

NPB Master Survey

A Please type your first name:

B Please type the complete name of the state in which you reside :

C How would you describe your current role in the swine industry?

- Owner – works with pigs occasionally
- Owner – works with pigs often
- Manager – works with pigs occasionally
- Manager – works with pigs often
- Caretaker – works with pigs occasionally
- Caretaker – works with pigs often
- Veterinarian – works with pigs occasionally
- Veterinarian – works with pigs often
- Declined to answer question

Q1 Is performing euthanasia one of your routine job tasks?

- Yes
- No
- Not applicable
- Decline to answer

Q2 Approximately how many **sows** do you work with daily? Please specify a number or N/A:

Q3 How often do you euthanize a **sow**?

- How many daily _____
- If not daily, how many weekly _____
- If not weekly, how many monthly _____
- If not monthly, how many annually _____
- Not applicable
- Decline to answer

Q4

Approximately how many **piglets** do you work with daily? Please specify a number or N/A:

Q5 How often do you euthanize a **piglet**?

- How many daily _____
- If not daily, how many weekly _____
- If not weekly, how many monthly _____
- If not monthly, how many annually _____
- Not applicable
- Decline to answer

Q6 Do you perform euthanasia by yourself or with another staff member/team? If both, select both boxes. If with a staff member, identify position.

- By yourself
- With staff member _____
- Not applicable
- Decline to answer

Q7 Who makes the decision to euthanize?

- Owner (other than yourself)
 - Manager (other than yourself)
 - Caretaker (other than yourself)
 - You
 - Veterinarian
 - Other _____
 - Not applicable
 - Decline to answer
-

Q8 What determines which euthanasia method is used?

Q9 If during your day, you identify an animal that needs to be euthanized, explain the process. What are some unexpected challenges that you did not anticipate when taking this job?

Q10

If you euthanize sows, please answer the following questions:

Questions related to type of euthanasia and frequency of use:

| Do you perform this method of | Does performing euthanasia using this method | Frequency of Use | Does performing euthanasia |
|-------------------------------|--|------------------|----------------------------|
|-------------------------------|--|------------------|----------------------------|

| | euthanasia in your current role | | | cause you discomfort? | | | | | | | | using this method cause you discomfort? |
|--------------------------|---------------------------------|----|-------------------|-----------------------|----|-------------------|----------------|-------------------------------|---------------------------------|-----------------------------------|-------------------|---|
| | Yes | No | Decline to answer | Yes | No | Decline to answer | How many daily | If not daily, how many weekly | If not weekly, how many monthly | If not monthly, how many annually | Decline to answer | If yes, please explain why: |
| Gunshot | | | | | | | | | | | | |
| Penetrating captive bolt | | | | | | | | | | | | |
| Electrocution | | | | | | | | | | | | |
| Anesthetic overdose | | | | | | | | | | | | |

Q11

If you euthanize sows, please answer the following questions:

Questions related to training associated with various methods of euthanasia:

| | Have you been trained to perform this method? | | | Frequency of Training | What language was the training offered in? | | | | | What language was the training offered in? | Type of training (select all that apply) | | | | | | | | | | Type of training | | |
|--------------------------|---|----|-------------------|--|--|---------|---------|------|-------|--|--|---------------------------|----------------------------|-------|--------|-------------------|-----------------------|-------|-------------------|--------------------------------|------------------|--|--|
| | Yes | No | Decline to answer | How many times per year do you receive training for this type of euthanasia? | Decline to answer | Spanish | English | Both | Other | Decline to answer | If Other was selected, specify | in-person outside trainer | in-person in-house trainer | video | online | written materials | shadowing a co-worker | Other | Decline to answer | If Other was selected, specify | | | |
| Gunshot | | | | | | | | | | | | | | | | | | | | | | | |
| Penetrating captive bolt | | | | | | | | | | | | | | | | | | | | | | | |
| Electrocution | | | | | | | | | | | | | | | | | | | | | | | |
| Anesthetic overdose | | | | | | | | | | | | | | | | | | | | | | | |

Q12

If you euthanize piglets, please answer the following questions:

Questions related to type of euthanasia and frequency of use:

| | Do you perform this method of euthanasia in your current role? | | | Does performing euthanasia using this method cause you discomfort? | | | Frequency of Use | | | | | Does performing euthanasia using this method cause you discomfort? | |
|--|--|----|-------------------|--|----|-------------------|------------------|-------------------------------|---------------------------------|-----------------------------------|-------------------|--|--|
| | Yes | No | Decline to answer | Yes | No | Decline to answer | How many daily | If not daily, how many weekly | If not weekly, how many monthly | If not monthly, how many annually | Decline to answer | If yes, please explain why: | |
| | | | | | | | | | | | | | |

checking the appropriate box.

| | Strongly Disagree | Disagree | Agree | Strongly agree | Decline to answer | Not applicable |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I have received enough training to euthanize pigs correctly. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The frequency of training is adequate. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training is delivered in a format that helps me learn. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would like to receive more euthanasia training. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training has made me confident about performing euthanasia. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training includes strategies to cope with personal stress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training includes human safety while performing euthanasia. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training includes strategies for emotional wellness. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| All employees performing euthanasia have been trained adequately. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I have questions about euthanasia procedures, I can ask a co-worker or supervisor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can review euthanasia training materials on the farm whenever I need. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Start of Block: I. Questions for Management Only

Q1B How many employees are on staff currently? Please specify a number:

Q2B How many employees are trained to perform euthanasia? Please specify a number:

Q3B How many sows are at this site:

- <100
- 100-499
- 500-999
- 1000-2500
- 2500+
- Decline to answer
- Not applicable

Q4B How often do you euthanize a **sow**?

- How many daily _____
- If not daily, how many weekly _____
- If not weekly, how many monthly _____
- If not monthly, how many annually _____
- Decline to answer
- Not applicable

Q5B How often do you euthanize a **piglet**?

- How many daily _____
- If not daily, how many weekly _____
- If not weekly, how many monthly _____
- If not monthly, how many annually _____
- Decline to answer or N/A

Q6B Do employees perform euthanasia alone or with another staff member/team? If with a staff member, identify position.

- By yourself
- With staff member _____
- Decline to answer
- Not applicable

Q7B

Who makes the decision to euthanize?

- Owner (other than yourself)
- Manager (other than yourself)
- Caretaker (other than yourself)
- You
- Veterinarian
- Other _____
- Decline to answer

Q8B What determines which euthanasia method is used?

Q9B

If you euthanize sows, please answer the following questions:

Questions related to type of euthanasia and frequency of use:

| | Is this method used on this farm? | | | Frequency of Use | | | | Decline to answer |
|--------------------------|-----------------------------------|----|-------------------|------------------|-------------------------------|---------------------------------|-----------------------------------|-------------------|
| | Yes | No | Decline to answer | How many daily | If not daily, how many weekly | If not weekly, how many monthly | If not monthly, how many annually | |
| Gunshot | | | ○ | | | | | |
| Penetrating captive bolt | | | ○ | | | | | |
| Electrocution | | | ○ | | | | | |
| Anesthetic overdose | | | ○ | | | | | |

Q10B

If you euthanize sow, please answer the following questions:

Questions related to training associated with various methods of euthanasia:

| Do you provide training on | Frequency of Training | What language was the training offered in? | What language was | Type of training (select all that apply) | Type of training |
|----------------------------|-----------------------|--|-------------------|--|------------------|
| | | | | | |

| | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|-----------------------|--|--|--|-----------------------|--|--|--|--|--|--------------------------|--------------------------|--|--|--------------------------|
| Carbon dioxide | | | | <input type="radio"/> | | | | <input type="radio"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Non-penetrating captive bolt | | | | <input type="radio"/> | | | | <input type="radio"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Penetrating captive bolt (>12lbs) | | | | <input type="radio"/> | | | | <input type="radio"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Electrocution (> 3 days) | | | | <input type="radio"/> | | | | <input type="radio"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Anesthetic overdose | | | | <input type="radio"/> | | | | <input type="radio"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Blunt force trauma (| | | | <input type="radio"/> | | | | <input type="radio"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |

Q13B What workplace wellness programs are in place to help promote worker health? Please describe any programs or events.

Q14B Is there an emphasis on mental health in the workplace?

- Yes
- No
- Decline to answer

Q15B What is the average turnover rate of employees in the past 12 months?

Q16B What is the most common reason for leaving? Think of the last three or four people who have left - what was their reason for leaving)

End of Block: I. Questions for Management Only

Q14 At your work:

| | Frequency | | How many take place per year? | Decline to answer | Additional Notes Regarding Answer Please add any clarifying information if necessary: |
|--|-----------|----|-------------------------------|-------------------|--|
| | Yes | No | | | |
| | | | | | |

| | | | | | | | |
|--|--|--|--|-----------------------|--|--|--|
| Are there programs to promote worker health? | | | | <input type="radio"/> | | | |
| Are there any mental health evaluations? | | | | <input type="radio"/> | | | |
| Are there employee check-ins with a supervisor or administrator? | | | | <input type="radio"/> | | | |

Q15

If you have answered yes to any of the questions above, please explain the details of any program, evaluation or check-ins you may have at your workplace. If no, type N/A or leave blank.

Q16 Do you feel that these programs, evaluations or check-ins benefit your overall happiness in your job? Please, explain. If this does not apply to you, type N/A or leave blank.

Q17 The following questions relate to your employment.

Please rate your experience with each topic by checking the appropriate box.

| | Strongly Disagree | Disagree | Agree | Strongly agree | Decline to answer | Not applicable |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I have received guidance/advice on how to manage the stress in my workplace. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My workplace has access to programs and/or training to help me adequately deal with my work responsibilities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel physically safe and protected at work while performing euthanasia. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My job has adequate programs to help me cope with my job. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am satisfied with my current job. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel supported by my peers in the workplace. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q18

The following question relates to your employment.

Please rate your experience with each topic by checking the appropriate box.

| | Not Valued | Somewhat Valued | Valued | Very Valued | Decline to answer | Not applicable |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Please rate how your workplace values the mental health of employees. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q19

The following question relates to your employment.

Please rate your experience with each topic by checking the appropriate box.

| | Not Stressed | Somewhat Stressed | Stressed | Very Stressed | Decline to answer | Not applicable |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Please rate the amount of stress you feel at your job on a daily basis. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q20 Please rate your experience with each topic by checking the appropriate box.

| | Strongly Disagree | Disagree | Agree | Strongly agree | Decline to answer | Not applicable |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I believe that euthanasia is a humane way to end animal suffering. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It is more humane to euthanize animals that are suffering than to let them die naturally. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel as though the euthanasia process on the farm is necessary. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have enough experience and knowledge to know when to euthanize a pig. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel as though there are often good reasons for euthanizing pigs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel emotionally upset after euthanizing an animal. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Euthanizing pigs becomes easier the more that I do it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It would not bother me if my job was to euthanize all the pigs that needed to be euthanized every day. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q21 Is there any aspect of the euthanasia process that bothers or distresses you? Please explain.

Q22 Is there anything else you would like to share about your role in performing euthanasia?

Q23 Is there anything else you would like to share about euthanasia?

Q24 Please rate your experience with each topic by checking the appropriate box.

| | Strongly Disagree | Disagree | Agree | Strongly agree | Decline to answer | Not applicable |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I feel as though I can communicate with my supervisors if I feel uncomfortable performing euthanasia. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am aware of proper channels to communicate issues to management. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My supervisors aim to promote a safe and encouraging work environment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel as though my supervisors acknowledge concerns that I may have. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My supervisor takes an interest in my professional development and/or job performance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My supervisor takes an interest in my over-all well-being. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q25 How many people do you talk to about your work? Please specify the number of people by group.

- Relatives _____
- Friends _____
- Work Peers _____
- Other _____
- Not applicable. Type an "X" _____
- Decline to answer. Type an "X"

Q26 How many people do you feel you can communicate with regarding your feelings about performing euthanasia at work? Please specify the number of people by group.

- Relatives _____
- Friends _____
- Work Peers _____
- Other _____
- Not applicable. Type an "X" _____
- Declined to answer. Type an "X" _____

Q27 Do you know what mental health care resources are available in your community?

- Yes
- No
- Not applicable
- Decline to answer

Q28 Please type your email if you would like to receive a gift card upon completion of the survey (optional). This email will not be used for any other purpose.

Q29 Age in years

Q30 Gender

- Man
- Woman
- Other
- Decline to answer question

Q31 Highest level of formal education

- No high school diploma. Please specify number of years of schooling:

- High school diploma
- Some college
- Bachelor's degree
- Veterinary school
- Post graduate degree (other than veterinary school). Please specify:

- Decline to answer question

Q32 Ethnicity

- Hispanic or Latino
- Non-Hispanic or Latino
- Decline to answer question

Q33 How long have you been employed at this company?

- Years _____
- Month _____
- Weeks _____
- Decline to answer question

Q34 Prior to this farm, were you employed in other sow farms on the US? *If yes, total years employed in sow farms in the US: _____ years _____ months*

- Yes _____
- No
- Decline to answer question

Q35 Country of origin:

Q36 Native language:

Q37 Second language proficiency (please specify language in the textbox):

- I speak it very well _____
- I understand it but have trouble speaking it _____
- I don't understand it very well _____
- None
- Decline to answer question

Q37 Please leave any additional comments if you have any feedback or would like to discuss anything else regarding any of the questions in this survey that may not have been addressed directly.
