

PIG FARM QUESTIONNAIRE – Baseline study - Dong Thap

Date of interview:/...../.....

Farm ID:

Interviewer:

Verified by:

General information

1	<i>Name of interviewee</i> (Print in block letters)	<i>Telephone:</i>	
2	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age (in years):	
3	<i>Address of farm</i>		
4	<i>Village</i> (Print in block letters)		
5	<i>Commune</i> (Print in block letters)		
6	<i>District</i> (Print in block letters)		
7	<i>Province</i> (Print in block letters)		
8	Indicate total surface dedicated to pig housing (sq. m)		
9	Coordinates (GPS) (if known)		Degrees ^o
			Minutes'
	Northing	---	--·----
	Easting	---	--·----

Pigs

10	<i>Please describe in the table below all groups of pigs currently kept in your farm</i>			
Pig type	Number	Age (in month/s) [Indicate range if multi-age]	Are pigs kept in their pen/house 24h/day? (Y/N)	
			Yes	No
Sow/s			<input type="checkbox"/>	<input type="checkbox"/>
Suckler/s			<input type="checkbox"/>	<input type="checkbox"/>
Gilt/s			<input type="checkbox"/>	<input type="checkbox"/>
Weaner/Grower/Fattener/s			<input type="checkbox"/>	<input type="checkbox"/>
Boar/s			<input type="checkbox"/>	<input type="checkbox"/>
Total			<input type="checkbox"/>	<input type="checkbox"/>

Animal/s other than pigs

11	<i>Indicate any animal species other than swine present in your farm, and the total number of animals of each species.</i>	
<input type="checkbox"/> Cattle; No.:..... <input type="checkbox"/> Buffalo; No.:..... <input type="checkbox"/> Dog; No.:..... <input type="checkbox"/> Cat; No.:..... <input type="checkbox"/> Rabbit; No.:.....		
<input type="checkbox"/> Poultry	<input type="checkbox"/> Meat chicken; No.:..... <input type="checkbox"/> Layer chicken; No.:..... <input type="checkbox"/> Mixed (double purpose) chicken; No.:..... <input type="checkbox"/> Meat duck; No.:..... <input type="checkbox"/> Layer duck; No.:..... <input type="checkbox"/> Mixed purpose duck; No.:..... <input type="checkbox"/> Breeding duck flock; No.:..... <input type="checkbox"/> Muscovy duck; No.:..... <input type="checkbox"/> Quail; No.:..... <input type="checkbox"/> Fighting cockerel; No.:..... <input type="checkbox"/> Other poultry (specify): No.:.....	

Health status of the herd

12	<i>Describe the main health problems observed in your pigs over the last 6 months, as well as now (you may tick several boxes if required). If no disease has been observed, tick this box <input type="checkbox"/></i>										
Pig type	Sick or died over last 6 months	Signs of disease now	Describe health problems								
			Respiratory	Gastroenteric (ie. vomiting, vdiarrhoea)	CNS (incoordination, etc)	Inappetence/ malaise	Lameness	Sudden death	Poor reproductive performance (incl. Abortion)	Other signs (specify)	
Sow/s	<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"/>
Suckler/s	<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"/>
Guilt/s	<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"/>
Weaner/Grower/Fattener/s	<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"/>
Boar/s	<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"/>
Total	<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"/>

Use of antibiotics

13	<i>Indicate (if any) what antibiotics were used to treat your pigs <u>over the last 90 days</u>. If no antibiotics have been used to treat disease, tick this box <input type="checkbox"/></i>				
Product' commercial name	Pig type (tick)	Administration method (I=Injectable; W=Water; F=Feed)	Purpose	Date of last Administration (full date or month)	
	So <input type="checkbox"/> Su <input type="checkbox"/> Gu <input type="checkbox"/> WG <input type="checkbox"/> F <input type="checkbox"/> B <input type="checkbox"/>	<input type="checkbox"/> Injectable <input type="checkbox"/> Water <input type="checkbox"/> Feed	<input type="checkbox"/> Treat <input type="checkbox"/> Prevent		
	So <input type="checkbox"/> Su <input type="checkbox"/> Gu <input type="checkbox"/> WG <input type="checkbox"/> F <input type="checkbox"/> B <input type="checkbox"/>	<input type="checkbox"/> Injectable <input type="checkbox"/> Water <input type="checkbox"/> Feed	<input type="checkbox"/> Treat <input type="checkbox"/> Prevent		
	So <input type="checkbox"/> Su <input type="checkbox"/> Gu <input type="checkbox"/> WG <input type="checkbox"/> F <input type="checkbox"/> B <input type="checkbox"/>	<input type="checkbox"/> Injectable <input type="checkbox"/> Water <input type="checkbox"/> Feed	<input type="checkbox"/> Treat <input type="checkbox"/> Prevent		
	So <input type="checkbox"/> Su <input type="checkbox"/> Gu <input type="checkbox"/> WG <input type="checkbox"/> F <input type="checkbox"/> B <input type="checkbox"/>	<input type="checkbox"/> Injectable <input type="checkbox"/> Water <input type="checkbox"/> Feed	<input type="checkbox"/> Treat <input type="checkbox"/> Prevent		
	So <input type="checkbox"/> Su <input type="checkbox"/> Gu <input type="checkbox"/> WG <input type="checkbox"/> F <input type="checkbox"/> B <input type="checkbox"/>	<input type="checkbox"/> Injectable <input type="checkbox"/> Water <input type="checkbox"/> Feed	<input type="checkbox"/> Treat <input type="checkbox"/> Prevent		

S=Sows; Su=Sucklers; WG=Weaners, growers, fatteners; Gu=Guilt; B=Boars

Vaccination

14 Indicate (if any) which vaccines have been used your herd by pig type over the last year. If known. If no vaccines have been used in any of your pigs, tick this box

Disease targeted	Commercial name of the vaccine	Sow/s	Gilt/s	Boar/s	Weaners/Growers/fatteners	Sucklers
Classical swine fever		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salmonella		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FMD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurella		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRRS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: specify		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: specify:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bio-security procedures and facilities

15	<i>Describe the procedures /facilities that apply to the pig facilities and procedures in your farm</i>	
Bio-security	Ante-room	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Change of boot/shoes	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Foot bath	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Separation of age groups	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Facilities	Floor	<input type="checkbox"/> Concrete; <input type="checkbox"/> Earth; <input type="checkbox"/> Other (specify).....
	Metal slats in floors	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Farrowing crates	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Material of partitions	<input type="checkbox"/> Cement; <input type="checkbox"/> Wood; <input type="checkbox"/> Other (specify).....
Disposal of dead pigs	Throw away	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Bury	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Eat	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Burn	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Sell	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Other	Specify:.....

Cleaning and disinfection procedures

16	<i>Describe the C&D procedures in the houses/pens where pigs are kept of your farm practised over the last 6 months by ticking the appropriate box and describe frequency (number of times per month)</i>				
Pig type	Not washed or disinfected pens/houses	Washed (with water only)	Washed with disinfectant	Commercial name of disinfectant/s	Dilution rate (e.g. 1:100)
Sow/s	<input type="checkbox"/>	<input type="checkbox"/> Frequency:.....	<input type="checkbox"/> Frequency:.....		
Suckler/s	<input type="checkbox"/>	<input type="checkbox"/> Frequency:.....	<input type="checkbox"/> Frequency:.....		
Gilt/s	<input type="checkbox"/>	<input type="checkbox"/> Frequency:.....	<input type="checkbox"/> Frequency:.....		
Weaner/ Grower/F attener/s	<input type="checkbox"/>	<input type="checkbox"/> Frequency:.....	<input type="checkbox"/> Frequency:.....		
Boar/s	<input type="checkbox"/>	<input type="checkbox"/> Frequency:.....	<input type="checkbox"/> Frequency:.....		

Rodents and wild birds

17	<i>Describe the frequency of sightings of live rodents and wild birds in your farm.</i>	
Rodents	<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-4 times per month) <input type="checkbox"/> > 4 times per month)	
Wild birds	<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-4 times per month) <input type="checkbox"/> > 4 times per month)	

Feed/water sources

18	<i>Describe the feed/water sources</i>				
Feed	<input type="checkbox"/> Commercial feed	<input type="checkbox"/> Home mix	<input type="checkbox"/> Household leftovers	<input type="checkbox"/> Others	
Water	<input type="checkbox"/> Municipal water	<input type="checkbox"/> Raining water	<input type="checkbox"/> River water	<input type="checkbox"/> Well water	<input type="checkbox"/> Other

THANKS VERY MUCH!

POULTRY FARM QUESTIONNAIRE – Baseline study - Dong Thap

Date of interview:/...../.....

Farm ID:

Interviewer:

Verified by:

General information

1	<i>Name of interviewee</i> (Print in block letters)		<i>Telephone:</i>			
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age (in years):			
3	<i>Address of farm</i>					
4	<i>Village</i> (Print in block letters)					
5	<i>Commune</i> (Print in block letters)					
6	<i>District</i> (Print in block letters)					
7	<i>Province</i> (Print in block letters)					
8	<i>Indicate total surface dedicated to poultry housing (sq. m)</i>					
9	<i>Coordinates</i> (GPS) (if known)		Degrees ^o		Minutes'	
			Northing		---	---.---
			Easting		---	---.---

Poultry

10

Please list all poultry flocks currently kept in your farm

Flock No.	Poultry species (see keys)	Number	Age (in weeks) [Indicate range if multi-age]	Purpose	Are birds kept in their pen/house 24h/day? (Y/N)	
					Yes	No
				<input type="checkbox"/> Egg <input type="checkbox"/> Breeding <input type="checkbox"/> Meat <input type="checkbox"/> Multi-purpose	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Egg <input type="checkbox"/> Breeding <input type="checkbox"/> Meat <input type="checkbox"/> Multi-purpose	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Egg <input type="checkbox"/> Breeding <input type="checkbox"/> Meat <input type="checkbox"/> Multi-purpose	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Egg <input type="checkbox"/> Breeding <input type="checkbox"/> Meat <input type="checkbox"/> Multi-purpose	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Egg <input type="checkbox"/> Breeding <input type="checkbox"/> Meat <input type="checkbox"/> Multi-purpose	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Egg <input type="checkbox"/> Breeding <input type="checkbox"/> Meat <input type="checkbox"/> Multi-purpose	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Egg <input type="checkbox"/> Breeding <input type="checkbox"/> Meat <input type="checkbox"/> Multi-purpose	<input type="checkbox"/>	<input type="checkbox"/>

C=Chickens; D=Ducks; M=Muscovies; Q=Quails; G=Geese

Use of antibiotics

13

Indicate (if any) what antibiotics were used to treat your poultry over the last 90 days. If no antibiotics have been used to treat disease, tick this box

Product' commercial name	Flock Number (see Table 10)	Administration method (W=Water; F=Feed; I=Injectable)	Purpose	Date of last Administration (full date or month)
		<input type="checkbox"/> Injectable <input type="checkbox"/> Water <input type="checkbox"/> Feed	<input type="checkbox"/> Treat <input type="checkbox"/> Prevent	
		<input type="checkbox"/> Injectable <input type="checkbox"/> Water <input type="checkbox"/> Feed	<input type="checkbox"/> Treat <input type="checkbox"/> Prevent	
		<input type="checkbox"/> Injectable <input type="checkbox"/> Water <input type="checkbox"/> Feed	<input type="checkbox"/> Treat <input type="checkbox"/> Prevent	
		<input type="checkbox"/> Injectable <input type="checkbox"/> Water <input type="checkbox"/> Feed	<input type="checkbox"/> Treat <input type="checkbox"/> Prevent	
		<input type="checkbox"/> Injectable <input type="checkbox"/> Water <input type="checkbox"/> Feed	<input type="checkbox"/> Treat <input type="checkbox"/> Prevent	

Vaccination

14 Indicate (if any) any vaccines you have used for your flocks over the last year. If known. If no vaccines have been used in any of your flocks, tick this box

Disease targeted	Commercial name of the vaccine	Meat chickens	Layer chickens	Meat ducks	Layer ducks	Other:.....
Highly pathogenic avian influenza		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newcastle disease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duck plague		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gumboro		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious bronchitis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious laryngotracheitis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marek's disease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salmonella		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mycoplasma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bio-security procedures and facilities

15	<i>Describe the procedures /facilities that apply to the poultry facilities and disposal procedures of dead poultry in your farm</i>	
Bio-security	Ante-room	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Change of boot/shoes	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Foot bath	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Separation of age groups	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Disposal of dead poultry	Throw away	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Bury	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Eat	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Burn	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Sell	<input type="checkbox"/> Yes; <input type="checkbox"/> No
	Other	Specify:.....

Cleaning and disinfection procedures

16	<i>Describe the C&D procedures in the houses/pens where poultry are kept of your farm practised over the last 6 months by ticking the appropriate box and describe frequency (number of times per month)</i>				
Flock Number (see Table 10)	Not washed or disinfected house/pen	Washed (water only)	Washed with disinfectant	Commercial name of disinfectant/s	Dilution rate (e.g. 1:100)
	<input type="checkbox"/>	<input type="checkbox"/> Frequency:.....	<input type="checkbox"/> Frequency:.....		
	<input type="checkbox"/>	<input type="checkbox"/> Frequency:.....	<input type="checkbox"/> Frequency:.....		
	<input type="checkbox"/>	<input type="checkbox"/> Frequency:.....	<input type="checkbox"/> Frequency:.....		
	<input type="checkbox"/>	<input type="checkbox"/> Frequency:.....	<input type="checkbox"/> Frequency:.....		
	<input type="checkbox"/>	<input type="checkbox"/> Frequency:.....	<input type="checkbox"/> Frequency:.....		

Rodents and wild birds

17	<i>Describe the frequency of sightings of live rodents and wild birds in your farm.</i>	
Rodents	<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-4 times per month) <input type="checkbox"/> > 4 times per month)	
Wild birds	<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-4 times per month) <input type="checkbox"/> > 4 times per month)	

Feed/water sources

18	<i>Describe the feed/water sources and the disposal of dead birds</i>				
Feed	<input type="checkbox"/> Commercial feed	<input type="checkbox"/> Home mix	<input type="checkbox"/> Household leftovers	<input type="checkbox"/> Others	
Water	<input type="checkbox"/> Municipal water	<input type="checkbox"/> Raining water	<input type="checkbox"/> River water	<input type="checkbox"/> Well water	<input type="checkbox"/> Other

THANKS VERY MUCH!