**Herd Management Questionnaire**

*To be completed once by the lab personnel interviewing the farmer (prompt language for interviewer are in blue 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. **\*\*\*\* “In this first series of questions, we want to learn about your mastitis issues or concerns. We’re asking some more open-ended questions here at the beginning, and then we’ll ask some specific questions later on. Just a heads-up that you may be repeating some information to us.” \*\*\*\***

6.a) How big of a problem is mastitis in general on your farm?

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6.b) Do you have any cows in your herd that you aren’t actively TREATING, but that you’re currently managing for chronic mastitis? *If yes, say:* “Please describe.”

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*If answer to 6b was “Yes,” complete 6c through 6.f.iv. If “No,” skip to 6g.*

6.c) How do you identify these cows that may have chronic mastitis?

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6.d) How many cows are you currently managing with chronic mastitis, as a percent of your milking

herd?

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6.e) Do you ever culture these cows? *If yes, say:* “Please describe what pathogens have been identified.”

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6.f.i) How do you manage these cows with chronic mastitis?

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*Depending on their answer to 6.f.i, the interviewer may need to ask questions 6.f.ii through 6.f.iv or may skip to 6.g.*

6.f.ii.) *If not specifically addressed in 6.f.i:* Are these cows housed differently than the rest of the herd?

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6.f.iii.) *If not specifically addressed in 6.f.i:* Are these cows milked in a different way than the rest of the

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6.f.iv.) *If not specifically addressed in 6.f.i:* Is the milk from these cows handled in a different way than the

rest of the herd?

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6. g) What do you do on your farm to reduce a cow’s risk of getting mastitis?

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6.h) How do you manage bedding on the farm to reduce a cow’s risk of mastitis?

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6.i) Is a milk quality premium paid by your milk cooperative a motivator for your milking hygiene and mastitis control practices?

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1. **Classification of clinical mastitis**

7.a) How do you recognize or identify a cow with a case of **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. Milk tester results from co-op or testing company (DHIA)

I. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7.b.i) How do you recognize or identify a cow with a case of **SUBCLINICAL** mastitis? *(Interviewer: do not read responses. Circle all appropriate to code response)*

7.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 7.b.ii.)*

E. Never have subclinical mastitis

F. Do not check for subclinical mastitis

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

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7.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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7.c.i) Do you keep a record of clinical mastitis events on farm? (check one)

□ Always

□ Sometimes

□ Temporarily until milk is good

□ Never

7.c.ii) If records are kept, how do you record clinical mastitis events? (check one)

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

□ Paper

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

7.c.iii) If mastitis treatment records are kept, what details do you record about a 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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7.d) Number of people recognizing or identifying a case of mastitis on the farm: \_\_\_\_\_\_\_

7.e) Do you routinely perform bacteriological culture of mastitic milk? (check one)

□ Never

□ Always

□ Sometimes

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

□ Never

□ Always

□ Sometimes

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

□ Never

□ Always

□ Sometimes

□ Only if there’s an issue/cause for concern

7.h) Do you routinely perform bacteriological culture of cows immediately before dry-off?

(check one)

□ Never

□ Always

□ Sometimes

□ Only if there’s an issue/cause for concern

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

□ Reference lab (state, university, or private tester such as DHIA)

□ Local vet clinic

□ On-farm culture

□ Never culture milk from mastitic cows

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

1. **Milking procedures**:

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

□ 2X

□ 3X

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

8.b.i) Milking system (check one):

□ Robot (Automated milking system)

□ Parlor

□ Tie stall

8.b.ii) If milked in a parlor, what kind of parlor? (check one, if combination of multiple types describe in “Other”)

□ Rotary

□ Parallel

□ Herringbone

□ Swing

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

8.b.iii) If milked in a parlor, are milking units routinely washed/sprayed off between uses? (check one)

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

8.b.vi) If milked in a parlor, do you spray the deck during milking? (check one)

□ After every turn of cows that comes through each side  
□ As needed throughout milking if it gets very dirty  
□ Only at the completion of milking

□ Never spray the deck, even after milking

8.b.v) If you SPRAY the deck during milking, do you ever do it when cows are still present, either entering or exiting a side? (check one)

□ Yes □ No □ Occasionally

8.b.vi) If milked in a parlor, do you scrape the deck during milking? (check one)

□ After every turn of cows that comes through each side  
□ As needed throughout milking if it gets very dirty  
□ Only at the completion of milking

□ Never scrape the deck, even after milking

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

□ Yes □ No

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

□ Iodine

□ Chlorhexidine

□ Hydrogen peroxide

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

8.d.iii) Please provide the name of the pre-dip product used:

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

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

□ Yes □ No

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

□ Iodine

□ Chlorhexidine

□ Hydrogen peroxide

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

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

8.f) Do milkers routinely fore strip teats as a part of udder prep? (Check one) (might also know this as “starting a cow”)

□ Yes □ No

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

□ Yes □ No

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

□ Paper □ Cloth

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

□ One □ Two □ More than two □ Depends how dirty the udder is

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

□ One □ More than one □ Depends how dirty the udder is

8.g.v) 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):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.h.i) Do you clip or flame udders one or more times per lactation? (check one)

□ Yes □ No

8.h.ii) If yes, how often on average do you clip or flame a cow’s udder each year?

\_\_\_\_\_\_\_\_ times per year

8.i.i) Do you have any cows with docked tails? (check one)

□ Yes □ No

8.i.ii) If yes, what percent of your adult cows would you estimate have docked tails?

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

8.j.i) Do you trim switches on tails? (check one)

□ Yes □ No

8.j.ii) If yes, how frequently do you trim switches? \_\_\_\_\_\_\_

8.k) 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):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

□ Yes □ No

9.a.ii) If yes, product name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ Yes □ No

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

9.c.i) Do you use any sort of intramammary product at dry-off? (check one)

□ Yes □ No

9.c.ii) If yes, product name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ Yes □ No

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

1. **Diet:**

10.a.i) What do you primarily feed your lactating cows during the winter? (check any that apply)

□ Total mixed ration

□ Component fed

□ Dried forage, not ensiled

□ Ensiled forage

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

10.b.i) Do you work with a nutritionist or other consultant to analyze your ration? (check one)

□ Yes

□ No

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

10.c.i) Do you feed any supplemental minerals with your ration containing vitamin E and

selenium? (check one)

□ Yes

□ No

□ Unsure

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

10.c.ii) If yes, product name or name of mill if product name not known?

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

10.d.i) Do you regularly supplement DRY COWS with an injectable vitamin supplement containing selenium and vitamin E, such as MuSe or Multimin?

□ Yes

□ No

□ As needed, if animal is sick

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

10.d.ii) If yes, product name used:

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

10.d.iii) If yes, AMOUNT given to each animal:

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

10.d.iv) If yes, FREQUENCY supplement is given to each animal:

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

10.e.i) Do you regularly supplement CALVES at birth with an injectable vitamin supplement containing selenium and vitamin E, such as BoSe or Multimin?

□ Yes

□ No

□ As needed, if animal is sick

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

10.e.ii) If yes, product name used:

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

10.e.iii) If yes, AMOUNT given to each animal:

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

10.e.iv) If yes, FREQUENCY supplement is given to each animal:

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

10.f) How do lactating animals get water when they are inside your **WINTER** housing system? (check one)

□ Individual water bowls

□ Troughs

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

10.g) What is the source of drinking water in the **WINTER** for lactating cows? (check one)

□ Well

□ Municipal

□ Surface

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

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

□ Yes

□ No

10.h.ii) If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Miscellaneous:**

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

□ Yes □ No

11.a.ii) If yes, what kind? (check any that apply)

□ Fly tape

□ Predator wasps

□ Fly traps

□ Dust/paint cows with fly repellent

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

11.a.iii) If you use a fly-repellent that is applied directly to cows, please list all the product(s) you use:

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

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

□ Yes □ No

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

□ Designated calving pen for ONE cow at a time

□ Designated calving pen with MULTIPLE cows at a time

□ On the same pack with other cows, where she normally lives

□ In her stall

□ Pasture

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

11.d.i) Typically, do calves nurse on their dams before they are removed? (check one)

□ Yes □ No

11.d.ii) If yes, how long on average? (check one)

□ Few minutes

□ Few hours

□ Few days

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

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

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

□ Yes, PASTEURIZED but only from high cell count cows

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

□ Yes, UNPASTEURIZED but only from high cell count cows

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

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

11.f) What are pre-weaned calves fed? (check all that apply)

□ Milk replacer

□ Whole, saleable milk from bulk tank or individual cow

□ Use a nurse cow

□ Unpasteurized waste milk (non-saleable milk) from mastitic or high cell count cows

□ Pasteurized waste milk (non-saleable milk) from mastitic or high cell count cows

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

11.g) If you use a nurse cow to feed calves, do you know the mastitis status of this cow?

□ Yes, nurse cow is a problem mastitis cow

□ Yes, she does not have mastitis best to my knowledge

□ No, do not know the mastitis status of the nurse cow

□ OTHER (DESCRIBE):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\* “Okay, now we will switch gears from questions about mastitis risk to talk about facilities. We’re about halfway through, so now is a good time to stretch or take a break if needed.” \*\*\*\***

1. **Winter Housing system – adult lactating and dry cows: (Fill in each box as appropriate)**

12.a) Where are cows housed during **THE WINTER** on your farm? Please indicate every type of housing you use during **the winter** for both 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.

|  |  |  |
| --- | --- | --- |
|  | 12.a.i) Lactating cow housing | 12.a.ii) Dry cow housing |
| Free stall |  |  |
|  |  |  |
| Tie stall |  |  |
|  |  |  |
| Loose housing: PACK WITH BEDDING |  |  |
|  |  |  |
| Loose housing: DRY LOT/PAD NO BEDDING |  |  |

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

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12.b.i) Do lactating and dry cows have access to outside paddock or exercise yard during the winter? (Check one)

□ Yes □ No

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

12.b.iii) Describe their outdoor turn-out space:

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

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12.b.iv) Do you ever clean your outdoor turn-out space?

□ Yes □ No □ ***Other (describe):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.b.v) If you clean your outdoor turn-out space, how often do you do it?

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

12.b.vi) **TAKE PICTURE OF OUTDOOR TURN-OUT SPACE**

12.c) When was your current winter housing system constructed?

Estimated age of winter housing system in years \_\_\_\_\_\_\_\_

12.d) Describe the quality of the ventilation of your winter housing using the following scale:

□ Excellent

□ Good

□ Fair

□ Poor

1. **Bedding management: Free stall or tie stall**

*If free stall or tie stall facility is used for LACTATING COWS*, *complete following section:*

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

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

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

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

13.c.i) Do you have a gutter behind the cows, or just an evenly-graded alleyway?

□ Gutter

□ No gutter, evenly-graded alleyway

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

13.d.i) If you have an evenly-graded alleyway behind the cows, how do you clean it?

□ Continuous automated scraper

□ Skid steer or other similar equipment

□ Slatted floors

□ Flush system

□ By hand

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

13.e.i) If you have a gutter behind the cows, how often do you run the gutter cleaner?

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

13.f.i) Frequency of adding new bedding material to the stalls:

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

13.g.i) If you use **DEEP BEDDING** in a free or tie stall, 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

□ Infrequently

□ Never

□ Not applicable, don’t deep bed in the free or tie stall

13.h.i) If deep bedding removed on a regular schedule, how frequently does this occur?

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

13.i.i) If deep bedding removed on a regular schedule OR infrequently, when was the date last completed?

­­­­­­­­­­­­­­­­

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

13.j.i) Do you have mattresses in your stalls?

□ Yes □ No

*If free stall or tie stall facility is used for DRY COWS*, *complete following section:*

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

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

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

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

13.c.ii) Do you have a gutter behind the cows, or just an evenly-graded alleyway?

□ Gutter

□ No gutter, evenly-graded alleyway

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

13.d.ii) If you have an evenly-graded alleyway behind the cows, how do you clean it?

□ Continuous automated scraper

□ Skid steer or other similar equipment

□ Slatted floors

□ Flush system

□ By hand

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

13.e.ii) If you have a gutter behind the cows, how often do you run the gutter cleaner?

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

13.f.ii) Frequency of adding new bedding material to the stalls:

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

13.g.ii) If you use **DEEP BEDDING** in a free or tie stall, 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

□ Infrequently

□ Never

□ Not applicable, don’t deep bed in the free or tie stall

13.h.ii) If deep bedding removed on a regular schedule, how frequently does this occur?

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

13.i.ii) If deep bedding removed on a regular schedule OR infrequently, when was the date last completed?

­­­­­­­­­­­­­­­­

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

13.j.ii) Do you have mattresses in your stalls?

□ Yes □ No

1. **Bedding management: Loose housing**

*If loose-housing system with bedded pack is used for LACTATING COWS, complete following section:*

14.a.i) How would you describe your loose housing system bedding? (check one)

□ Bedded pack barn WITHOUT mechanical aeration or surface tilling

□ Bedded pack barn WITH mechanical aeration or surface tilling

□ Bedded pack barn with other **(describe)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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14.b.i) Average number of cows on the pack at any given time:

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

14.c.i) If the pack is aerated or tilled, how deep below the surface is it aerated/tilled?

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

14.d.i) If the pack is aerated or tilled, how frequently is it aerated/tilled?

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

14.e.i) How often is the pack completely removed/dug out while cows are still housed on it?

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

14.f.i) How long, if ever, is the barn empty of pack and not used to house cows?

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

14.g.i) Do you monitor the pack for temperature?

□ Yes □ No

14.h.i) **If you monitor the pack for temperature, how do you do this and how often?**

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

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14.i.i) Do you monitor the pack for moisture level?

□ Yes □ No

14.j.i) **If you monitor the pack for moisture level, how do you do this and how often?**

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

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14.k.i) Do you monitor the pack for density (how compacted the bedding material is)?

□ Yes □ No

14.l.i) **If you monitor the pack for density, how do you do this and how often?**

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

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14.m.i) **Any other factors you monitor for the pack? How do you do this and how often?**

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

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14.n.i) **Can you estimate the amount (mass) of bedding material added to the pack on average throughout the winter, per unit time? (e.g. two 500 lb. round bales added every day,10 yards wood chips every other week)**

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

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14.o.i) **Does the rate at which you add material to the pack vary throughout the season? If so, how?**

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

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14.p.i) Are cows fed directly on the pack (i.e., no feeding alley)?

□ Yes □ No

14.q.i) Can you describe how you initially build your pack after completely removing the

previous pack and starting over? **(audio)**

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

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14.r.i) If you changed to a compost bedded pack from another housing style, do you feel that cow hygiene was affected? If so, how? **(audio)**

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14.s.i) If you changed to a compost bedded pack from another housing style, do you feel that mastitis incidence was affected? If so, how? **(audio)**

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14.t.i) Anything else about your pack management and construction you feel we should know that we didn’t cover? **(audio)**

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*If loose-housing system with bedded pack is used for DRY COWS, complete following section:*

14.a.ii) The bedding management system is: (check one)

□ Bedded pack barn WITHOUT mechanical aeration or surface tilling

□ Bedded pack barn WITH mechanical aeration or surface tilling

□ Bedded pack barn with other **(describe)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14.b.ii) Average number of cows on the pack at any given time:

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

14.c.ii) If the pack is aerated or tilled, how deep below the surface is it aerated/tilled?

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

14.d.ii) If the pack is aerated or tilled, how frequently is it aerated/tilled?

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14.e.ii) How often is the pack completely removed/dug out while cows are still housed on it?

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14.f.ii) How long, if ever, is the barn empty of pack and not used to house cows in a given year?

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14.g.ii) Do you monitor the pack for temperature?

□ Yes □ No

14.h.ii) **If you monitor the pack for temperature, how do you do this and how often?**

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14.i.ii) Do you monitor the pack for moisture level?

□ Yes □ No

14.j.ii) **If you monitor the pack for moisture level, how do you do this and how often?**

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14.k.ii) Do you monitor the pack for density (how compacted the bedding material is)?

□ Yes □ No

14.l.ii) **If you monitor the pack for density, how do you do this and how often?**

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14.m.ii) **Any other factors you monitor for the pack? How do you do this and how often?**

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14.n.ii) **Can you estimate the amount (mass) of bedding material added to the pack on average throughout the winter, per unit time? (e.g. two 500 lb. round bales added every day,10 yards wood chips every other week)**

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14.o.ii) **Does the rate at which you add material to the pack vary throughout the season? If so, how?**

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14.p.ii) Are cows fed directly on the pack (i.e., no feeding alley)?

□ Yes □ No

14.q.ii) Can you describe how you initially build your pack after completely removing the

previous pack and starting over? **(audio)**

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14.r.ii) If you changed to a compost bedded pack from another housing style, do you feel that cow hygiene was affected? If so, how? **(audio)**

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14.s.ii) If you changed to a compost bedded pack from another housing style, do you feel that mastitis incidence was affected? If so, how? **(audio)**

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14.t.ii) Anything else about your pack management and construction you feel we should know that we didn’t cover? **(audio)**

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1. **Bedding material details (for BOTH LACTATING and DRY cows)**

15.a.i) How long has the current WINTER bedding system been in use for LACTATING cows?

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

15.a.i) How long has the current WINTER bedding system been in use for DRY cows?

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

15.b) Type of bedding material used for lactating and dry cows: (Check any that apply)

15.b.i 15.b.ii  
 Lactating cows Dry Cows

New sand □ □

Reclaimed (recycled) sand □ □

Manure solids (Biosolids) □ □

Shavings □ □

Sawdust □ □

Woodchips □ □

Straw □ □

Hay □ □

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

15.b.iii) If you chose more than one material for LACTATING cows, describe a typical snapshot of the composition of bedding by estimating the percentage made up by each material: (Describe on written survey)

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15.b.vi) If you chose more than one material for DRY cows, describe a typical snapshot of the composition of bedding by estimating the percentage made up by each material: (Describe on written survey)

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*Depending of their answer to 15.b.i and 15.b.ii, skip to the appropriate section(s) below, and complete this section by allowing all participants to answer 15.g*

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

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

□ Silica sand

□ River sand

□ Don’t know

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

□ Yes □ No □ Don’t know

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

□ Passive sand separator lanes

□ Mechanical separator

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

15.c.iv) If using reclaimed sand, time in storage from recapturing the sand to reusing in stalls:

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

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

□ In the open □ Under cover

15.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.

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

15.d.i) How would you classify the manure solids you use? (check one)

□ Raw (Green)

□ Composted

□ Digested

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

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

□ Yes □ No

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

□ Yes □ No

15.d.iv) If digested solids, what is the temperature is the methane digester (if known)?

\_\_\_\_\_\_\_°F

15.d.v) If digested solids, what is the flow rate or material through the digester (if known)?

\_\_\_\_\_\_\_ weeks

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

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

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

15.e.i) Straw or hay for bedding? (check one)

□ Straw

□ Hay

□ Both

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

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

□ Purchased

□ Produced

□ Both

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

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

□ Dry hay (e.g. round bales)

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

□ Both

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

15.e.iv) Storage location of straw and hay used for bedding? (check one)

□ Stored under cover

□ Stored outside not under cover

□ Both

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

15.f) Answer the following questions if you use **WOODCHIPS, SHAVINGS or SAWDUST:**

15.f.i) Are the shavings/chips/sawdust you used kiln dried or “fresh?” (check one)

□ Kiln dried

□ Fresh or raw

□ Both

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

15.f.ii) Storage location of woodchips/shavings/sawdust used for bedding? (check one)

□ Stored under cover

□ Stored outside not under cover

□ Both

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

15.g.i) Do you use bedding conditioner (e.g. hydrated lime)?   
 □ Yes □ No

15.g.ii) If Yes, name of conditioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15.g.iii) AMOUNT of conditioner applied (e.g. ounces per stall, amount per sq. ft pack)

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

15.g.vi) FREQUENCY of conditioner applied (e.g. times/week, times/month)?

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

15.h) Anything you’d like to tell us about your bedding management practices or materials used that weren’t included in the above questions? (If yes, describe)

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1. **Herd Information**

16.a)What is/are the breeds of dairy cattle on your farm?(describe all breeds):

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

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16.b) 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?

Rolling herd average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs/cow/year

***OR:***

Average milk production: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs/cow/year

16.c) What are the number of lactating cows, dry cows, and young stock on your farm?

|  |  |  |  |
| --- | --- | --- | --- |
|  | 16.c.i Lactating cows | 16.c.ii Dry cows | 16.c.iii Young stock |
| Number |  |  |  |

Are these numbers exact or approximate? 16.d) Exact actual numbers \_\_\_\_\_\_\_\_

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

16.e.i) What is the average age of lactating cows in your herd, in years?

Average age lactating cow in years \_\_\_\_\_\_\_\_

16.e.ii) How this answer was generated? (check one)

□ Milk testing results

□ On-farm software

□ Estimated

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

16.f)How many years has this farm been certified organic?

Years current farm certified organic \_\_\_\_\_\_\_\_

16.g) How many years have you owned or managed ANY dairy farm?

Years owned or managed a dairy farm \_\_\_\_\_\_\_\_

16.h) How many years have you owned or managed an ORGANIC dairy farm?

Years owned or managed an organic dairy farm \_\_\_\_\_\_\_\_

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

□ DairyComp 305 (or Scout)

□ DairyPlan

□ DHI-Plus

□ PCDART

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

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

16.j) Do you sell raw milk direct to consumers?

□ No

□ Yes, limited sales (87.5 or fewer gallons per week) of unpasteurized milk direct to consumers, VT tier 1

□ Yes, registered with VT Agency of Ag for sales as tier 2 producer (> 87.5 gallons per week and allowed to deliver)

16.k) Are you a registered milk handler processing milk or other dairy products on your farm? (e.g. producing pasteurized fluid milk, cheese, yogurt, ice cream or other dairy products on the same premises)

□ Yes

□ No

□ Not sure

16.l) Do you, your family, or your employees consume raw milk from this farm?

□ Yes

□ No

□ Not sure

16.m) Are you currently considering leaving dairy farming within the next 2 years?

□ Yes

□ No

□ Not sure

16.m.i) If yes, could you describe your plan for leaving dairy farming within the next 2 years?

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1. **DHIA Information**

17.a) What are the DHIA herd and RAC (access code) numbers?

17.a.i) DHIA Herd code number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

17.a.ii) 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)*

17.b) How many times per year do you participate in DHIA testing (e.g. monthly/12 times per year, less frequently, or more frequently)?

Frequency of DHIA testing:

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

17.c) What is the DHIA lab you test through (DHIA Lab name and state)?

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

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