer. List medication(s): _____
 G. Calf starter or other grain
 H. Medicated calf starter. List medication(s): _____
 I. Hay or baleage
166. How frequently are calves fed milk or milk replacer?
 A. _____ times per day
 B. They always have access to milk or milk replacer
167. What amount of milk or milk replacer is each calf offered per feeding? (a typical calf bottle is two quarts)
 A. One quart
 B. Two quarts
 C. Three quarts
 D. Four or more quarts
168. How old are your calves at the time of weaning, in weeks? _____ weeks



169. How old are your calves at the time of dehorning, in weeks? _____ weeks
IF THEY DO NOT DEHORN → SKIP TO #172

170. What method is used to dehorn your calves?
A. Scoop, gouge, or cut them out
B. Burn them with chemical paste
C. Burn them with hot iron
D. I do not know

171. Do you use anything to provide pain relief for the calf during this procedure?
Choose any you typically use.
A. Lidocaine or other local anesthetic injection at horn bud
B. Banamine or other anti-inflammatory (NSAID) systemically
C. Sedate calf. Examples: Xylazine/Rompun, Butorphanol/Torbugesic, Ketamine, etc
D. Other product is used for pain relief. Please specify: _____
E. I do not use any products to provide pain relief
F. I do not know

172. Do you routinely administer oral products such as drenches, pastes, or boluses to pre-weaned calves?
As a reminder, routine procedures are procedures that you do to all or nearly all animals in this group.
IF NO, RECORD "NONE" IN CHART
IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.

<u>PRODUCT</u>	<u>FREQ</u>
_____	_____
_____	_____
_____	_____

173. Do you routinely administer any injections to pre-weaned calves? Do not count vaccines.
IF NO, RECORD "NONE" IN CHART
IF YES, ASK: Please list up to 3 of the most frequently administered injections, and how often they are administered.

<u>PRODUCT</u>	<u>FREQ</u>
_____	_____
_____	_____
_____	_____

TOTAL: _____ injections

174. Do you routinely administer any other treatments to pre-weaned calves?
IF NO, RECORD "NONE" IN CHART
IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.

<u>PRODUCT</u>	<u>FREQ</u>
_____	_____
_____	_____
_____	_____

DISEASE DEFINITIONS AND TREATMENT FOR PRE-WEANED CALVES

175. How do you recognize **pneumonia** in your pre-weaned calves?

INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.

- A. COUGH
- B. SNOTTY NOSE
- C. FEVER
- D. DIFFICULTY BREATHING
- E. DEPRESSED ATTITUDE- DROOPY EYES OR EARS, ETC.
- F. DECREASED APPETITE
- G. VETERINARIAN DIAGNOSES
- H. OTHER: _____
- I. DON'T KNOW WHAT CALF PNEUMONIA IS → SKIP TO #181
- J. DON'T HAVE CALF PNEUMONIA → SKIP TO #181

176. For what percentage of pneumonia cases does a veterinarian give the initial treatment? _____%

177. What percentage of calf pneumonia cases do not receive any treatment? _____%
IF LESS THAN 100% → CONTINUE
IF 100% → SKIP TO #180

178. What products and procedures do you use to manage a case of calf pneumonia?

INT: SHOW CARD "C".

IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO.

AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY

ASKING: "Do you use any other procedures to treat calf pneumonia?"

AND "Do you use any other products to treat calf pneumonia?"

Traditional Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Nuflor</i>	<i>SQ</i>	<i>1.5</i>	<i>mL</i>	<i>3</i>	<i>100%</i>	<i>100</i>	<i>mL</i>	<i>300 mg/mL</i>	<i>\$70</i>

Alternative products

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

PROCEDURES: LIST ANY PROCEDURES THAT THEY USE

179. How do you decide to stop treating calf pneumonia?

INT: DO NOT READ RESPONSES. CHOOSE MOST APPROPRIATE TO CODE RESPONSE.

- A. CLINICAL SIGNS RESOLVE
- B. TREATMENT IS DONE
- C. VETERINARIAN DECIDES
- D. OTHER(S): _____

180. How satisfied are you with the outcome of calf pneumonia cases on your farm?
- A. Very satisfied
 - B. Satisfied
 - C. Somewhat satisfied
 - D. Dissatisfied
181. Do you ever see **diarrhea** or **scours** in your pre-weaned calves?
- A. Yes → CONTINUE
 - B. No → SKIP TO #187
182. For what percentage of scours cases does a veterinarian give the initial treatment? _____%
183. What percentage of scours cases do not receive any treatment? _____%
- IF LESS THAN 100% → CONTINUE
IF 100% → SKIP TO #186

184. What products and procedures do you use to manage a case of calf diarrhea?

INT: SHOW CARD "C".

IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO.

AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY

ASKING: "Do you use any other procedures to treat calf diarrhea?"

AND "Do you use any other products to treat calf diarrhea?"

Traditional Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Nuflor</i>	<i>SQ</i>	<i>1.5</i>	<i>mL</i>	<i>3</i>	<i>100%</i>	<i>100</i>	<i>mL</i>	<i>300 mg/mL</i>	<i>\$70</i>

Alternative products

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit			Quant	Unit	
<i>Immunoboost</i>	<i>Immune stimulant</i>	<i>IV</i>	<i>1</i>	<i>mL</i>	<i>1</i>	<i>1</i>	<i>mL</i>	<i>1</i>	<i>100%</i>	<i>5</i>	<i>mL</i>	<i>\$20</i>

Procedures: LIST ANY PROCEDURES THAT THEY USE

185. How do you decide to stop treating a case of calf diarrhea?

INT: DO NOT READ RESPONSES. CHOOSE MOST APPROPRIATE TO CODE RESPONSE

- A. CLINICAL SIGNS RESOLVE
- B. TREATMENT IS DONE
- C. VETERINARIAN DECIDES
- D. OTHER(S): _____

186. How satisfied are you with the outcome of calf diarrhea cases on your farm?
- A. Very satisfied
 - B. Satisfied
 - C. Somewhat satisfied
 - D. Dissatisfied

DISEASE SCENARIO FOR PRE-WEANED CALVES

Next, I will present you with a hypothetical scenario for a sick calf using a picture. Please tell me what would be your **first** course of action for this case.

187. INT: SHOW CARD "F". DO NOT READ RESPONSES. CODE ONLY ONE ANSWER.

What is the most likely initial action you would take at this point?

- A. NOTHING
- B. WAIT AND SEE (CHECK ON HER LATER)
- C. FURTHER DIAGNOSTICS- (CHECK TEMPERATURE, ETC)
- D. TREAT IMMEDIATELY
- E. CALL THE VETERINARIAN
- F. OTHER MANAGEMENT STRATEGY- CULL, TRANSFER TO ANOTHER HERD, ETC.

HEIFER PASTURE MANAGEMENT

The next questions are regarding pasture management for heifers.

188. Do your heifers aged from weaning to first calving go out to pasture?
- A. Yes → CONTINUE
 - B. No → SKIP TO #193
189. How many total acres are available to heifers during the grazing season? _____ acres
190. For heifers that are on pasture, please estimate what percentage of DMI is provided by pasture during the grazing season _____ %
191. Do heifers graze multiple pastures during the grazing season?
- A. Yes
 - B. No
192. How are heifers moved through pastures relative to cows?
- A. Heifers do not graze the same pastures as cows
 - B. Heifers graze pastures before cows graze those pastures
 - C. Heifers graze pastures along with cows or after cows graze those pastures

ROUTINE PROCEDURES FOR HEIFERS

Now I will ask about **routine** procedures that you may perform on your heifers, aged from weaning to first calving. Routine procedures are procedures that you do to all or nearly all animals in this group.

193. Do you routinely administer oral products such as drenches, pastes, or boluses to heifers?
 IF NO, RECORD "NONE" IN CHART
 IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.

<u>PRODUCT</u>	<u>FREQ</u>
_____	_____
_____	_____
_____	_____

194. Do you routinely administer any injections to heifers? Do not count vaccines.
 IF NO, RECORD "NONE" IN CHART
 IF YES, ASK: Please list up to 3 of the most frequently administered injections, and how often they are administered.

<u>PRODUCT</u>	<u>FREQ</u>
_____	_____
_____	_____
_____	_____

Total # of injections to heifers: _____

195. Do you routinely administer any other treatment to heifers?
 IF NO, RECORD "NONE" IN CHART. IF YES, ASK: Please list up to 3 of the most frequently administered products, and how often they are administered.

<u>PRODUCT</u>	<u>FREQ</u>
_____	_____
_____	_____
_____	_____

DISEASE DEFINITIONS AND TREATMENT FOR HEIFERS

196. Do you perceive **intestinal parasites** as a problem in your heifers?
 INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.
 A. YES
 B. ROUTINELY TREAT → INFO GATHERED IN ROUTINE PROCEDURES, SKIP TO #203
 C. NO → SKIP TO #203
 D. DON'T KNOW WHAT THAT IS → SKIP TO #203

197. For what percent of intestinal parasite cases does a veterinarian give the initial treatment? _____%

198. What percentage of intestinal parasite cases do not receive any treatment? _____%
 IF LESS THAN 100% → CONTINUE
 IF 100% → SKIP TO #202

199. How do you recognize intestinal parasites in your heifers?
 INT: DO NOT READ RESPONSES. CHOOSE ALL APPROPRIATE TO CODE RESPONSE.
 A. POOR BODY CONDITION
 B. POOR HAIRCOAT
 C. LOOSE MANURE
 D. FECAL FLOAT
 E. VETERINARIAN DIAGNOSES
 F. OTHER: _____

200. How do you manage a case of intestinal parasites?

INT: SHOW CARD "C". IF RESPONDANT KNOWS TREATMENTS THE VET GIVES, RECORD THAT ALSO. AFTER RESPONDANT HAS FINISHED ANSWERING, PROBE ONCE FOR ADDITIONAL ANSWERS BY ASKING: "Do you use any other products to treat intestinal parasites?" AND "Do you use any other procedures to treat intestinal parasites?"

Traditional Products:

A	B	C		D	E	F		G	H
What is the product name?	How do you administer the product?	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc.?		What is the concentration of the product?	What is the cost of one bottle or pail, etc.?
		Quant	Unit (mL, tube, etc)			Quant	Unit		
<i>Nuflor</i>	<i>SQ</i>	<i>1.5</i>	<i>mL</i>	<i>3</i>	<i>100%</i>	<i>100</i>	<i>mL</i>	<i>300 mg/mL</i>	<i>\$70</i>

Alternative products

A	B	C	D		E	F		G	H	I		J
What is the product name?	Product category	How do you administer the product?	What is the label dose per day?		Label # days per treatment	What is the dose given per day?		How many days do you give this product?	What % of cases do you use this product on?	What is the size of the bottle or pail, etc. ?		What is the cost of one bottle or pail, etc. ?
			Quant	Unit		Quant	Unit			Quant	Unit	
<i>SuperBoost</i>	<i>Herbal</i>	<i>PO</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>3</i>	<i>Bolus</i>	<i>2</i>	<i>100%</i>	<i>250</i>	<i>Bolus</i>	<i>\$70</i>

Procedures: LIST ANY PROCEDURES THAT THEY USE TO MANAGE INTESTINAL PARASITES

- VET TREATS
- _____

201. How do you decide to stop treating a heifer for parasites?

INT: DO NOT READ RESPONSES. CHOOSE MOST APPROPRIATE TO CODE RESPONSE.

- A. CLINICAL SIGNS RESOLVE
- B. FECAL FLOAT NEGATIVE
- C. TREATMENT IS DONE
- D. VETERINARIAN DECIDES
- E. OTHER: _____

202. How satisfied are you with the outcome of heifer intestinal parasite cases on your farm?

- A. Very satisfied
- B. Satisfied
- C. Somewhat satisfied
- D. Dissatisfied

OTHER HERD HEALTH ISSUES

203. Do you have any other herd health concerns that we have not addressed?

Supplemental Data Form for Farms on DHIA or with on-farm Computer Systems

The following questions are to be answered as completely as is possible, for farms that have DHIA or an on-farm computer system.

A. INDICATE SOURCE(S) OF DATA: ii. DHIA iii. ON-FARM COMPUTER SYSTEM

IF DHIA IS USED TO GET THIS INFORMATION, PLEASE FILL OUT FORM BEFORE FARM VISIT

IF QUESTIONS ARE ANSWERED WITHOUT FARMER PRESENT, PLEASE HAVE FARMER READ OVER ANSWERS FOR ANY APPARENT DISCREPANCIES.

(2)

	Lactation 1	Lactation 2	Lactation 3	Lactation 4	Lactation 5	Lactation 6	Lactation 7+	Total
B. Milking cows								
C. Dry cows								
D. Preweaned heifers								
E. Weaned heifers								
F. Preweaned bulls								
G. Weaned bulls								
H. Non-dairy Cattle								
I. Total Cattle (add A through F)								
J. Other livestock								

(3) How many calves, live or dead, were born on the farm in the past 12 months?

- A. Total: _____
 i. Heifers: _____
 ii. Bulls: _____

(11A) Rolling herd average: _____ lbs/year

(17B) Number of lactating cows diagnosed pregnant _____ cows

Reproductive Questions

204. Calving interval: _____ months

205. Days Open: _____ days

206. Average services per conception: _____ services

207. Conception rate: _____ %

208. 21-day pregnancy rate: _____ %