

QUESTIONNAIRE

This questionnaire is about heat expression in dairy cattle. Specifically, it concerns the very common practice of using “fertility drugs” such as prostaglandins (e.g Estrumate), progesterone (e.g PRIDS), and GnRH (e.g Receptal) to induce oestrus within a predictable, short time period in order to improve the chances of observing a heat OR to allow fixed-time artificial insemination. Either way, the aim is to get cows served more quickly. Note: this questionnaire is **not** about the use of “fertility drugs” for the purpose of treating uterine disease (e.g. endometritis) or cystic ovarian disease.

We value your opinion because, as a vet in practice, it is you who is faced with the difficult task of managing modern dairy cows. Note: your answers are anonymous and will only be used for independent research purposes for the benefit of the profession. There are no “right” or “wrong” answers to the types of questions we are asking, so please just give us your *honest* opinion. Your help is greatly appreciated, thank-you.

Please note that this entire questionnaire is only concerned with the use of “fertility drugs” in adult lactating dairy cows; this does **include** first lactation heifers but **excludes** maiden heifers.

For each question please circle one answer, or complete the sentence with a number or in word(s) as appropriate:

1) On how many farms do you carry out *adult dairy cow* fertility work on a regular basis, i.e. at least once per month (or for seasonal calving herds, routinely during their breeding season)?

Please consider just these dairy farms when answering the next 4 questions (**a-d**):-

a) Of these farms, how many are organic?.....

b) *Excluding* any organic farms, on how many do you **never** use **any** fertility drugs **whatsoever** to get cows served ?.....

c) On how many farms do you use *fixed-time AI* on the *majority** of cows *immediately* after the *voluntary waiting period ends*?.....

(* “majority” here refers to *more than half* the cows)

d) *Excluding* the farms in your *previous* answer, on how many farms do you use *fixed time AI* on the *majority* of cows that haven’t managed to get served by some *specified point* (such as by a certain number of days calved, serves or cycles) but **not immediately** after the voluntary waiting period ends?.....

2) Do you believe that the use of fertility drugs to get cows served is *cost-effective* for *most* dairy farmers?
Yes / No / Don’t know

3) On dairy farms that have a problem with heat expression but don’t already use *any* fertility drugs *whatsoever*, would your approach usually involve advising farmers to start using fertility drugs?
Yes / No / Don’t know

4) On dairy farms that have been regularly using fertility drugs on an “ad hoc” basis to get cows served for several years but still have a problem, would your preferred *long-term* aim for these farms be to:
increase / decrease / not alter the amount of fertility drugs the farms use?

5) Does the use of fertility drugs to get dairy cows served give you any cause for concern? Yes / No
If “yes” please describe any concerns in the space below:

6) *Generally speaking*, do you think that *most* dairy farmers who use fertility drugs to get cows served, tend to increase / decrease / not alter the *amount* they use *per cow*, over time?

7) Is the use of fertility drugs to get more cows served, by itself, what you would call “preventive medicine”? Yes / No / Don’t know

8) I believe that, *generally speaking*, the use of fertility drugs to get dairy cows served will.....

- increase / decrease / have no clear-cut effect on overall herd fertility performance
- increase / decrease / have no clear-cut effect on farm businesses’ profitability
- increase / decrease / have no clear-cut effect on veterinary practices’ profitability
- improve / worsen / have no clear-cut effect on overall dairy cow welfare
- improve / worsen / have no clear-cut effect on genetic selection for fertility in the *long-term*

9) Do you believe that the use of fertility drugs to get cows served is, by itself, *preventing* the *cause(s)* of poor heat expression? Yes / No / Don’t know

10) Imagine a world in which the *only* person you had to *please* was ***yourself*** and no other person (or stakeholder) mattered, *apart* from the *cow*. Would you *use* or not use fertility drugs to get cows served?
use / not use

11) In general, do you believe that the use of fertility drugs to get cows served contributes to making any underlying causes(s) of poor heat expression on dairy farms better / worse / has no effect / don’t know ?

12) Generally speaking, in the past, the main *person* (or group of people) to have influenced my decision over whether or not to use fertility drugs in order to get cows served is.....

13a) Please list the 3 most important areas that you believe contribute most often to the problem of poor heat expression on dairy farms. (*please avoid giving very specific details or largely overlapping subject areas*)

1)..... 2)..... 3).....

13b) Imagine all the dairy farms that are suffering with poor heat expression. The vets and the farmers are going to focus their attention on tackling the areas you have listed above **and all** the farmers are going to be very compliant and implement a large proportion of your advice(!). By the end of a five year period, **relative** to what would have been achieved if, instead, **only** fertility drugs had been used to get cows served, would you *generally expect* this to

- increase / decrease / have no clear-cut effect on overall herd fertility performance
- increase / decrease / have no clear-cut effect on farm businesses’ profitability
- increase / decrease / have no clear-cut effect on veterinary practices’ profitability
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