

Feeding Strategies on Wisconsin Dairy Farms: Economic, Production, and Environmental Outcomes



United States Department of Agriculture
National Institute of Food and Agriculture



Participation in the study is **voluntary**. All answers to questions in this survey will be kept *strictly confidential*, and the results will only be used in statistical summaries. Individual farm information will not be identified in any publication. University of Wisconsin-Madison, Social and Behavioral Sciences, IRB Protocol Number SE-2009-0401.

Consent forms need to be signed prior to the start of the interview

We welcome your comments and suggestions
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ENUMERATOR:

DATE OF SURVEY:

SURVEY STARTING TIME:

SURVEY ENDING TIME:

FARMER ID#:

A. FARM BUSINESS STRUCTURE AND DECISION MAKERS

- A.1.** How is your farm business managed? In other words, how are the day to day farm decisions made?
(Check the one choice that applies best from the following list)
Individual
Partnership
Hired management
Other
Total respondent
- A.2.** Are you an important decision maker on the farm?
YES , for how many years?
NO
- A.3.** How many other people are important decision makers on this operation? _____
- A.4.** Do you milk your dairy cattle at more than one location?
 1 = YES
 0 = NO, **SKIP TO A.5**
- A.4.1.** Do you consider the cows in the different location(s) part of the same herd?
 YES, for the rest of the survey we would like you to answer the questions for the whole herd.
SKIP TO A.5
 NO, continue
- A.4.2.** Do you use the same land to feed those different herds?
 YES, for the rest of the survey we would like you to talk about the different herds as if they would be only one and tell us about all of the land used for the different herds.
 NO, for the rest of the survey we would like you to focus only on your main herd and the land you use to feed it.
How many cows you milk at the other location? _____
How far away is the other location? _____
- A.5.** Do you use grazing?
 1 = YES, continue to A.6
 0 = NO, **SKIP TO A.7** if they do not graze
- A.6.** How often are cows moved to a fresh pasture during the primary grazing season (May 1 to Oct 15)? _____

- A.7.** Are you or have you been certified organic?
 0 = No, we have never been certified
 1 = Yes, we are currently certified organic. What year did your farm become certified? _____
 2 = We are transitioning into organic. What year did you start transitioning? _____
 3 = We used to be certified, but are no longer certified as of (month and year) _____

A.8. LAND

A.8.1. For the cropping season of 2010, how many acres of crop and pasture did you own/rent/operate?

		Cropland (acres)		Pasture (acres)	
	Land owned	A811a		A812a	
+	Land rented	A811b		A812b	
-	Land rented out	A811c		A812c	
Total =	Land operated	A811d		A812d	

A.8.2. How many acres of woodland do you have? _____

A.8.3. How many acres of non agricultural land besides woodland do you have? _____

A.8.4. In January 2010, how many acres did you have in the Conservation Reserve Program? _____

B. PEOPLE ON THE FARM

B.1. YOU AND YOUR FAMILY (INCLUDE NON-FAMILY MEMBERS WHO LIVE IN THE FARM HOUSE AND WORK ON THE FARM)

B.1.1. Let's talk about family members and other people who live in the farm house and work on the farm. Use the following codes to fill the table below. Indicate off-farm work only for individuals over 18.

Codes:

Relationship:

1: Respondent; **2:** Respondent-Spouse; **3:** Child of Respondent; **4:** Parent of Respondent;

5: Sibling of Respondent ; **6:** Cousin of Respondent; **7:** Other Family; **8:** Other (specify: _____).

Education:

1: Less than high school; **2:** High school diploma or equivalency (GED); **3:** Tech school, apprenticeship or some college; **4:** University Short Course; **5:** Completed 4 year degree (BA or BS) **6:** Graduate school.

#	Name (first name, last name)	Participating in interview	Principal decision maker	Role/ Relation- ship	Age	Gender	Education	Off- farm work
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO
6		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> YES <input type="checkbox"/> NO

B.1.2. Were you raised on a farm?

1 = YES;

2 = NO, but I spent significant time on a farm when I was a child;

3 = NO, and I did not spend significant time on a farm as a child.

B.2. Answer the following questions to describe the farm management training you and (if applicable) the other main decision maker gained prior to working on this farm or becoming principal decision makers.

		What kind of operation (check all that apply)	How long? (years)
B.2.3. Were you ever an assistant, intern, apprentice or salaried worker on a dairy farm? (full or part-time)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 = Conventional; <input type="checkbox"/> 2 = Grazing; <input type="checkbox"/> 3 = Organic <input type="checkbox"/> 4 = Other (specify: _____)	
B.2.4. Was the other main decision maker ever an assistant, intern, apprentice or salaried worker on a dairy farm? (full or part-time)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 = Conventional; <input type="checkbox"/> 2 = Grazing; <input type="checkbox"/> 3 = Organic <input type="checkbox"/> 4 = Other (specify: _____)	

B.3. FARM EMPLOYMENT AND LABOR (PEOPLE WHO WORK ON THE FARM): Use the following codes to fill in the tables with the information for ALL individuals working on the farm, including yourself.

B.3.1. Fill in the table with the information of all family members and other partners working on the farm with the codes below

Farm Tasks (include all that apply): 1: Milking; 2: Feeding; 3: Calf care; 4: Field work; 5: Pasture work; 6: Cleaning; 7: Maintenance; 8: Manure handling; 9: Other (specify: _____)

FAMILY MEMBERS AND PARTNERS

#	Name	Farm tasks (code)	Hrs/ week	Weeks/year
1				
2				
3				
4				
5				

B.3.2. Fill in the table with information of all NON FAMILY PAID FARM WORKERS. Group people by common farm tasks.

NON FAMILY PAID FARM WORKERS

Farm tasks	Number of people	Total hours/week	Weeks/year
1: Milking			
2: Feeding			
3: Calf care			
4: Field work			
5: Pasture work			
6: Cleaning			
7: Maintenance			
8: Manure handling			
9: Other (specify: _____)			
10: Other (specify: _____)			
11: Other (specify: _____)			

C. DAIRY HERD AND MANAGEMENT

C.1. Dairy herd

C.1.1. How many dairy cows (lactating and dry) do you have? _____

C.1.2. How many heifers do you have? _____

C.1.3. How many dairy bulls for natural services do you have? _____

C.2. Do you have any cross breed in your dairy herd?

NO

YES, How many (lactating and dry cows)? _____

What breed are represented? _____

Average body weight? _____ lbs

C.3. Please fill in the table about the pure breed cows in your dairy herd: number of animals (lactating and dry cows) and average body weight.

	Holstein	Red Holstein	Guernsey	Jersey	Ayrshire	Brown Swiss	Milking Shorthorn
Number of cows (lactating and dry)							
Average lactating cow body weight (lb)							

C.4. What is the structure of your dairy herd? Fill in the table with the number of cows in each group.

Un-weaned heifers (#) (calves)	Open Heifers (#)	Bred Heifers (#)	1 st lact (#)	2 nd , 3 rd , 4 th lact. (#)	5 th , 6 th lact. (#)	7 th lact or higher (#)

C.5. How many lactations does an average cow on your farm have before you decide to cull it?

C.6. What is the average length of the dry period for your herd? _____ days

C.7. What is the average length of the lactation for your herd? _____ days

C.8. What is the calving interval in your herd? _____ days

C.9. How many times do you milk per day? _____ times

C.10. What is the rolling herd average of your herd (RHA)? : _____ (lb/cow/year or lb/cow/day)

C.11. Fill in the table for the year 2010 with milk production, milk components, somatic cell count (SCC), milk urea nitrogen (MUN), and mailbox milk price. For the bottom four rows, check the months filled out. Please use your monthly check.

		Year 2009	Year 2010				
		December (09)	January	February	March	April	May
Milk Price Received	(\$/cwt milk)						
Milk	<input type="checkbox"/> lb/month <input type="checkbox"/> lb/cow/d						
Check month filled for items below		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butterfat	(%)						
Protein	(%)						
Somatic cell count	(x 1,000)						
Milk urea nitrogen	(mg/dl)						

		Year 2010 (continue)					
		June	July	August	September	October	November
Milk Price Received	(\$/cwt milk)						
Milk	<input type="checkbox"/> lb/month <input type="checkbox"/> lb/cow/d						
Check month filled for items below		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butterfat	(%)						
Protein	(%)						
Somatic cell count	(x 1,000)						
Milk urea nitrogen	(mg/dl)						

C.12. Do you milk your cows seasonally?

0 = NO, how many dry cows do you currently have? _____, **SKIP TO C.15**

1 = YES, describe your seasonal program by filling the table with the codes below.

1: January; **2:** February; **3:** March; **4:** April; **5:** May; **6:** June; **7:** July; **8:** August; **9:** September; **10:** October; **11:** November; **12:** December.

	When do they calve?	
	Cows	Heifers
Calving season 1 (months)		
Calving season 2 (months)		

C.13. In 2010, what percent of your milking herd got pregnant and fit into your seasonal program? _____%

C.14. What do you do with the animals that do not fit into your seasonal program? (Check all that apply)

Cows	Heifers
<input type="checkbox"/> 1 = Sold for dairy	<input type="checkbox"/> 1 = Sold for dairy
<input type="checkbox"/> 2 = Held for next calving season	<input type="checkbox"/> 2 = Held for next calving season
<input type="checkbox"/> 3 = Sold for meat	<input type="checkbox"/> 3 = Sold for meat
<input type="checkbox"/> 4 = Other: _____	<input type="checkbox"/> 4 = Other: _____

C.15. Please provide a breakdown of the methods used to breed your cows and heifers? (Check all that apply)

Insemination method	Cows	Heifers
Natural Service	<input type="checkbox"/>	<input type="checkbox"/>
Artificial insemination	<input type="checkbox"/>	<input type="checkbox"/>
Synchronization and timed artificial insemination	<input type="checkbox"/>	<input type="checkbox"/>
Clean-up bull	<input type="checkbox"/>	<input type="checkbox"/>

C.16. What was the percentage of cows getting pregnant at the first insemination service in 2010? _____%

C.17. How many cows aborted in 2010? _____

C.18. What is the average age of first calving of your heifers? _____ months

C.19. How many animals left the herd (were culled or died) in 2010 and what were the reasons?

	Cows	Bred heifers	Open heifers	Un-weaned heifers
Total number of animals left				
Low production				
Low fertility/did not get pregnant				
Calving-related problems (e.g. dystocia, milk fever, metritis)				
Fresh cow problems (ketosis, DA, excess loss of body condition)				
Mastitis				
Laminitis / lameness				
Injury				
Pneumonia or Diarrhea				
Other health problems: _____				
Died				

C.20. How many animals have been purchased or sold for dairy purposes in 2010?

	Cows	Un-weaned heifers	Open heifers	Bred heifers
# animals purchased				
# animals sold				

D. FEEDING MANAGEMENT

In this part of the survey, we will talk about your feeding management. It will help if you have feed analysis reports.

D.1. Use the following table to list and describe how you divide your herd into separate feeding groups?

#	Description of the feeding group	Average # of animals	Use of pasture?
1			<input type="checkbox"/> YES <input type="checkbox"/> NO
2			<input type="checkbox"/> YES <input type="checkbox"/> NO
3			<input type="checkbox"/> YES <input type="checkbox"/> NO
4			<input type="checkbox"/> YES <input type="checkbox"/> NO
5			<input type="checkbox"/> YES <input type="checkbox"/> NO
6			<input type="checkbox"/> YES <input type="checkbox"/> NO
7			<input type="checkbox"/> YES <input type="checkbox"/> NO
8			<input type="checkbox"/> YES <input type="checkbox"/> NO
9			<input type="checkbox"/> YES <input type="checkbox"/> NO
10			<input type="checkbox"/> YES <input type="checkbox"/> NO

D.2. For this question, we would like you to focus only on the lactating cows and the dry cows. We would like you to consider the dry cows as ONE feeding group and the lactating cows as ONE (at most TWO) feeding groups. For each feeding group, fill in one table below. Please record the lactating group(s) first and then the dry group. If mixed feeds are reported, describe their composition in the table on p.15.

Name of feeding group: _____

Number of animals →														
		2010												
		1	2	3	4	5	6	7	8	9	10	11	12	
Feed amount from grazing activity and grazing time														
Pasture	Quantity (lb/cow/day)													
	Percentage (% total feed)													
	Hours (hour/day)													
Feed Amount from Forages, Concentrates and other Supplements														
		<input type="checkbox"/> lb/cow/day as fed						<input type="checkbox"/> Total lb/day as fed						
		2010												
	Name and description of feed	Purchased? Yes <input checked="" type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	11	12
Concentrate		<input type="checkbox"/>												
		<input type="checkbox"/>												
		<input type="checkbox"/>												
		<input type="checkbox"/>												
		<input type="checkbox"/>												
Forages		<input type="checkbox"/>												
		<input type="checkbox"/>												
		<input type="checkbox"/>												
		<input type="checkbox"/>												
		<input type="checkbox"/>												
Vit and min		<input type="checkbox"/>												
		<input type="checkbox"/>												
		<input type="checkbox"/>												
		<input type="checkbox"/>												
		<input type="checkbox"/>												

Name of feeding group: _____

Number of animals →

--	--	--	--	--	--	--	--	--	--	--	--	--	--

2010

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

Feed amount from grazing activity and grazing time

Pasture	Quantity (lb/cow/day)																			
	Percentage (% total feed)																			
	Hours (hour/day)																			

Feed Amount from Forages, Concentrates and other Supplements

lb/cow/day as fed Total lb/day as fed

2010

	Name and description of feed	Purchased? Yes <input checked="" type="checkbox"/>																		
			1	2	3	4	5	6	7	8	9	10	11	12						
Concentrate		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
Forages		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
Vit and min		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
		<input type="checkbox"/>																		
		<input type="checkbox"/>																		

Name of feeding group: _____

Number of animals →

--	--	--	--	--	--	--	--	--	--	--	--	--	--

2010

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

Feed amount from grazing activity and grazing time

Pasture	Quantity (lb/cow/day)														
	Percentage (% total feed)														
	Hours (hour/day)														

Feed Amount from Forages, Concentrates and other Supplements

lb/cow/day as fed Total lb/day as fed

2010

	Name and description of feed	Purchased? Yes <input checked="" type="checkbox"/>	2010												
			1	2	3	4	5	6	7	8	9	10	11	12	
Concentrate		<input type="checkbox"/>													
		<input type="checkbox"/>													
		<input type="checkbox"/>													
		<input type="checkbox"/>													
		<input type="checkbox"/>													
Forages		<input type="checkbox"/>													
		<input type="checkbox"/>													
		<input type="checkbox"/>													
		<input type="checkbox"/>													
		<input type="checkbox"/>													
Vit and min		<input type="checkbox"/>													
		<input type="checkbox"/>													
		<input type="checkbox"/>													
		<input type="checkbox"/>													
		<input type="checkbox"/>													

Name of the mix	Composition

D.3. Fill in the table below about the feed purchased (for feeding in 2010). Start by completing the row with the names of the purchased feeds from tables D.2.

Unit codes

1 = Pounds, **2** = Tons, **3** = Bushels, **4** = Small square bales (_____ pounds/bales), **5** = Round bales (_____ pounds/bales), **6** = Load (_____ pounds/load); **7** = Other: _____

	Name of feed and description	Total quantity in 2010	Unit	Total cost (\$)	OR	Average price (\$/unit)	Dry Matter (%)	Crude Protein (% of DM)	Phosphorus (% of DM)
Concentrates									
Forages									
Vit and Min									

D.4. FEEDING

D.4.1. Do you have and use a TMR mixer to prepare your rations?

- 0 = No, **SKIP TO D.5**
- 1 = Yes

D.4.2. What period of the year do you mix feed for your herd?

- All the year
- Only during the grazing season
- Only during the winter
- Other: _____

D.4.3. What animal feeding group (from D.1), do you feed mixed ration? _____

D.5. How often do you try alternative feeds?

- Almost never, **SKIP TO D.7**
- Once a year
- Twice a year
- Between twice and five times a year
- More than five times a year

D.6. Why do you try alternative feeds? Check all that apply

- Cheaper alternative to corn
- Cheaper alternative to soybean meal
- A way to provide additional nutrients such as fat, mineral, vitamin
- A way to reduce nutrient excretion
- A way to reduce feed costs
- Other, explain: _____

D.7. Are you using any feed additive (If organic don't ask for BST and Monensin)

BST	Monensin	Dietary fat	Amino acid supplement	Other: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

D.8. Do you receive animal nutrition assistance from any of the following sources? (Check all that apply)
Indicate in the table below how many times per year these services are provided on average.

		Feed analysis	Ration balancing	Information on new feed or alternatives feeds
Veterinarian	<input type="checkbox"/>			
County extension agent	<input type="checkbox"/>			
Dairy or livestock nutritionist	<input type="checkbox"/>			
Feed company representative	<input type="checkbox"/>			
Neighboring farmer: _____	<input type="checkbox"/>			
Other: _____	<input type="checkbox"/>			

D.9. Fill the table below about feeding strategies to address health conditions.

Health conditions	Is this or has this ever been a problem?	If Yes, explain your feeding strategies to address this concern	Have these strategies helped to fix the problem?
1= Milk Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY
2= Ketosis	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY
3= Mastitis	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY
4= Twisted Stomach or Displaced abomasum	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY
5= Laminitis/lameness	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY
6= Rumen acidosis	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY
7= Diarrhea	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY
8= Other (_____)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY

D.10. Are you using any of the following indicators to help make decisions about your feeding program?

	Do you use this indicator on your farm?	If yes, how many times in 2010 have you changed your ration based on this indicator?
Milk production (from DHIA or other sources)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Milk fat test	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Milk protein test	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Somatic cell count (SCC)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Milk urea nitrogen (MUN)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Forage/Pasture/Feed analysis	<input type="checkbox"/> YES <input type="checkbox"/> NO	

E. PASTURE MANAGEMENT

E.1. Do you estimate pasture production?

0 = NO

1 = YES → How often? _____

How? Check all that apply:

Visual estimate

Height

Historical yields

Pasture stick

Pasture plate meter

Clipped samples

Other: _____

E.2. Do you estimate pasture residual dry matter?

0 = NO

1 = YES → How often? _____

How? Check all that apply:

Visual estimate

Height

Historical yields

Pasture stick

Pasture plate meter

Clipped samples

Other: _____

E.3. How do you provide access to water for grazing animals on pasture? (Check all that apply)

None-they return to milking/housing facilities for water

Use water wagon to transport water to paddocks

Water piped to paddocks-grazing season only (above ground or shallow buried pipe)

Water piped to paddocks, permanent, year round system

Natural water sources (creeks, springs, streams, ponds, etc.)

Other

E.4. Do you utilize a follower herd to manage pasture?

0 = NO

1 = YES → Describe. _____

E.5. How would you describe your lanes or walkways for cows between milking facility and pastures? Check all that apply:

None used

Unimproved dirt lanes

Improved dirt lanes (graded)

Improved gravel lanes

Improved paved lanes (concrete or asphalt)

Other _____

GRASSES		LEGUMES
0 = None	8 = Quackgrass	0= none
1 = Annual (Italian) ryegrass	9 = Small grains (oats, wheat, rye, barley)	1 =Alfalfa
2 = Festulolium	10 = Smooth bromegrass	2 = Alsike clover
3 = Kentucky bluegrass	11 = Sorghum sudangrass	3 = Birdsfoot trefoil
4 = Meadow fescue	12 = Tall fescue	4 = Kura clover
5 = Orchardgrass	13 = Timothy	5 = Red clover
6 = Perennial ryegrass	14 = Native warm season grass _____	6 = White clover
7 = Reed canarygrass	15 = Other forage grass _____	7 = Other:

E.6. What do you consider to be the best grasses and legumes for your operation? Why are these grasses your top choices?

	1 st Choice	Why are these grasses and legumes your top choices?
Grass		
Legume		
	2 nd Choice	Why are these grasses and legumes your top choices?
Grass		
Legume		
	3 rd Choice	Why are these grasses and legumes your top choices?
Grass		
Legume		

E.7. What grasses and legumes have you tried that you would not use again, why?

	What species? (codes)	Why would you not use them again?
Grasses		
Legumes		

E.8. What grasses or legumes you would like to try, why?

	What species? (codes)	Why are you interested in trying this species?
Grasses		
Legumes		

E.9. What is your grazing management plan for each feeding group of animals?

	Animal Feeding Group		
	1	2	3
Avg. body weight during grazing season, lb			
SPRING (April-June):			
<input type="checkbox"/> acres			
<input type="checkbox"/> acres/head			
Initial turn-in date, 2009			
Initial turn-in date, 2010			
# Pastures, paddocks , strips, or subdivisions			
Days in each pasture, paddock, strip, or subdivision			
Spring pasture rest interval, days			
Target turn in grazing height, inches			
Target residual grazing height, inches			
SUMMER (July-August):			
<input type="checkbox"/> acres			
<input type="checkbox"/> acres/head			
# Pastures, paddocks, strips, or subdivisions			
Days in each pasture, paddock, strip, or subdivision			
Summer pasture rest interval, if different than spring, days			
Summer target turn in grazing height , (if different than spring, inches)			
Summer target residual grazing height, (if different than spring, inches)			
FALL (September-December):			
<input type="checkbox"/> acres			
<input type="checkbox"/> acres/head			
# Pastures, paddocks, strips, or subdivisions			
Days in each pasture, paddock, strip, or subdivision			
Fall pasture rest interval, days			
Fall target turn in grazing height (if different than spring or summer), inches			
Fall target residual grazing height (if different than spring or summer), inches			
Last date grazed in 2009			
Last date you expect to graze in 2010			

F.3. What types of pastures and grazeable forages do you use? (Use the following Pasture/Forage codes to complete the table)

Pasture / Forage Category	Grasses	Legumes
1=Unimproved or native permanent pastures 2=Improved permanent pastures (have had legumes or grasses planted at some time) 3=Cropland converted to pastures 4=Hayfields in cropping rotation also used as pasture for all or part of grazing season 5=Annual forage crops 6=Warm season native grass pastures 7= Woodland pastures ($\geq 40\%$ trees) 8=Crop residues 9=Other (get description from farmer to clarify: _____)	0= None 1= Annual (Italian) ryegrass 2= Festulolium 3=Kentucky bluegrass 4= Meadow fescue 5= Orchardgrass 6= Perennial ryegrass 7= Reed canarygrass 8= Quackgrass 9= Small grains (oats, wheat, rye, barley) 10= Smooth bromegrass 11= Sorghum sudangrass 12= Tall fescue 13= Timothy 14= Native warm season grass 15= Other forage grass _____	0= None 1=Alfalfa 2=Alsike clover 3= Birdsfoot trefoil 4=Kura clover 5=Red clover 6=White clover (also Ladino clover) 7=Other legume _____

#	Pasture/ Forage category (codes)	Acres	Major plant species:			Pasture used by which dairy feeding groups? (Those describe in D.1)		Harvested Yields
			Grasses (codes)	Legumes (codes)	% legumes	Primary feeding group	Other feeding groups	Ton of dry matter/acre
P1								
P2								
P3								
P4								
P5								
P6								
P7								
P8								
P9								
P10								

F.4. Complete the table below for each crop and pasture you grew to feed your dairy herd in 2010. Use the crops identified in F.2 and pasture identified in F.3.

		Crops by type of harvest (e.g: corn silage, corn grain...)					
Seeds	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$						
Fertilizers	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$						
Weed control	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$						
Pest control	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$						
Irrigation	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$						
Custom harvesting	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total\$						
Custom labor	<input type="checkbox"/> Hours <input type="checkbox"/> Hour/acre						
	\$/hour						
Storage & Transportation	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$						

		Pasture			
		Grazing	Hay	Silage/Haylage	Green chop
Seeds	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$				
Fertilizers	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$				
Weed control	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$				
Pest control	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$				
Irrigation	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$				
Custom harvesting	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$				
Custom labor	<input type="checkbox"/> Hours <input type="checkbox"/> Hour/acre				
	\$/hour				
Maintenance for pasture (fencing and water supply)	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$				
Storage & Transportation	<input type="checkbox"/> \$/acre <input type="checkbox"/> Total \$				

G. MANURE AND NUTRIENT MANAGEMENT

G.1. Please check the choices in the following list that describe the manure and nutrient practices on the farm.

G.1.1. We handle (collect, store and field-apply):

- Solid manure only;
- Liquid manure only;
- Both solid and liquid manure.

G.1.2. We own a solid spreader

- NO SKIP TO G.1.3**
- YES:

G.1.2.1. The average amount in each load is: _____ tons/load;

G.1.2.2. The spreader has been calibrated on the farm:

- YES;
- NO.

G.1.3. We own a liquid spreader

- NO SKIP TO G.1.4**
- YES:

G.1.3.1. The average amount in each load is: _____ 1000 gallons/load;

G.1.3.2. The spreader has been calibrated on the farm:

- YES;
- NO.

G.1.4. We keep track of where, when and how much manure was applied with (check one only):

- mental records only;
- written records only;
- both mental and written records.

G.1.5. On our farm, manure is applied to the following land:

	NEVER	RARELY	REGULARLY
G.1.5.1. Wood land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.1.5.2. Pastures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.1.5.3. Alfalfa fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.1.5.4. First year corn after alfalfa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.1.6. The greatest distance we haul manure to our land is: _____ miles.

G.1.7. For calendar year 2010, please indicate the number of acres of cropland and pasture where you have and have not applied manure mechanically.

	Cropland	Pastures
Mechanical manure application (acres)		
No mechanical manure application (acres)		

G.1.8. Explain the reasons for not applying manure on cropland or pasture by entering the number of acres below (enter "0" if it is not a reason):

G.1.8.1. High soil phosphorus test: _____ Acres of cropland _____ Acres of pasture;

G.1.8.2. Steep and dangerous slopes: _____ Acres of cropland _____ Acres of pasture;

G.1.8.3. Sink holes: _____ Acres of cropland _____ Acres of pasture;

G.1.8.4. Close to a lake or a stream: _____ Acres of cropland _____ Acres of pasture;

G.1.8.5. Too far (hauling distance): _____ Acres of cropland _____ Acres of pasture;

G.1.8.6. Other: _____ Acres of cropland _____ Acres of pasture;

G.1.8.7. Practical reason
(fences, paddock size) : _____ Acres of cropland _____ Acres of pasture;

G.1.9. Do you test any of the following for nutrient content?

	EVERY YEAR	EVERY 5 YEARS	WE DON'T TEST
G.1.9.1. Soils (cropland)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.1.9.2. Soils (pastures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.1.9.3. Manure (solid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.1.9.4. Manure (liquid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.1.10. Do you have a certified nutrient management plan that describes where, when and how manure is applied:

NO;

YES, since: (year: _____).

G.2. Complete the table below to describe the mode of storage of manure or manure by-product on the farm. Indicate all that apply. If tested for nutrient content, please provide an average composition.

Solid manure(s) storage:

1= Solid manure spreader for daily haul; 2= Indoor bedded pack; 3= Solid manure stack; 4= Solid stack from separator; 5= Compost pile; 6= Other: _____

Liquid manure storage codes:

1= Below-ground concrete manure pit; 2= Earthen basin; 3= Above ground manure tank; 4 = Liquid from separator; 5= Holding pit or settling pond; 6= Other: _____

Max capacity codes:

0= Less than 3 days; 1= between 4 days to a week; 2=between one week and one month; 3= Up to three months; 6= Up to six months; 12= up to a year; 20= More than a year.

Frequency of hauling codes:

1= Daily; 2= Weekly; 3= Monthly; 4= Spring; 5= Summer; 6= Fall; 7= Winter

Manure storage (code)	Max capacity (code)	Frequency of hauling (code)	Total amount hauled per year	Manure Nutrient composition (if known)		
				Nitrogen content	Phosphate (P ₂ O ₅) content	Potash (K ₂ O) content
Solid Manures			in tons	<input type="checkbox"/> Lbs/ton	<input type="checkbox"/> %	
Liquid Manures			in 1000 gallons	<input type="checkbox"/> Lbs/1000 gallon	<input type="checkbox"/> %	

G.3. How is the farm manure generally hauled and spread from each storage unit defined above?

Mode of application code:

1=broadcast with solid spreader; **3**=Surface applied by tank wagon, truck or tractor; **4**=irrigation, **5**=Injected at the time of application; **6**=other: _____

Surface applied incorporation code: **1**= none; **2**= incorporated within 24 hrs; **3**= incorporated within 72 hrs.

Management / Labor code: **1**=on-farm labor; **2**= custom hire; **3**= other: _____

Manure Storage code (From G.2)	Mode of manure application code (indicate all that apply)	If surface applied, incorporation code	Management / Labor code

G.4. In 2010, have you purchased, sold or traded any manure or by-product of on-farm manure treatment?

NO; **SKIP to G.5**

YES → Complete the table by row to describe type, amount, price received or paid (or value).

Manure or by-product of manure treatment codes:

LM = Liquid manure; **SM** = Solid manure; **PM** = Poultry manure; **C** = Compost; **O** = Other

Type of manure/by-product (check <u>only one</u> per row)	Transaction type (check <u>only one</u> per row)		Amount	Price (or value)
			<input type="checkbox"/> ton <input type="checkbox"/> gallon	<input type="checkbox"/> \$/t <input type="checkbox"/> \$/gallon
<input type="checkbox"/> LM <input type="checkbox"/> C <input type="checkbox"/> SM <input type="checkbox"/> O: _____ <input type="checkbox"/> PM	<input type="checkbox"/> Purchased <input type="checkbox"/> Traded away <input type="checkbox"/> Sold <input type="checkbox"/> Traded for			
<input type="checkbox"/> LM <input type="checkbox"/> C <input type="checkbox"/> SM <input type="checkbox"/> O: _____ <input type="checkbox"/> PM	<input type="checkbox"/> Purchased <input type="checkbox"/> Traded away <input type="checkbox"/> Sold <input type="checkbox"/> Traded for			
<input type="checkbox"/> LM <input type="checkbox"/> C <input type="checkbox"/> SM <input type="checkbox"/> O: _____ <input type="checkbox"/> PM	<input type="checkbox"/> Purchased <input type="checkbox"/> Traded away <input type="checkbox"/> Sold <input type="checkbox"/> Traded for			

G.5. Identify whether you have the following types of areas where manure may remain uncollected for long periods of times and how often manure is collected from these areas. For each feeding management group identified above, fill the table with the month (codes) and hours per day that the animal group spends in the areas. Round to one decimal place on the hours per day (e.g., 20 min. = 0.3 hr).

Frequency of Collection and Storage of Manure Code:

0 = Never or less than once a year; **1** = once a year ; **2** = twice a year (e.g., spring and fall); **4** = once every season; **12** = once a month; **52** = once a week; **365** = daily.

Month of the Year Code:

1= Jn.; **2**= Fb.; **3**= Mr; **4** = Ap.; **5** = My; **6** = Jn; **7** = Jul.; **8** = Aug; **9** = Sept.; **10** =Oct.; **11** =Nov; **12** = Dec.

Do you have this type of area on the farm? (If yes, then fill in the right side of the Table)		How often do you collect and store the manure per year? (Code)	Average time spent by each feeding group in each area			
				Feeding group		
				1	2	3
Walking lanes or alleys to pasture	<input type="checkbox"/> YES → <input type="checkbox"/> NO		Months			
			Hrs/day			
Concrete or dirt outdoor feeding alley	<input type="checkbox"/> YES → <input type="checkbox"/> NO		Months			
			Hrs/day			
Concrete or dirt outdoor exercise lot (with or without feed bunk)	<input type="checkbox"/> YES → <input type="checkbox"/> NO		Months			
			Hrs/day			
Outdoor bedded pack with natural windshield (e.g., out-wintered in woods)	<input type="checkbox"/> YES → <input type="checkbox"/> NO		Months			
			Hrs/day			
Other areas: _____	<input type="checkbox"/> YES → <input type="checkbox"/> NO		Months			
			Hrs/day			

G.6. Describe crop fertilization for the major (up to three) crop sequences you have on your farm (as defined in F.1) using the fertilizer codes listed below.

Manure and Fertilizer Code:

Manure/Organic Fertilizers		N fertilizer		Phosphate fertilizers (P₂O₅)	
Liquid dairy manure:	LM	Anhydrous Ammonia 82-0-0:	AA	Phosphoric acid 0-54-0:	PA
Solid dairy manure:	SM	Urea 46-0-0:	U	Tri Super phosphate 0-45-0:	TSP
Separated Liquid	SL	Nitrogen Solution 28-0-0:	NS		
Separated Solids	SS	Ammonium Nitrate 33-0-0:	AN		
Poultry manure.	PM	Ammonium sulfate 21-0-0:	AS		
Other 1:	O1	Other 2:	O2	Other 3:	O3

Other fertilizers		Potash (K₂O)		Blend	
Compost	CM	Potassium Chloride 0-0-62:	PC	Mono Ammonium Phosphate. 11-52-0	MAP
Kelp	KP			Di Ammonium Phosphate 18-46-0	DAP
		Other 4:	O4	Other 5:	O5

Units Code:

1 = tons/acre ; 2 = loads/acre; 4 = 1000 gallons/acre.

Table G.6. Manure and Commercial Fertilizer Application to Crops in 2009-2010 for 2010 Crops.

(Enumerator: Feel free to enter Units codes or actual units in the Table).

2010 Crop →	Crop sequence 1 (rotation)										
	Code	Rate	Units		Code	Rate	Units		Code	Rate	Units
a) Manure applications											
Fall 2009 (Sept., Oct., Nov.)											
Winter 2009/10 (Dec., Jan., Feb.)											
Spring 2010 (March, Apr., May)											
Post-harvest: Fall/Winter 2010 (Sept., Oct., Nov., Dec.)											
b) Other fertilizers											
Fall 2009 (Sept., Oct., Nov.)											
Winter 2009/10 (Dec., Jan., Feb.)											
Spring 2010 (March, Apr., May)											
Post-harvest Fall/Winter 2010 (Sept., Oct., Nov., Dec.)											

Crop sequence 1 (rotation), continued											
2010 Crop →											
	Code	Rate	Units		Code	Rate	Units		Code	Rate	Units
a) Manure applications											
Fall 2009 (Sept., Oct., Nov.)											
Winter 2009/10 (Dec., Jan., Feb.)											
Spring 2010 (March, Apr., May)											
Post-harvest: Fall/Winter 2010 (Sept., Oct., Nov., Dec.)											
b) Other fertilizers											
Fall 2009 (Sept., Oct., Nov.)											
Winter 2009/10 (Dec., Jan., Feb.)											
Spring 2010 (March, Apr., May)											
Post-harvest Fall/Winter 2010 (Sept., Oct., Nov., Dec.)											
Crop sequence 2 (rotation)											
2010 Crop →											
	Code	Rate	Units		Code	Rate	Units		Code	Rate	Units
a) Manure applications											
Fall 2009 (Sept., Oct., Nov.)											
Winter 2009/10 (Dec., Jan., Feb.)											
Spring 2010 (March, Apr., May)											
Post-harvest: Fall/Winter 2010 (Sept., Oct., Nov., Dec.)											
b) Other fertilizers											
Fall 2009 (Sept., Oct., Nov.)											
Winter 2009/10 (Dec., Jan., Feb.)											
Spring 2010 (March, Apr., May)											
Post-harvest Fall/Winter 2010 (Sept., Oct., Nov., Dec.)											

Crop sequence 3 (rotation)											
2010 Crop →											
	Code	Rate	Units		Code	Rate	Units		Code	Rate	Units
a) Manure applications											
Fall 2009 (Sept., Oct., Nov.)											
Winter 2009/10 (Dec., Jan., Feb.)											
Spring 2010 (March, Apr., May)											
Post-harvest: Fall/Winter 2010 (Sept., Oct., Nov., Dec.)											
b) Other fertilizers											
Fall 2009 (Sept., Oct., Nov.)											
Winter 2009/10 (Dec., Jan., Feb.)											
Spring 2010 (March, Apr., May)											
Post-harvest Fall/Winter 2010 (Sept., Oct., Nov., Dec.)											

G.7. For the year 2010, did you apply manure/organic fertilizers or commercial fertilizers on pastures?

NO; **SKIP to Section H;**

YES, Describe pasture fertilization using the fertilizer and unit codes listed below and the pastures as defined earlier. Describe pasture fertilization on a “group of pasture basis”. If all pastures are fertilized similarly, then complete the table for group of pasture 1 only.

Table G.7. Pasture Fertilization

2010 Pastures (See Table F.3) →	Group of Pasture 1		Group of Pasture 2		Group of Pasture 3		Group of Pasture 4	
	Rate	Units	Rate	Units	Rate	Unit	Rate	Unit
a) Manure/Organic fertilizers or Commercial fertilizer BEFORE 2010 grazing season started								
Fertilizer code: _____								
Fertilizer code: _____								
b) Total Manure/Organic fertilizers or Commercial fertilizer DURING 2010 grazing season								
Fertilizer code: _____								
Fertilizer code: _____								
Fertilizer code: _____								
c) Manure/Organic fertilizers or Commercial fertilizer AFTER 2010 grazing season ends / ended								
Fertilizer code: _____								
Fertilizer code: _____								

G.8. Do you apply fertilizer on pastures after each grazing episode during the grazing season?

YES → Every time, Some of the time

NO,

Manure and Fertilizer Code:

Manure/Organic Fertilizers		N fertilizer		Phosphate fertilizers (P₂O₅)	
Liquid dairy manure:	LM	Anhydrous Ammonia 82-0-0:	AA	Phosphoric acid 0-54-0:	PA
Solid dairy manure:	SM	Urea 46-0-0:	U	Tri Super phosphate 0-45-0:	TSP
Separated Liquid	SL	Nitrogen Solution 28-0-0:	NS		
Separated Solids	SS	Ammonium Nitrate 33-0-0:	AN		
Poultry man.	PM	Ammonium sulfate 21-0-0:	AS		
Other 1: _____	O1	Other 2: _____	O2	Other 3: _____	O3
Other fertilizers		Potash (K₂O)		Blend	
Compost	CM	Potassium Chloride 0-0-62:	PC	Mono Ammonium Phosphate. 11-52-0	MAP
Kelp	KP	Other 4: _____	O4	Di Ammonium Phosphate 18-46-0	DAP
				Other 5: _____	O5

Units Code: 1 = tons/acre; **2** = loads/acre; **4** = 1000 gallon/acre.

H. FARMER-FARMER INTERACTIONS

H.1. How many nonfarm neighbors adjoin your farm operation? _____

H.2. How many neighboring farms adjoin your farm operation? _____.

H.3. Identify direction of **neighboring farm 1**: N S E W

H.3.1. Do you know the landowner(s) well?

1= Yes;

0 = No

H.3.2. Does the landowner farm?

0 = No, **SKIP TO H.3.3**

1= Yes;

H.3.2.1. Is it a dairy farm?

1= Yes;

0 = No

H.3.2.2. Are they farming using organic methods?

0 = No

1= Yes, When did they begin the organic certification process? _____ Year

2 = Don't know

H.3.3. What is the primary use of YOUR land that is adjacent to this neighbor?

1 = Cropland

2 = Pasture

3 = Woodland

4 = Wetland

5 = Other: _____

H.3.4. What is the primary use of THEIR land that is adjacent to your land?

1 = Cropland

2 = Pasture

3 = Woodland

4 = Wetland

5 = Other: _____

H.3.5. Have you ever worked together or shared information about farming or land use with this neighbor?

1 = Never

2 = Occasionally in past

3 = Occasionally still

4 = Regularly

5 = A lot

H.3.6. Do you have any problems with this neighbor that affect your farm operation?

0 = No; **SKIP TO H.4**

1= Yes, what are they?

(Check all that apply)

1 = Fencing

2 = Erosion, run-offs

3 = Pollen or pesticides drift

4 = Odor complaints

5 = Lack of cooperation

6 = Other: _____

H.4. Identify direction of **neighboring farm 2**: N S E W

H.4.1. Do you know the landowner(s) well?

1= Yes;

0 = No

H.4.2. Does the landowner farm?

0 = No, **SKIP TO H.4.3**

1= Yes;

H.4.2.1. Is it a dairy farm?

1= Yes;

0 = No

H.4.2.2. Are they farming using organic methods?

0 = No

1= Yes, When did they begin the organic certification process? _____ Year

2 = Don't know

H.4.3. What is the primary use of your land that is adjacent to this neighbor?

1 = Cropland

2 = Pasture

3 = Woodland

4 = Wetland

5 = Other: _____

H.4.4. What is the primary use of their land that is adjacent to your land?

1 = Cropland

2 = Pasture

3 = Woodland

4 = Wetland

5 = Other: _____

H.4.5. Have you ever worked together or shared information about farming or land use with this neighbor?

1 = Never

2 = Occasionally in past

3 = Occasionally still

4 = Regularly

5 = A lot

H.4.6. Do you have any problems with this neighbor that affect your farm operation?

0 = No; **SKIP TO H.5**

1= Yes, what are they?

(Check all that apply)

1 = Fencing

2 = Erosion, run-offs

3 = Pollen or pesticides drift

4 = Odor complaints

5 = Lack of cooperation

6 = Other: _____

H.5. Identify direction of **neighboring farm 3**: N S E W

H.5.1. Do you know the landowner(s) well?

1= Yes;

0 = No

H.5.2. Does the landowner farm?

0 = No, **SKIP TO H.5.3**

1= Yes;

H.5.2.1. Is it a dairy farm?

1= Yes;

0 = No

H.5.2.2. Are they farming using organic methods?

0 = No

1= Yes, When did they begin the organic certification process? _____ Year

2 = Don't know

H.5.3. What is the primary use of your land that is adjacent to this neighbor?

1 = Cropland

2 = Pasture

3 = Woodland

4 = Wetland

5 = Other: _____

H.5.4. What is the primary use of their land that is adjacent to your land?

1 = Cropland

2 = Pasture

3 = Woodland

4 = Wetland

5 = Other: _____

H.5.5. Have you ever worked together or shared information about farming or land use with this neighbor?

1 = Never

2 = Occasionally in past

3 = Occasionally still

4 = Regularly

5 = A lot

H.5.6. Do you have any problems with this neighbor that affect your farm operation?

0 = No; **SKIP TO H.6**

1= Yes, what are they?

(Check all that apply)

1 = Fencing

2 = Erosion, run-offs

3 = Pollen or pesticides drift

4 = Odor complaints

5 = Lack of cooperation

6 = Other: _____

H.6. Identify direction of **neighboring farm 4**: N S E W

H.6.1. Do you know the landowner(s) well?

1= Yes;

0 = No

H.6.2. Does the landowner farm?

0 = No, **SKIP TO H.6.3**

1= Yes;

H.6.2.1. Is it a dairy farm?

1= Yes;

0 = No

H.6.2.2. Are they farming using organic methods?

0 = No

1= Yes, When did they begin the organic certification process? _____ Year

2 = Don't know

H.6.3. What is the primary use of your land that is adjacent to this neighbor?

1 = Cropland

2 = Pasture

3 = Woodland

4 = Wetland

5 = Other: _____

H.6.4. What is the primary use of their land that is adjacent to your land?

1 = Cropland

2 = Pasture

3 = Woodland

4 = Wetland

5 = Other: _____

H.6.5. Have you ever worked together or shared information about farming or land use with this neighbor?

1 = Never

2 = Occasionally in past

3 = Occasionally still

4 = Regularly

5 = A lot

H.6.6. Do you have any problems with this neighbor that affect your farm operation?

0 = No; **SKIP TO H.7**

1 = Yes, what are they?

(Check all that apply)

1 = Fencing

2 = Erosion, run-offs

3 = Pollen or pesticides drift

4 = Odor complaints

5 = Lack of cooperation

6 = Other: _____

H.7. What farmers do you interact with for farming information (include neighbors, family, friends, cooperative members, church members).

Immediate Neighbors from Above (First names only)

Neighbor 1: _____

Neighbor 2: _____

Neighbor 3: _____

Neighbor 4: _____

Other Neighbors

Family

Friends

Others

H.8. Please choose 5 of the individuals named above who are or have been **most influential** on the way you **manage your farm** or in helping you make your farm work well. Give each of the top five individuals a unique name/number. Try to include at least one individual who farms using the same system as you (conventional, organic and/or uses managed grazing methods).

H.8.1. Fill the table below for the 5 person you choose.

	Person 1	Person 2	Person 3	Person 4	Person 5
Name/Code					
When did you begin interacting with them about farming?	H8.1.1a	H8.1.2a	H8.1.3a	H8.1.4a	H8.1.5a
If they are organic, what year certified? Or, were they certified before you?	H8.1.1b	H8.1.2b	H8.1.3b	H8.1.4b	H8.1.5b
If managed grazier, about what year did they start? Or, did they start before you?	H8.1.1c	H8.1.2c	H8.1.3c	H8.1.4c	H8.1.5c

H.8.2. Fill the table below about the five people you choose. Use the following codes to fill the table: Interaction Types and Frequency (**0 = Not at all; 1=Sometimes; 2=Frequently; 3=A lot**) except for

	Person 1	Person 2	Person 3	Person 4	Person 5
First Name					
Learning/Sharing Info About Feeding	H8.2.1a	H8.2.2a	H8.2.3a	H8.2.4a	H8.2.5a
Learning/Sharing Info on Herd Management	H8.2.1b	H8.2.2b	H8.2.3b	H8.2.4b	H8.2.5b
Learning/Sharing Info About Crop or Pasture Management	H8.2.1c	H8.2.2c	H8.2.3c	H8.2.4c	H8.2.5c
Sharing Costs of Crop Agent, Vet Other Custom Services (C, V, OCS) (Eg. VI)	H8.2.1d	H8.2.2d	H8.2.3d	H8.2.4d	H8.2.5d
Purchase, Sale, or Exchange of Grain (P, S, E w/#) (Eg. P1)	H8.2.1e	H8.2.2e	H8.2.3e	H8.2.4e	H8.2.5e
Purchase, Sale, or Exchange of Forage (P, S, E w/#) Example P1	H8.2.1f	H8.2.2f	H8.2.3f	H8.2.4f	H8.2.5f
Purchase, Sale, or Exchange of Heifers (P, S, E w/#)	H8.2.1g	H8.2.2g	H8.2.3g	H8.2.4g	H8.2.5g
Co-Purchasing Inputs	H8.2.1h	H8.2.2h	H8.2.3h	H8.2.4h	H8.2.5h
Sharing Equipment	H8.2.1i	H8.2.2i	H8.2.3i	H8.2.4i	H8.2.5i
Sharing Processing or Transportation (P, T)	H8.2.1j	H8.2.2j	H8.2.3j	H8.2.4j	H8.2.5j
Sharing Family or Hired Labor (F, H)	H8.2.1k	H8.2.2k	H8.2.3k	H8.2.4k	H8.2.5k
Urgent Help	<input type="checkbox"/> YES <input type="checkbox"/> NO H8.2.1l	<input type="checkbox"/> YES <input type="checkbox"/> NO H8.2.2l	<input type="checkbox"/> YES <input type="checkbox"/> NO H8.2.3l	<input type="checkbox"/> YES <input type="checkbox"/> NO H8.2.4l	<input type="checkbox"/> YES <input type="checkbox"/> NO H8.2.5l
Social Support	<input type="checkbox"/> YES <input type="checkbox"/> NO H8.2.1m	<input type="checkbox"/> YES <input type="checkbox"/> NO H8.2.2m	<input type="checkbox"/> YES <input type="checkbox"/> NO H8.2.3m	<input type="checkbox"/> YES <input type="checkbox"/> NO H8.2.4m	<input type="checkbox"/> YES <input type="checkbox"/> NO H8.2.5m

H.9. Farmer-Farmer Interactions in Organizations

H.9.1. Please name any farmer organizations or cooperatives that you are a member of and how long you have been a member. If the answer is none, **GO TO H.9.2.**

Organizations or Cooperatives' name	Years as member
_____	_____
H9.1.1	H9.1.2
_____	_____
H9.1.3	H9.1.4
_____	_____
H9.1.5	H9.1.6

H.9.2. Cooperatives

H.9.2.1. Please name any cooperatives (in H.9.1) that you were a member of since 1998 and have since quit.

Cooperatives' name	Year Joined	Year Exited
_____	_____	_____
H9.2.1a	H9.2.1b	H9.2.1c
_____	_____	_____
H9.2.1d	H9.2.1e	H9.2.1f

H.9.2.2. Do any of these cooperatives (in H.9.1) sell organic dairy products?

0 = No

1 = Yes, please identify

_____	_____
H9.2.2a	H9.2.2b

H.9.3. Please name any community organizations, churches or gathering places (e.g. local diners) where you interact on a regular basis with other farmers. For each one, ask how long they have been participating.

Name or Type	Year joined	Indicate if there are farmers who are conventional, organic or managed graziers (Mark C, O or MG for all that apply)
_____	_____	_____
H9.3.1	H9.3.2	H9.3.3
_____	_____	_____
H9.3.4	H9.3.5	H9.3.6
_____	_____	_____
H9.3.7	H9.3.8	H9.3.9

I. ECONOMIC INFORMATION

I.1. Sales and Inventory

I.1.1. Live dairy animals purchased and sold in 2010. Fill the table below

Type of animal	Number purchased	Price purchased (\$/animal)	Number Sold	Price sold (\$/animal)
Male calves				
Female calves				
Open heifers				
Bred heifers				
Culled cows				
Replacement cows				
Dairy bulls (for reproduction)				
Other:				

I.1.2. Other livestock purchased or sold in 2010 for commercial farm purposes. Fill the table below

Type of animal	Number of animals at the beginning of 2010	Number purchased	Price purchased (\$/animal)	Number Sold	Price sold (\$/animal)
Beef cows/heifers					
Bulls					
Steers					
Feeder calves					
Sows or pigs					
Sheep or Goats					
Horses					
Poultry					
Other					

I.1.3. Crop and Forage Sales and Inventory (Jan and Current). Fill in the table for each crop or forage

Type of crops	Quantity Sold	Unit	Total sales (\$)	OR	Average price (\$/unit)	Inventory Jan 2010	Inventory Today
Grain Crop							
Corn grain:							
Oat:							
Barley:							
Wheat:							
Winter rye							
Triticale:							
Soybean:							
Other: _____							
Silages and haylages							
Corn silage:							
Alfalfa silage seeding year:							
Alfalfa/Small grains silage seeding year:							
Established Alfalfa for haylage:							
Mixed silage: mainly Legumes							
Mixed silage: mainly Grasses							
Red Clover							
Sorghum Sudan Grass							
Other: _____							
Hay							
Alfalfa Hay:							
Mixed hay: mainly legumes							
Mixed hay: mainly grasses							
Grass Hay							
Other: _____							
Cover crops and green manure							
Hairy Vetch:							
Winter Rye:							
Red Clover:							
Sweet clover:							
Buckwheat:							
Other: _____							

- I.2.** Did this operation receive any government payments in 2010? (exclude Commodity Credit Corporation loans)
 YES (continue)
 NO (**SKIP TO I.7**)
- I.3.** What is the total dollar amount of government payments this operation received in 2010? _____
- I.3.1.** How much was received in direct payments (as defined under the 2002 Farm Act)? _____ \$
- I.3.2.** How much was received in counter-cyclical payments (as defined under the 2002 Farm Act)? _____ \$
- I.3.3.** How much was received in conservation payments? (**Include** Conservation Reserve Program (CRP), Wetlands Reserve Program (WRP), cost share for nutrient management, and Environmental Quality Incentive Program (EQIP) payments)? _____ \$
- I.3.4.** How much was received in loan deficiency payments (LDPs), marketing loan gain, and net value of commodity certificates? _____
- I.3.5.** How much was received from all other federal or state agricultural program payments? (**Include** disaster and market loss payments, national dairy market loss payments, and any other Federal, state or local programs. **Exclude** federal crop insurance payments) _____
- I.4.** How much of this (item I3) was milk income loss contract payments? _____
- I.5.** How much of this (item I3) was a cost share subsidy for organic certification? _____
- I.6.** What is your estimate of the total dollar amount your landlord(s) received in government payments for the acres you rented from them? _____
- I.7.** In 2010, what was the total income received by you (the operator) and all partners for
- I.7.1.** Custom work, machine hire, and other agricultural services provided for farmers and others (unless it is for a separate business)? _____
- I.7.2.** Recreational services such as hunting, fishing, etc.? _____
- I.7.3.** Federal crop insurance payments? _____
- I.7.4.** Other income which is closely related to the agricultural operation? (include sales of farm machinery and vehicles. Also include grazing of livestock, sales of forest products, insurance indemnity payments other than Federal Crop Insurance payments, patronage dividends and refunds from cooperatives, animal boarding, tobacco settlements, state fuel, tax refunds, profits and losses. This may be a negative (-) number for losses.) _____

I.8. Other Family Income Sources and Well-being Measures

I.8.1. Off-farm labor

For all family members that work off farm, fill out the following table. If necessary, use the earnings codes below the table.

#	Name	Hours worked per week	Total Earnings per year	OR	Earnings (code)	Health Insurance benefits
1						<input type="checkbox"/> YES <input type="checkbox"/> NO
2						<input type="checkbox"/> YES <input type="checkbox"/> NO
3						<input type="checkbox"/> YES <input type="checkbox"/> NO
4						<input type="checkbox"/> YES <input type="checkbox"/> NO
5						<input type="checkbox"/> YES <input type="checkbox"/> NO
6						<input type="checkbox"/> YES <input type="checkbox"/> NO

Earnings Codes:

Code	Dollar range	Code	Dollar range	Code	Dollar range
1	None	12	20,000 to 24,999	23	175,000 to 199,999
2	1 to 499	13	25,000 to 29,999	24	200,000 to 224,999
3	500 to 999	14	30,000 to 34,999	25	225,000 to 249,999
4	1,000 to 1,999	15	35,000 to 39,999	26	250,000 to 374,999
5	2,000 to 2,999	16	40,000 to 49,999	27	375,000 to 499,999
6	3,000 to 3,999	17	50,000 to 59,999	28	500,000 to 999,999
7	4,000 to 4,999	18	60,000 to 79,999	29	1,000,000 to 1,249,999
8	5,000 to 7,499	19	80,000 to 99,999	30	1,250,000 to 1,499,999
9	7,500 to 9,999	20	100,000 to 124,999	31	1,500,000 and over
10	10,000 to 14,999	21	125,000 to 149,999		
11	15,000 to 19,999	22	150,000 to 174,999		

I.8.2. How much in total did you or other adults from your family living in your house earn from any of the following (use value codes from table above as necessary)?

I.8.2.1. Operating another farm or ranch _____

I.8.2.2. Land rental _____

I.8.2.3. Income from disability, military or other retirement, Social Security, unemployment, Veteran's benefits, other public retirement and public assistance.

_____ **I.8.2.4.** Investment income (Interest and dividend)? _____

I.8.2.5. Other off-farm sources (including other businesses but not labor income already included above) _____.

I.8.3. What family members in your household are covered by health insurance? (include Medicare, Medicaid, or veteran benefits).

	Covered	Not covered	Not applicable
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. ASSESSMENT OF FARM MANAGEMENT AND SATISFACTION

J.1. Farm Management Assessment

J.1.1. Indicate how easy/difficult are the following aspects of your dairy operation overall. Circle the most appropriate score.

	N/A	Very Easy			Neutral			Very Difficult		
J.1.1.1. Finding grains	N/A	1	2	3	4	5	6	7		
J.1.1.2. Finding forages	N/A	1	2	3	4	5	6	7		
J.1.1.3. Finding replacement heifers	N/A	1	2	3	4	5	6	7		
J.1.1.4. Finding labor for the farm	N/A	1	2	3	4	5	6	7		
J.1.1.5. Organic certification paperwork	N/A	1	2	3	4	5	6	7		
J.1.1.6. Keeping animals healthy	N/A	1	2	3	4	5	6	7		
J.1.1.7. Finding knowledgeable veterinarians	N/A	1	2	3	4	5	6	7		
J.1.1.8. Weed and pest management	N/A	1	2	3	4	5	6	7		
J.1.1.9. Soil fertility management	N/A	1	2	3	4	5	6	7		
J.1.1.10. Manure management	N/A	1	2	3	4	5	6	7		
J.1.1.11. Purchased fertilizers, seeds & other crop inputs	N/A	1	2	3	4	5	6	7		
J.1.1.12. Financing farm operation and investments	N/A	1	2	3	4	5	6	7		

J.1.2. How satisfied are you with the following aspects of your dairy farm operation? Circle the most appropriate score on a scale of 1-7, with 1 being very dissatisfied and 7 being very satisfied

	Very Dissatisfied			Neutral			Very satisfied		
Stress level	1	2	3	4	5	6	7		
Herd health	1	2	3	4	5	6	7		
Physical demands of farm work	1	2	3	4	5	6	7		
Lifestyle for the family on the farm	1	2	3	4	5	6	7		
Opportunities for children to join the farm	1	2	3	4	5	6	7		
Price received for milk	1	2	3	4	5	6	7		
Time off from farm work	1	2	3	4	5	6	7		
Net farm income	1	2	3	4	5	6	7		

J.1.3. How satisfied are you with your family's quality of life on the farm? Circle the most appropriate score on a scale of 1-7, with 1 being very dissatisfied and 7 being very satisfied

Very Dissatisfied			Neutral			Very satisfied		
1	2	3	4	5	6	7		

J.1.4. To what degree do you attribute your quality of life on the farm with your current farm management system

Not connected at all			Neutral			Highly connected		
1	2	3	4	5	6	7		

J.1.5. What is the minimum milk price you need, on average, to remain economically viable?
 \$_____cwt. Given this price, what is the maximum feed price you can pay and be economically viable? _____

J.2. Organic

J.2.1. Are you or have you been certified organic (*Circle the appropriate number*)

- 0 = No, we have never been certified, **SKIP TO J.3**
- 1 = We used to be certified, but are no longer certified, so **CONTINUE TO J.2.2**
- 2 = Yes, we are currently certified organic, **SKIP TO J.2.5**

J.2.2. What year did your farm become certified organic? _____

J.2.3. Why did you decide not to continue as an organic producer? _____

J.2.4. Why are you no longer an organic producer? Complete the table using the scale: 1 = Strongly Disagree (SD), 2= Disagree (D), 3= Neutral (N), 4= Agree (A), 5 = Strongly Agree (SA) and N/A= not applicable (then, proceed to I3.), **Then, SKIP TO J.3**

I am no longer an organic producer because:	SD	D	N	A	SA	N/A
It is not profitable for feed or other cost reasons	1	2	3	4	5	N/A
It is not profitable because of productivity loss	1	2	3	4	5	N/A
It is not profitable because of lack of certain buyer	1	2	3	4	5	N/A
Herd health concerns	1	2	3	4	5	N/A
Weed and pest management concerns	1	2	3	4	5	N/A
Amount of labor required	1	2	3	4	5	N/A
Not enough support and technical assistance	1	2	3	4	5	N/A

J.2.5. How many years did it take for your farm to get certified? _____

J.2.6. How long have you been predominantly utilizing organic methods? _____

J.2.7. Did transition costs to organic impact your net income?

- 0 =No, Transition costs were negligible, **SKIP TO J.2.10**
- 0 =No, We saved money immediately, **SKIP TO J.2.10**
- 1=Yes, we had substantial transition costs **CONTINUE TO J.2.8**

J.2.8. How much did the transition to organic cost you in terms of net income losses (*due to lower productivity or higher costs*)? _____

J.2.9. For how long did you experience this loss? _____

J.2.10. Currently, by how much or what percentage do you think farming organically increases your annual net farm income? _____

J.2.11. What is the main reason you originally chose to convert to organic? _____

J.2.12. Please explain why you are an organic producer. Complete the table using the scale:
 1 = Strongly Disagree (SD), 2= Disagree (D), 3= Neutral (N), 4= Agree (A), 5 = Strongly Agree (SA) and N/A= not applicable, please explain why you are an organic producer

I am an organic producer because:	SD	D	N	A	SA	N/A
Profitability due to price premium	1	2	3	4	5	N/A
Profitability due to lower cost of production	1	2	3	4	5	N/A
Lifestyle associated with organic production	1	2	3	4	5	N/A
Desire to better care for the animals and the land	1	2	3	4	5	N/A
Desire to stay away from large debt	1	2	3	4	5	N/A
Like the physical tasks involved	1	2	3	4	5	N/A
Did not want to expand to managing a large herd	1	2	3	4	5	N/A

J.3. Grazing

J.3.1. Are you currently using managed grazing practices?

- 0 = No, we have never used managed grazing, **Then, SKIP TO J4**
- 1= We used to, but are no longer doing so **CONTINUE TO J.3.2**
- 2= Yes, we are currently using managed grazing,

What year did you start using it? _____ **SKIP TO J.3.6**

J.3.2. What year did you start managed grazing on your farm? _____

J.3.3. When did you stop being a managed grazier? _____

J.3.4. Why did you decide not to continue as a managed grazier? _____

J.3.5. Why are you no longer using managed grazing? Complete the table using the scale:
 1 = Strongly Disagree (SD), 2= Disagree (D), 3= Neutral (N), 4= Agree (A), 5 = Strongly Agree (SA) and N/A= not applicable, **Then, SKIP TO J4**

I am no longer a managed grazier because:	SD	D	N	A	SA	N/A
It is not profitable because of productivity loss	1	2	3	4	5	N/A
Work related physical tasks (e.g. fencing, water)	1	2	3	4	5	N/A
Not enough support and technical assistance	1	2	3	4	5	N/A
It doesn't fit with my management style	1	2	3	4	5	N/A
Family dynamics make it challenging	1	2	3	4	5	N/A
My farm layout isn't suitable	1	2	3	4	5	N/A

J.3.6. Did the transition to managed grazing lower your net income?

0 = No, Net income losses were negligible, **SKIP TO J.3.8**

1 = No, We saved money immediately, **SKIP TO J.3.8**

2 = Yes, We had substantial net income loss when transitioning **CONTINUE TO J.3.7**

J.3.7. What percentage or amount of your net income did you give up to become a managed grazier (*due to lower productivity or higher costs*)? _____

For how many years did you experience this loss? _____

J.3.8. Currently, by how much or what percentage do you think managed grazing increases your annual net farm income? _____

J.3.9. What is the main reason you first converted to managed grazing? _____

J.3.10. Why are you a grazier? Complete the table using the scale:

1 = Strongly Disagree (SD), 2= Disagree (D), 3= Neutral (N), 4= Agree (A), 5 = Strongly Agree (SA) and N/A= not applicable

I am a managed grazier because:	SD	D	N	A	SA	N/A
Profitability due to lower cost of production	1	2	3	4	5	N/A
Lifestyle associated with grazing production	1	2	3	4	5	N/A
Desire to better care for the animals and the land	1	2	3	4	5	N/A
Desire to stay away from large debt	1	2	3	4	5	N/A
Labor saving benefits	1	2	3	4	5	N/A
Did not want to expand herd size	1	2	3	4	5	N/A
Like the physical tasks involved	1	2	3	4	5	N/A
Interest in managing grasses	1	2	3	4	5	N/A

