



Appendix 1. Questionnaire for Layer Farm Owners

1. **Name:** _____

2. **Address:** _____

3. **Contact number (s):** _____

4. **Type of rearing system on farm:**

(Tick what is relevant)

a. Cage bird system:

b. Deep litter system/Floor birds: _____

c. Free range _____

d. Organic bird system _____

e. Others _____

5. **Destination of eggs produced on farm:**

a. Retail outlets (Formal): Yes ___ No ___

Names of supermarkets: _____ Percent of eggs: _____

b. Roadside vendors,

Do you have regular customers? Yes ___ No ___

List if 'Yes':

_____ Percent of eggs: _____

c. Others:

What/ Which ones? _____ Percent of eggs: _____

6. **Average number of birds dying weekly:** _____

Types of conditions or diseases diagnosed:

a. _____

b. _____

c. _____

7. **How do you dispose of your dead birds?**



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8. *Do you encounter rodent, free-flying birds or other pests on your farm?*

a. Rodents: Yes: _____ No: _____

If 'yes' how are they controlled?

*If 'no', check for evidence of rodent droppings on the **floor** along the **walls**:*

b. Birds: Yes: _____ No: _____

If 'yes' how are they controlled?

*If 'no', check for evidence of bird droppings along the **wire mesh** and **other openings** in the houses:*

Pests: Yes: _____ No: _____

If 'yes' how are they controlled?

If 'no', check for evidence of other pests or their droppings in the house: _____

9. *Antimicrobial agents are used as:*

a. As growth promoters: Yes: _____ No: _____

If 'yes' please list the specific name of the agent:



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b. For prophylaxis (prevention): Yes: _____ No: _____
If 'yes' please list the specific name of the agent:

c. For therapeutic purposes: Yes: _____ No: _____
If 'yes' please list the specific name of the agent:

10. Do you have any of your layers undergoing treatment today? Yes: _____ No: _____

If 'yes', specify:

a. Type of treatment: _____
b. For how long the birds have been treated: _____

c. What is done with the eggs during and immediately after treatment:

d. If 'no', please indicate:

a. The last time you treated layers on your farm: _____
b. Type of treatment: _____
c. For how long the birds were treated: _____
d. What was done with the eggs during and immediately after treatment? _____

11. Farm Capacity

Total number of eggs collected per house daily (at the farm): _____

Total number of eggs collected from the farm daily: _____

12. Sampling: authorised person (sampler)

Identification of authorised person

Employer: _____

Name of authorised person: _____

Telephone and fax number: _____

Date of sample collection: _____

13. Samples:

No. of birds currently laying eggs: _____

Total number of houses on farm: _____



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14. Any other comments: _____

15. Declaration

Declaration and signature of authorised person:

I, (full name), _____, hereby declare that the sample was collected by me personally and that the information provided in this document is accurate.

Date: _____ Signature: _____

Declaration and signature of owner or the person having charge of the animals/birds

I, (full name) _____, hereby declare that the sample was collected by the authorised person mentioned above and that no relevant information was withheld from the authorised person.

Date: _____

Signature: _____

Thank you for participating in the survey