

Lameness in pasture-based dairy cows (supplementary material): Farmer questionnaire

**Questionnaire 2 – Housing visit**

Farm:

Date:

Interviewer:

Respondent:

**Updates**

1. Have you made changes to any of the following management procedures **since our last visit** (if yes, please specify how):

<b>Mobility Scoring</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>BCS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Footbathing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Foot Trimming</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other</b>		

2. Have you started to use any new facilities since our last visit?

- Yes – What/when? \_\_\_\_\_
- No

**Housing**

3. On what date were the cows housed full time this year (2019) \_\_\_\_\_

4. Are your cows kept in more than one group during housing? *(If no, go to number 7)*

- Yes
- No

5. During housing, how are cows grouped?

- Calving date
- BCS
- Parity/lactation
- Other – Specify \_\_\_\_\_

6. Do assigned groups change during the housing period (e.g. based on BCS)?

- Yes - How/when? \_\_\_\_\_
- No

7. When are heifers first introduced to the main herd?

\_\_\_\_\_

8. How were heifers housed previously?

- Slats
- Cubicles
- Other – Specify \_\_\_\_\_

9. What do you use to clean the passageways and how often?

	Select	Frequency (in 24hr period)
<b>Automatic scraper</b>	<input type="checkbox"/>	
<b>Robot</b>	<input type="checkbox"/>	
<b>Tractor with scraper</b>	<input type="checkbox"/>	
<b>Manual</b>	<input type="checkbox"/>	
<b>Other</b>	<input type="checkbox"/>	
<b>None</b>	<input type="checkbox"/>	

10. How often are the cubicles :

Cleaned?	Re-bedded/Limed?
<input type="checkbox"/> Once/day	<input type="checkbox"/> Once/day
<input type="checkbox"/> Twice/day	<input type="checkbox"/> Twice/day
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Never	<input type="checkbox"/> Never

## Nutrition

11. During the 2019 lactation, how much was provided of:

	Total	Is this typical (Y/N)?	If 'No', what is typical?
<b>Concentrate (kg per cow)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Minerals</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

12. What are cows fed when housed (including minerals)?

	<b>Feed type &amp; Approx. amount (kg/cow if possible)</b>
<b>Dry Cows</b>	
<b>Milking Cows</b>	
<b>Other groups</b>	

13. How many times/day are cows delivered fresh feed?

- Once/day
- Twice/day
- Once every 2 days
- Other \_\_\_\_\_

14. How often do you push-in feed?

- Once/day
- Twice/day
- Other \_\_\_\_\_

**Other**

15. In the current lactation (calving to dry off, 2019) approximately how many cases of mortellaro (digital dermatitis) have you had in your milking herd? \_\_\_\_\_

**Producer Demographics** (if more than one full-time farmer involved, include both)

16. In what year were you born?

- \_\_\_\_\_
- Prefer not to say

17. How long have you been farming full time (years)?

\_\_\_\_\_

18. Have you attended any type of agricultural education program (e.g. Green Cert)?

- Yes – Specify \_\_\_\_\_
- No

19. Do you participate in a Knowledge Transfer program?

- Yes
- No

### **Lameness perception**

20. Do you think lameness is a problem on your farm?

- Yes
- No
- Other – Specify \_\_\_\_\_

21. Do you think the number of lame cows or cows with impaired mobility has increased or decreased over the past 2 years?

- Increased
- Decreased
- Stayed the same