**Herd Management Questionnaire**

*To be completed once by the lab personnel interviewing the farmer (prompt language for interviewer are in italics)*

*Please provide Farm and veterinarian contact information*

1. **Farm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Farm owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Farm manager (if not owner): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Farm Address: Street/road number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
     
   City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_  
     
   Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Herd Vet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vet Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      
    Vet Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Herd Information**

*What is or are the breeds of dairy cattle on your farm?*

6.a) Predominant Breed(s) (describe all breeds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What is the rolling herd average calculated for your farm? If not on milk test, what is the average milk production per cow, in pounds of milk per cow per year?*

6.b) Rolling herd average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs/cow/year

*What are the number of lactating cows, dry cows, and young stock on your farm?*

6.c) Animal numbers:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Lactating cows | Dry cows | Young stock |
| Number |  |  |  |

*Are these numbers exact or approximate?*  6.d) Exact actual numbers \_\_\_\_\_\_\_\_

Approximate numbers \_\_\_\_\_\_\_\_

*What is the average age of lactating cows in your herd, in years?*

6.e) Average age lactating cow in years \_\_\_\_\_\_\_\_

*Note how this answer was generated: (check one)*

□ Milk testing results

□ On-farm software

□ Estimated by producer

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*How many years has this farm been certified organic?*

6.f) Years current farm certified organic \_\_\_\_\_\_\_\_

*How many years have you owned or managed any dairy farm?*

6.g) Years owned or managed a dairy farm \_\_\_\_\_\_\_\_

*How many years have you owned or managed an organic dairy farm?*

6.h) Years owned or managed any organic dairy farm \_\_\_\_\_\_\_\_

*If you have an on-farm electronic record keeping system, what is it? (Check one)*

6.i) □ DairyComp 305 (or Scout)

□ DairyPlan

□ DHI-Plus

□ PCDART

□ Does not have an on-farm electronic record keeping system

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DHIA Information**

*Please provide DHIA information*

*What are the DHIA herd cows and RAC (access code) numbers?*

7.a) DHIA Herd code number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(for VT herds this should begin with 13)*

RAC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(this is a 4-digit number)*

*The producer may not know their RAC code off the top of their head. If they are willing it can be found by opening their herd management software and exploring (File – HerdDownload setup)*

*How many times per year do you participate in DHIA testing? Do you do this monthly, so 12 times per year, or less frequently, or more frequently?*

7.b) Frequency of DHIA testing: \_\_\_\_\_\_\_ times/ year

*What is the DHIA lab you test through?*

7.c) DHIA Lab you test with: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_

*Possible (likely) answers will be VT-DHIA; Lancaster DHIA, or Dairy One – you can prompt with these choices.*

1. **Winter Housing system – adult lactating and dry cows: (Check the appropriate box)**

(*if more than one type of housing is used, indicate all in use*)

*What is your winter housing system for lactating and dry cows? If it’s a combination, please estimate the percent of time on average over a 24-hour period they spend in each housing component.*

8.a)

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Lactating cow housing | Dry cow housing |
| Free stall | |  |  |
| Tie stall | |  |  |
| Loose housing | Bedded pack |  |  |
| Dry lot |  |  |

*Do lactating cows have access to outside paddock or exercise yard during the winter? (Check one)*   
8.b) □ Yes □ No

8.b.i) If Yes, on average, what is the number of hours outside per day: \_\_\_\_\_\_\_hours

*When was your current winter housing system constructed?*

8.c) Estimated age of winter housing system in years \_\_\_\_\_\_\_\_

1. **Bedding management:**

**If free stall or tie stall facility –**

***If free stall or tie stall*** *what is the….*

9.a) Estimated depth of the bedding: \_\_\_\_\_\_\_\_\_ inches

9.b) Frequency of scraping manure from back of stall surface:

\_\_\_\_\_\_ times/day (or) \_\_\_\_\_ times/week (or) \_\_\_\_\_times/month (or) \_\_\_\_\_ times/year

9.c) Frequency of adding new bedding material to the stalls:

\_\_\_\_\_\_ times/day (or) \_\_\_\_\_ times/week (or) \_\_\_\_\_times/month (or) \_\_\_\_\_ times/year

9.d) Frequency of scraping the alleyways behind stalls:

\_\_\_\_\_\_ times/day (or) \_\_\_\_\_ times/week (or) \_\_\_\_\_times/month (or) \_\_\_\_\_ times/year

9.f) If deep bedding free stalls, has the bedding ever been completely dug out and removed, then replaced (e.g. removing the entire back third of bedding from free stalls)?: (Check one)

□ Regularly

Schedule: \_\_\_\_\_\_\_times/week (or) \_\_\_\_\_\_ times/month (or) \_\_\_\_\_\_ times/year

Date last completed:\_\_\_\_\_\_\_\_\_\_\_

□ Infrequently

Date last completed: \_\_\_\_\_\_\_\_\_\_\_

□ Never

**If loose housing - bedded pack**

*Describe the management system*

9.g) The bedding management system is: (check one)

□ Compost bedded pack barn with no bedding surface management

□ Compost bedded pack barn with bedding surface management (e.g. aeration or surface tilling)

□ Compost bedded pack barn with other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9.h) Estimated depth of the bedding: current \_\_\_\_\_\_\_\_\_ (feet or inches, specify)

Maximum depth before cleanout \_\_\_\_\_\_\_ (feet or inches, specify)

9.i) Frequency of adding new bedding material:

\_\_\_\_\_\_ times/day (or) \_\_\_\_\_ times/week (or) \_\_\_\_\_times/month (or) \_\_\_\_\_ times/year

9.j) If deep bedding, how frequently is bedding dug out, removed, then replaced? (check one)

□ Regularly

1. Schedule: \_\_\_\_\_\_\_times/week (or) \_\_\_\_\_\_ times/month (or)

\_\_\_\_\_\_ times/year

1. Date last completed:\_\_\_\_\_\_\_\_\_\_\_

□ Never

1. **Bedding material details (for lactating cows)**

10.a) How long has the current winter bedding system been in use?

\_\_\_\_\_months (or) \_\_\_\_\_ years

10.b) Type primary of bedding material for lactating and dry cows: (Check one)

10.b.i 10.b.ii  
 Lactating cows Dry Cows

New sand □ □

Reclaimed (recycled) sand □ □

Limestone □ □

Manure solids (Biosolids) □ □

Shavings □ □

Sawdust □ □

Woodchips □ □

Straw □ □

Straw □ □  
Other (Describe): □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Depending of their answer, skip to the appropriate section below, and complete this section by allowing all participants to answer 10.i.*

10.c) Answer the following questions if you use **SAND:**

10.c.i) Is the sand one of the following? (check one)

□ Silica sand

□ River sand

□ Don’t know

10.c.ii) If new sand, is it washed before you purchase it? (check one)

□ Yes □ No

10.c.iii) If using reclaimed sand, how is it recycled (recaptured)? (check one)

□ Passive sand separator lanes

□ Mechanical separator

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.c.iv) If using reclaimed sand, time in storage from recapturing the sand to reusing in stalls: \_\_\_\_\_\_\_\_\_ days (or) \_\_\_\_\_\_\_\_\_\_ weeks

10.c.v) If using reclaimed sand, it is stored: (check one)

□ In the open or □ Under cover

10.c.vi) If using reclaimed sand, check which of the following is true: (check one)

□ We use reclaimed sand 12 months per year

□ We use reclaimed sand most of the year, but in the coldest months we will purchase and use new dry clean sand.

10.d) Answer the following questions if you use **MANURE SOLIDS:**

10.d.i) Is it one of the following? (check one)

□ Raw (Green)

□ Composted

□ Digested

□ Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.d.ii) Are the solids pressed before use? (check one)

□ Yes □ No

10.d.iii) Are the solids mechanically dried (with a dryer) before use? (check one)

□ Yes □ No

10.d.iv) If Digested solids,

a) What is the temperature is the methane digester (if known)? \_\_\_\_\_\_\_°F

b) What is the flow rate or material through the digester (if known)? \_\_\_\_\_weeks

10.d.v) If using manure solids, time in storage from recapturing the solids to reusing in stalls:

\_\_\_\_\_ Days (or) \_\_\_\_ weeks

10.e) Answer the following questions if you use **STRAW or HAY:**

10.e.i) Straw or hay? (check one)

□ Straw

□ Hay

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.e.ii) Purchased or produced on farm? (check one)

□ Purchased

□ Produced

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.e.iii) If hay, dry or ensiled? (check one)

□ Dry hay (e.g. round bales)

□ Ensiled hay (e.g. wrapped round bales)

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.e.iv) Storage location? (check one)

□ Stored under cover

□ Stored outside

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.f) Answer the following questions if you use **SHAVINGS or SAWDUST:**

10.f.i) Kiln dried or “fresh?” (check one)

□ Kiln dried

□ Fresh or raw

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.f.ii) Storage location? (check one)

□ Stored under cover

□ Stored outside

□ Both

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.g) Answer the following questions if you maintain a **BEDDED PACK**.

10.g.i) Method for constructing pack

□

□

□

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.g.ii) Method for monitoring pack composition and structure

□

□

□

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.g.iii) Other questions?

□

□

□

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.h. Do you use bedding conditioner?   
 □ Yes □ No

10.h.i) If Yes, Name of conditioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.h.ii) Amount applied: \_\_\_\_\_\_\_\_\_ounces per stall treated  
  
 (or) \_\_\_\_\_\_\_\_\_ounces per 24 square feet of pack/yard area

10.h.iii) How frequently is the conditioner applied to stalls:   
 \_\_\_\_\_\_ times/week (or) \_\_\_\_\_ times/month

10.i. Anything you’d like to tell us about your bedding management practices that weren’t included in the above questions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Milking procedures**:

11.a) Milking schedule for the majority of the herd (check one):

□ 2X

□ 3X

□ Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.b) Milking System (check one):

□ Robot (Automated milking system)

□ Parlor: \_\_\_\_ Rotary \_\_\_\_ Parallel \_\_\_\_ Herringbone

□ Tie stall

11.c) Are milking units routinely washed/sprayed off between uses? (check one)

□ Yes, routinely between milking individual cows  
□ Yes, routinely between milking individual pens  
□ Occasionally, if the milking unit gets very dirty (e.g. splattered with manure)  
□ No, only at the completion of milking

11.d) Do you pre-dip teats with a chemical disinfectant before milking? (check one)

□ Yes □ No

11.d.i) If yes, type of pre-dip disinfectant solution (check one):

□ Iodine

□ Chlorhexidine

□ Hydrogen peroxide

□ Other (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.d.ii) Please provide the name of the pre-dip product used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.e) Do you post-dip teats with a chemical disinfectant after milking? (check one)

□ Yes □ No

11.e.i) If yes, type of post-dip disinfectant solution (check one):

□ Iodine

□ Chlorhexidine

□ Hydrogen peroxide

□ Other (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.e.ii) Please provide the name of the post-dip product used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.f) Do milkers routinely fore strip teats as a part of udder prep? (Check one)

□ Yes □ No

11.g) Are udders routinely wiped dry with a towel prior to attaching the milking unit? (Check one)

□ Yes □ No

11.g.i If yes, do you use paper (disposable) or cloth (reusable) towels? (Check one)

□ Paper □ Cloth

11.g.ii. If yes, how many cows are wiped with each towel? (check one)

□ One □ Two □ More than two

11.g.iii. If one per cow, how many teats do you routinely wipe with each towel? (check one)

□ One □ More than one

11.h) If you use cloth towels, describe how they are laundered (washed) and dried? (check one)

□ Yes, washed and dried

□ Washed and used damp

□ other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.i) If you launder cloth towels, are they washed on the farm or by a laundry service? (check one)

□ Washed on farm

□ Use a laundry service

11.j) How do milkers determine when a cow is done milking? (check one)

□ Close observation of milk flow through the unit

□ Sound (squawking)

□ Automatic take-off

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.k) Do you clip or flame udders one or more times per lactation? (check one)

□ Yes □ No

11.l) Do you have any cows with docked tails? (check one)

□ Yes □ No

11.n.i. If yes, what percent of your adult cows would you estimate have docked tails?

\_\_\_\_\_\_\_ cows

11.m) Do you trim switches on tails? (check one)

□ Yes □ No

11.n.i. If yes, how frequently do you trim switches? \_\_\_\_\_\_\_

11.n) Number of loads or pickups per week: \_\_\_\_\_\_\_

11.o) Do milkers wear gloves (e.g. nitrile gloves) during milking? (check one)

□ Yes, all milkers, consistently

□ Yes, some milkers, but not all, or inconsistent use

□ No, no one on our farm wears gloves during milking

□ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.p) Do you use an automatic teat scrubber? (check one)

□ Yes □ No

1. **Management of clinical mastitis**

12.a) How do you recognize **clinical** mastitis? *(Interviewer: do not read responses. Circle 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12.b) How do you recognize **subclinical** mastitis? *(Interviewer: do not read responses. Circle all appropriate to code response)*

12.b.i

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 12.b.ii.)*

E. Never have subclinical mastitis

F. Do not check for subclinical mastitis

G. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12.b.ii. *If they don’t 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?

H. CMT positive

I. Other cowside SCC test

J. Monthly DHIA SCC scores

K. Never have subclinical mastitis

L. Do not check for subclinical mastitis

M. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12.c) Number of people identifying mastitis on the farm: \_\_\_\_\_\_\_

12.d) Number of people treating mastitis on the farm: \_\_\_\_\_\_\_

12.e) Do you routinely perform bacteriological culture of mastitis milk? (check one)

□ Never

□ All

□ Sometimes

12.f) Do you routinely perform bacteriological culture of high SCC cows? (check one)

□ Never

□ All

□ Sometimes

12.g) Do you routinely perform bacteriological culture of fresh cows? (check one)

□ Never

□ All

□ Sometimes

12.h) If you culture milk from mastitic cows, where is this done (check one):

□ Reference lab (e.g. State or University Diagnostic lab)

□ Local vet clinic

□ On-farm culture

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.i) Do you have an on-farm written standard operating protocol for treatment of mastitis? (check one)

□ Yes

□ No

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.j) A mild or moderate case of clinical mastitis has abnormal milk and possibly a swollen/firm quarter, but the cow is clinically OK (e.g. bright, good appetite, no clinical dehydration). How do you treat mild or moderate clinical mastitis cases?

*After respondent has finished answering, probe once for additional answers by asking:*

“Do you use any other procedures to treat a mild to moderate case of clinical mastitis?”

*and* “Do you use any other products to treat a mild to moderate case of clinical mastitis?”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | B | C | | D | E | F | | G |
| 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? |
| Quantity | Unit | Quantity | Unit |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Other procedures used in combination with above table for mild/moderate case of mastitis: (*Check any that apply)*

□ Frequent stripping

□ Dry that quarter

□ Put calf back on her

□ Vet treats

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12.k) A severe case of clinical mastitis has abnormal milk and a swollen/firm quarter. As well, the cow will show systemic signs of illness (e.g. depression, off feed, dehydration (sunken eyes), fever). How do you treat severe clinical mastitis cases?

*After respondent 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?”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | B | C | | D | E | F | | G |
| 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? |
| Quantity | Unit | Quantity | Unit |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Other procedures used in combination with above table for severe case of mastitis: (*Check any that apply)*

□ Frequent stripping

□ Dry that quarter

□ Put calf back on her

□ Vet treats

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12.l) Do you keep a record of clinical mastitis events on farm? (check one)

□ Always

□ Sometimes

□ Temporarily until milk is good

□ Never

12.m) If records are kept, how do you record clinical mastitis events? (check one)

□ Software (e.g. on-farm record keeping program)

□ Paper

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.n) If mastitis treatment records are kept, what details do you record about clinical mastitis event? (E.g. cow, quarter, date, treatment given, culture result (if available), days treated, other) Describe what you record:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12.n) Which lactation would you say the majority of **clinical** mastitis cases occur in? (check one)

□ First lactation

□ Second lactation

□ Third lactation and above

□ No real discernable pattern in distribution

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.o) Which lactation would you say the majority of **subclinical** mastitis cases occur in? (check one)

□ First lactation

□ Second lactation

□ Third lactation and above

□ No real discernable pattern in distribution

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.p) Would you say the majority of the **clinical** mastitis cases you see each year on your farm are first-time infections or chronic infections? (check one)

□ First-time infections

□ Chronic infections

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.q) Would you say the majority of the **subclinical** mastitis cases you see each year on your farm are first-time infections or chronic infections? (check one)

□ First-time infections

□ Chronic infections

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.p) How do you decide that a case of mastitis is cured? *(Interviewer: do not read responses. Circle 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12.q) What percent of mastitis cases per year would you say resolve, and what percent result in a cow leaving the herd?

\_\_\_\_\_\_\_ % resolve per year

\_\_\_\_\_\_\_ % leave herd per year

12.r) Are you currently milking any cows with chronic mastitis? (check one)

□ Yes □ No

12.r.i. If so, how many per day on average throughout the year? \_\_\_\_\_\_\_

12.r.ii. If so, have you identified which pathogen is causing the mastitis?

(Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12.r.iii. If so, how are these cows handled during milking?

(Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12.s) How satisfied are you with the **outcome** of mastitis cases on your farm? (check one)

□ Very satisfied

□ Satisfied

□ Somewhat satisfied

□ Dissatisfied

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.t) How satisfied are you with the **treatment method** of mastitis cases on your farm? (check one)

□ Very satisfied

□ Satisfied

□ Somewhat satisfied

□ Dissatisfied

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Dry cow mastitis control program:**

13.a) Do you routinely use vaccines for mastitis control (e.g. J-5, J-VAC, or ENDOVAC-Bovi)? (check one)

□ Yes □ No

13.a.i) If yes, product name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13.b) Do you dry cows off between lactations? (check one)

□ Yes □ No

13.b.i) If yes, how many days on average are they dry? \_\_\_\_\_\_\_\_ days

13.c) How do you decide to dry a cow off? *(Interviewer: do not read responses. Check all appropriate to code response)*

□ Set schedule (determined by set dry period by predicted calving date)

□ When she reaches minimum milk production

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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13.d) Do you use any sort of intramammary product at dry-off? (check one)

□ Yes □ No

13.d.i) If yes, product name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13.e) Do ever have cases of mastitis in your dry cows? (check one)

□ Yes □ No

13.d.i) If yes, how many cases on average per year? \_\_\_\_\_\_

1. **Diet:**

14.a) How would you primarily classify how you feed your lactating cows during the winter? (check one)

□ Total mixed ration

□ Component fed

□ All forage

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14.a.i) If feed any forage, does it include ensiled forage or dried? (check one)

□ Dried

□ Ensiled

□ Combination of dried and ensiled

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14.b) Do you work with a nutritionist to analyze your ration? (check one)

□ Yes

□ No

14.b.i) If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14.c) Do you feed any supplemental minerals with your ration? (check one)

□ Yes

□ No

14.d.i) If yes, product name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14.d) How do animals get water when they are inside your winter housing system? (check one)

□ Individual water bowls

□ Troughs

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14.e) What is the source of drinking water for lactating cows? (check one)

□ Well

□ Municipal

□ Surface

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14.f) Do you ever test the water for lactating cows for levels of bacteria, nitrates, or other trace elements? (check one)

□ Yes

□ No

14.f.i) If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Mastitis incidence estimates**
2. **Miscellaneous**

16.a) Do employ any fly control measures for lactating cows during the summer months? (check one)

□ Yes □ No

16.a.i) If yes, what kind? (check any that apply)

□ Fly tape

□ Predator wasps

□ Fly traps

□ Dust/paint cows with fly repellent

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16.b) Do you feel like you have an issue with flies inside during the winter months? (check one)

□ Yes □ No

16.c) Where do cows usually have their calves? (check any that apply)

□ Designated calving pen

□ On a bedded pack with other cows

□ In her stall

□ Pasture

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16.d) On average, do calves nurse on their dams before they are removed? (check one)

□ Yes □ No

16.c.i) If yes, how long on average? (check one)

□ Few minutes

□ Few hours

□ Few days

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16.e) Do you feed waste from mastitic cows or high cell count cows to calves? (check one)

□ Yes, waste milk from high cell count cows and mastitic cows

□ Yes, but only from high cell count cows

□ No waste milk from mastitic or high cell count cows is fed to calves

□ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other thoughts:**

**Teat end scores?**

**Mastitis incidence**

Estimate incidence during the year? No. cows/year? NAHMS does percent of cows per year having mastitis event. How break out chronic vs. new cases? Ask per week, per month, per year? Can we go back through your records to see how mastitis cases were treated? Maybe Nov. to today, or past 4 months, or from what date they moved onto the pack?