

# Appendix 1



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## Contact

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# The use of homeopathic nosodes in the prevention of mastitis within organic dairy herds OF 0186

**Farm address;**

Postcode \_\_\_\_\_

**Tel 1.** \_\_\_\_\_

**Tel 2.** \_\_\_\_\_

**Fax .** \_\_\_\_\_

**Mobile.** \_\_\_\_\_

Email \_\_\_\_\_

**Name & address of dairy vet;**

**Name & address of dairy homeopathic practitioner;**

Initial visit date on which this questionnaire filled \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## A GENERAL FARM INFORMATION

A1 Are you fully converted to UKROFS organic standard ?      **yes** ☐ **no** ☐

If **yes**, how long have you been converted      \_\_\_\_\_ **yrs / months.**

If **no**, how long have you been in conversion      \_\_\_\_\_ **yrs / months.**

A2 Which certification body are you converted / converting with



ORGANIC  
FARMERS  
GROWERS



cmi  
certification



OTHER

☐☐☐☐☐☐☐☐

A3 Do you sell your milk through a milk marketing organisation      **yes** ☐ **no** ☐

If **yes**, which one \_\_\_\_\_

A4 What **arable** crops have you grown within the last 12 months;

**Crop** \_\_\_\_\_ approx acre.      Organic **yes** ☐ **no** ☐

**Crop** \_\_\_\_\_ approx acre.      Organic **yes** ☐ **no** ☐

**Crop** \_\_\_\_\_ approx acre.      Organic **yes** ☐ **no** ☐

**Crop** \_\_\_\_\_ approx acre.      Organic **yes** ☐ **no** ☐

**Crop** \_\_\_\_\_ approx acre.      Organic **yes** ☐ **no** ☐

**Crop** \_\_\_\_\_ approx acre.      Organic **yes** ☐ **no** ☐

**Other**

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A5 In the last 12 months, what alterations have you made in the management of pasture / forage.

a. Grass keep \_\_\_\_\_

b. Silage lays \_\_\_\_\_

c. Hay \_\_\_\_\_

d. Maize / Root crops for fodder \_\_\_\_\_

A6 If you have had silage analysis in the last 24 months, what were the CP and ME values.

Conserved \_\_\_\_\_ Crude Prot \_\_\_\_\_ Metabolizable Energy \_\_\_\_\_

Conserved \_\_\_\_\_ Crude Prot \_\_\_\_\_ Metabolizable Energy \_\_\_\_\_

Conserved \_\_\_\_\_ Crude Prot \_\_\_\_\_ Metabolizable Energy \_\_\_\_\_

## B STOCK

B1 How many of the following **stock** do you have on the farm at the present time;

Dairy Cattle \_\_\_\_\_

Beef \_\_\_\_\_

Sheep \_\_\_\_\_

Pigs \_\_\_\_\_

Goats \_\_\_\_\_

Poultry \_\_\_\_\_

Other ( ) \_\_\_\_\_

B2 **DAIRY HERD** composition for the last 12 months -

	Number of cows in milk:	<i>tick box if</i> milking cows housed	Bulk Tank Milk SCC (‘000 cells / ml)
12 months from today		<input type="checkbox"/>	
11		<input type="checkbox"/>	
10		<input type="checkbox"/>	
9		<input type="checkbox"/>	
8		<input type="checkbox"/>	
7		<input type="checkbox"/>	
6		<input type="checkbox"/>	
5		<input type="checkbox"/>	
4		<input type="checkbox"/>	
3		<input type="checkbox"/>	
2		<input type="checkbox"/>	
1		<input type="checkbox"/>	

- B3 What was the herd average milk yield per cow per year last year? \_\_\_\_\_ kg
- And, if records allow, average milk yield per yr;
- 1 yr ago \_\_\_\_\_ kg
- 2yrs ago \_\_\_\_\_ kg
- 3 yrs ago \_\_\_\_\_ kg
- B4 What is the current percentage of your milking herd in each of the following lactations:
- |                                   |         |
|-----------------------------------|---------|
| 1 <sup>st</sup>                   | _____ % |
| 2 <sup>nd</sup> / 3 <sup>rd</sup> | _____ % |
| 4 <sup>th</sup> & greater         | _____ % |
- B5 What are the percentage of your dairy cows at the present time?  
(tick one box only)
- |                      |         |
|----------------------|---------|
| Friesian             | _____ % |
| Holstein             | _____ % |
| Friesian / Holstein  | _____ % |
| Ayrshire             | _____ % |
| Channel Island       | _____ % |
| Brown Swiss          | _____ % |
| Norwegian / Swedish  | _____ % |
| Other                | _____ % |
| <b>please state:</b> | _____ % |
- B6 Have you changed breed (or, are you in the process of changing breed) in the last 12 months. **yes** ☐ **no** ☐
- B7 How many replacement cows and / or heifers did you introduce **during the last 12 months?** \_\_\_\_\_
- B8 Did you calve any heifers on the farm **in the last 12 months?** yes ☐ no ☐
- If yes**, did you calve any heifers:
- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| a) at 20-25 months old?  | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| b) at 26-30 months old?  | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| c) at 31-36 months old?  | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| d) older than 36 months? | yes <input type="checkbox"/> | no <input type="checkbox"/> |

## C HOUSING & MANAGEMENT OF YOUR MILKING COWS

- C1 During the housed period, **In the last 12 months** how many cows lay in the alleyways? \_\_\_\_\_
- C2 During the housed period, **In the last 12 months** how many cows reverse lay in the cubicles? \_\_\_\_\_
- C3 **In the last 12 months** did the housed cows have access to an outdoor yard?  
**If yes:**  
a) how often was the yard scraped / hosed down?  
yes ☐ no ☐  
twice a day ☐  
once a day ☐  
less often than every day ☐  
b) did the cows have access all day?  
yes ☐ no ☐
- C4 How often did you completely change the bedding in the milking cow accommodation?  
every \_\_\_\_\_ weeks  
**OR**  
every \_\_\_\_\_ months
- C5 What type of housing do you now have for milking cows?  
*(tick all boxes that apply)*  
cubicles ☐  
kennels ☐  
straw yards ☐  
byres / stalls ☐  
other ☐  
**please state:** \_\_\_\_\_
- C6 **For cows housed in cubicles / kennels:**  
a) do you have an automatic scraper system?  
**If yes:**  
how often does it run?  
every \_\_\_\_\_ hours  
**If no:**  
how were the alleyways scraped?  
a) by tractor ☐  
b) manually ☐  
**and:**  
how often were they scraped each day?  
\_\_\_\_\_ times / day
- C7 Which floor base do you have where the cows lie down?  
Annotate all bedding layers for the **milking cows** in the layered drawing below;  
**COW**
- | (material) | (notes) |
|------------|---------|
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |
- SUB SOIL**
- concrete ☐  
peat ☐  
earth ☐  
other ☐  
**please state:** \_\_\_\_\_

C9 What type of bedding did you use for the following:

a. calving boxes	b other accommodation for calving cows:	c. milking cow accommodation:	d. dry cow accommodation:
straw <input type="checkbox"/>	straw <input type="checkbox"/>	straw <input type="checkbox"/>	straw <input type="checkbox"/>
chopped straw <input type="checkbox"/>	chopped straw <input type="checkbox"/>	chopped straw <input type="checkbox"/>	chopped straw <input type="checkbox"/>
woodshavings <input type="checkbox"/>	woodshavings <input type="checkbox"/>	woodshavings <input type="checkbox"/>	woodshavings <input type="checkbox"/>
sawdust <input type="checkbox"/>	sawdust <input type="checkbox"/>	sawdust <input type="checkbox"/>	sawdust <input type="checkbox"/>
sand <input type="checkbox"/>	sand <input type="checkbox"/>	sand <input type="checkbox"/>	sand <input type="checkbox"/>
rubbermats <input type="checkbox"/>	rubbermats <input type="checkbox"/>	rubbermats <input type="checkbox"/>	rubbermats <input type="checkbox"/>
other <input type="checkbox"/>	other <input type="checkbox"/>	other <input type="checkbox"/>	other <input type="checkbox"/>
<b>please state:</b> _____	<b>please state:</b> _____	<b>please state:</b> _____	<b>please state:</b> _____

C10 Is lime added to the bedding of

a ) calving cows	yes <input type="checkbox"/>	no <input type="checkbox"/>
b ) milking cows	yes <input type="checkbox"/>	no <input type="checkbox"/>
c ) dry cows	yes <input type="checkbox"/>	no <input type="checkbox"/>

C11 How often is lime added ? \_\_\_\_\_

#### D DRY COW MANAGEMENT

D1 Were the dry cows housed with milking cows **in the last 12 months?**  
(tick one box only)

always	<input type="checkbox"/>
sometimes	<input type="checkbox"/>
never	<input type="checkbox"/>

D2 What type of housing did you have for dry cows **in the last 12 months?**  
(tick all boxes that apply)

cubicles	<input type="checkbox"/>
kennels	<input type="checkbox"/>
straw yards	<input type="checkbox"/>
byre / stalls	<input type="checkbox"/>
other	<input type="checkbox"/>
<b>please state:</b> _____	

D3 How often did you completely muck out the dry cow accommodation?

every \_\_\_\_\_ weeks  
**OR**  
every \_\_\_\_\_ months

D4 Did you use dry cow therapy **during in the last 12 months on:**

no cows	<input type="checkbox"/>
all cows	<input type="checkbox"/>
only some cows	<input type="checkbox"/>
some cows	<input type="checkbox"/>
under derogation	
under veterinary advice	<input type="checkbox"/>

D5 Did you disinfect the teat end before using the dry cow tube?

yes	<input type="checkbox"/>
no	<input type="checkbox"/>
sometimes	<input type="checkbox"/>
don't know	<input type="checkbox"/>

D6 Did you teat dip **in the last 12 months?**

no cows	<input type="checkbox"/>
all cows	<input type="checkbox"/>
only some cows	<input type="checkbox"/>

D7	Did you use complementary therapies for <b>groups</b> of dry cows <b>during the last 12 months</b> ?  If <b>yes</b> , detail group treatments;				<b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>	
	<b>ID</b>	<b>Condition</b>	<b>Treatment</b>	<b>Duration</b>	<b>Outcome</b>	<b>Notes</b>

D8	Did you use complementary therapies for <b>individual</b> dry cows <b>during the last 12 months</b> ?  If <b>yes</b> , detail group treatments;				<b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>	
	<b>ID</b>	<b>Condition</b>	<b>Treatment</b>	<b>Duration</b>	<b>Outcome</b>	<b>Notes</b>

## E CALVING MANAGEMENT

- E1 Where did the cows **during the last 12 months?**  
(tick all boxes which apply)
- |                       |                          |
|-----------------------|--------------------------|
| outside               | <input type="checkbox"/> |
| straw yards           | <input type="checkbox"/> |
| individual pens/boxes | <input type="checkbox"/> |
| other                 | <input type="checkbox"/> |
- please state:**  
\_\_\_\_\_
- E2 a) how many pens / boxes did you have? \_\_\_\_\_
- b) what proportion of cows / heifers calved in them? \_\_\_\_\_ %
- E3 How often did you completely change the bedding in the calving area?
- |                       |                          |
|-----------------------|--------------------------|
| at least once a week  | <input type="checkbox"/> |
| at least once a month | <input type="checkbox"/> |
| after each calving    | <input type="checkbox"/> |
| other                 | <input type="checkbox"/> |
- E4 How soon after birth were calves removed from their mothers?  
(tick one box only)
- |                     |                          |
|---------------------|--------------------------|
| immediately         | <input type="checkbox"/> |
| within one day      | <input type="checkbox"/> |
| between 1 - 2 days  | <input type="checkbox"/> |
| between 2 - 3 days  | <input type="checkbox"/> |
| greater than 3 days | <input type="checkbox"/> |



## F DAIRY CATTLE FEEDING

F1 Outline the feeding regime for **winter housed** cattle.

<b>In Milk</b>	
<b>Dry Cows</b>	
<b>Heifers</b>	

F2 Outline **summer** feeding regime for cattle.

<b>In Milk</b>	
<b>Dry Cows</b>	
<b>Heifers</b>	

## G HERD HEALTH PLAN

G1 Does the health plan include detail of a plan for mastitis management and control ?

yes ☐ no ☐

**If yes**

Features associated with mastitis control in the health plan.

G2 Was the plan compiled with veterinary input ?      yes ☐ no ☐

G3 Is the plan updated ?      **yes** ☐   **no** ☐      If **yes**, how often \_\_\_\_\_ yrs.

## H MASTITIS RELATED RECORDS

H1 Within the last 12 month period have you;

i. culled any cows because of mastitis

yes ☐ no ☐

if **yes**, how many

\_\_\_\_\_

ii. culled any cows because of high cell counts

yes ☐ no ☐

if **yes**, how many

\_\_\_\_\_

H2 Did any cows die from mastitis in the last 12 month period

yes ☐ no ☐

if **yes**, how many

H3 What is the **farmer estimate** for the percentage of cows affected ?

**Definition** =  $\frac{\text{Total number of cows affected (in last yr)} \times 100}{\text{Average number of cows in the herd}}$

**Estimate** = \_\_\_\_\_ %

H4 From the disease and medicine records kept for certification purposes, and with the farmer adding additional information from other records, medicine records and from memory, record the identifiable individual cases for mastitis **in the last 12 months**;

**Cow-case** = A cow affected in one or more quarters at one time, at least 8 days from a previous infection.

**Quarter-case** = One quarter affected, at least 8 days from a previous infection.

**Recurrent quarter** = A quarter with two or more episodes of clinical mastitis in the last 12 month period.

**Mild clinical mastitis** = Abnormalities in the milk and/or udder.

**Severe clinical mastitis** = Abnormalities in the milk and/or udder and cow showing systemic signs (lethargy, depression, failure to eat etc.)

Animal ID	Case type (Cow, Quarter, Recurrent )	Assessment of severity of case (mild, severe)	How detected ?	Duration from start of case to resolution (days)	Treatments used (conventional and / or complementary)	Seen by vet ? Y / N	Outcome
1							
5							
10							

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

11							
15							
20							
25							
30							
35							
40							

## I THE MILKING MACHINE

- I1 What type of milking parlour(s) do you have now?
- abreast ☐  
 herring-bone ☐  
 rotary ☐  
 other ☐  
**please state:** \_\_\_\_\_
- I2 How many units does the machine have? \_\_\_\_\_
- I3 Does it have an automatic cluster removal (ACR)?
- yes ☐  
 no ☐  
 don't know ☐
- I4 Is the main vacuum line at or above head height?
- yes ☐  
 no ☐  
 don't know ☐
- I5 Did you have the milking machine serviced **in the last 12 months?**
- If yes**, how often was it serviced? \_\_\_\_\_  
 Who carried out the service? \_\_\_\_\_
- I6 How often do you currently change the liners? every \_\_\_\_\_ months

## J YOUR MILKING ROUTINE

- J1 During **the last 12 months** how many people regularly milked the cows (i.e. not reliefs)? \_\_\_\_\_
- J2 What percentage of the year are the cows milked by a 'regular' relief milker? \_\_\_\_\_
- J3 Did you use any relief milkers in the **last 12 months?**
- yes ☐ no ☐
- If yes**, how many? \_\_\_\_\_
- J4 Where were the cows gathered before milking? \_\_\_\_\_
- J5 How frequently was the area where they were gathered scraped or hosed down?
- less than once a day ☐  
 once a day ☐  
 twice a day ☐  
 not applicable ☐
- J6 **In the last 12 months**, how many cows leaked milk as they entered the parlour?
- J7 Did the people doing the milking wear gloves?  
*(tick one box only)*
- always ☐  
 sometimes ☐  
 never ☐
- If **always** or **sometimes**;
- a) are disposable gloves used? yes ☐ no ☐
- b) are the gloves ever washed with disinfectant? yes ☐ no ☐
- If yes**, how often?  
*(tick one box only)*
- during milking ☐  
 after every milking ☐  
 every day ☐  
 weekly ☐  
 other ☐

- J7 Did you keep the cows in a loafing area (standing only) after milking, **in the last 12 months**? yes ☐ no ☐  
**If yes:**  
a) how long **after the last cow is milked** did they spend in the loafing area? \_\_\_\_\_ minutes  
b) how frequently was the loafing area scraped or hosed down?  
*(tick one box only)* more than twice a day ☐  
twice a day ☐  
once a day ☐  
less than once a day ☐
- J8 Did you offer fresh feed to cows after the morning milking **in the last 12 months**? yes ☐ no ☐
- J9 Did you offer fresh feed to cows after the evening milking **in the last 12 months**? yes ☐ no ☐
- J10 When housed were the cows prevented from returning to the sleeping area **immediately** after milking?  
*(tick one box only)* no ☐  
yes, after am milking *only* ☐  
yes, after pm milking *only* ☐  
yes, after *both* milkings ☐  
**If yes**, for how long (minutes) were they kept out of the sleeping area?  
after morning milking \_\_\_\_\_ mins  
after evening milking \_\_\_\_\_ mins

## K MILKING ROUTINE

### Before milking

- K1 **In the last 12 months** did you teat dip or spray **before** milking?  
**If yes:**  
a) what method did you use? dip ☐ spray ☐  
b) for how long have you teat dipped / sprayed **before** milking?  
*(tick one box only)* \_\_\_\_\_ years  
c) did you teat dip / spray **before** milking in every month of **in the last 12 months**? yes ☐ no ☐
- K2 If you did **not** pre-dip, did you in the **last 12 months** dry wipe the teats of any of the cows **before** milking?  
**If yes:**  
a) did you dry wipe the teats of:  
*(tick one box only)* all the cows ☐  
only cows with dirty teats ☐  
other ☐  
**please state:** \_\_\_\_\_  
b) what did you use?  
*(tick all boxes which apply)* cloths ☐  
medicated wipes ☐  
paper towels ☐  
other ☐  
**please state:** \_\_\_\_\_  
c) did you dry wipe the teats milking in every month of in the **last 12 months**? yes ☐ no ☐

K3 **In the last 12 months** did you wash the teats of any cows **before** milking? yes ☐ no ☐ (if no go to K4)

**If yes:**

a) did you wash the teats of:  
(tick one box only)

all the cows ☐  
only cows with dirty teats ☐  
other ☐

**please state:**

\_\_\_\_\_

b) did you use disinfectant in the water?

yes ☐ no ☐

c) did you dry the teats after washing?

yes ☐ no ☐

**If yes:**

what did you use?  
(tick one box only)

paper towel ☐  
cloth ☐  
other ☐

**please state:**

\_\_\_\_\_

### ***During milking***

K4 What method for detection of clots in milk is used;

**Tick more than 1 if necessary**

stripping onto floor ☐  
strip cup ☐  
california milk test ☐  
in line clot filter ☐  
other ☐

**please state:**

\_\_\_\_\_

K5 Which signs do you use to diagnose mastitis ?

**Tick more than 1 if necessary**

clots in milk ☐  
discoloured milk ☐  
blood in milk ☐  
hot udder ☐  
tender udder ☐  
kicking ☐  
udder discolouration ☐  
change in cow ☐  
milking order ☐  
cow temperature ☐  
other ☐

**please describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

K6 For cows showing clots in the milk, which **in parlour** complementary treatments do you use **without antibiotics** ?

**Tick more than 1 if necessary**

vulval spray ☐  
oral mucous ☐  
membrane spray ☐  
oral pilule ☐  
udder liniment ☐  
herbal udder infusion ☐  
other ☐

**please describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- K7 For cows showing clots in the milk, which **in parlour** complementary treatments do you use in combination **with antibiotics** ?
- Tick more than 1 if necessary
- |                       |                          |
|-----------------------|--------------------------|
| vulval spray          | <input type="checkbox"/> |
| oral mucous           | <input type="checkbox"/> |
| membrane spray        | <input type="checkbox"/> |
| oral pilule           | <input type="checkbox"/> |
| udder liniment        | <input type="checkbox"/> |
| herbal udder infusion | <input type="checkbox"/> |
| other                 | <input type="checkbox"/> |

**please describe:**

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- K8 Which considerations you make when deciding which cows will receive **conventional** (antibiotic / veterinary examination) or **complementary** treatments;
- Tick more than 1 if necessary
- |                                      |                          |
|--------------------------------------|--------------------------|
| severity of mastitis                 | <input type="checkbox"/> |
| current bulk cell count              | <input type="checkbox"/> |
| current individual animal cell count | <input type="checkbox"/> |
| previous experience with this animal | <input type="checkbox"/> |
| milk withdrawal                      | <input type="checkbox"/> |
| derogation requirements              | <input type="checkbox"/> |
| cost                                 | <input type="checkbox"/> |
| other                                | <input type="checkbox"/> |

**please describe:**

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### ***After milking***

- K9 **In the last 12 months** did you teat dip or spray the teats **after** milking?
- If yes:
- a) What type (brand) of test dip used ? \_\_\_\_\_
- b) for how long have you teat dipped / sprayed? \_\_\_\_\_ years
- c) what method did you use?  
(tick one box only)
- |     |                          |       |                          |
|-----|--------------------------|-------|--------------------------|
| dip | <input type="checkbox"/> | spray | <input type="checkbox"/> |
|-----|--------------------------|-------|--------------------------|
- d) did you teat dip / spray milking in every month of in the last 12 months?
- |     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (if no go to section L)



## L DRINKING WATER

L1 Please describe the location of all water troughs to which the treatment will be added during the study period.

Trough No.	Location	Notes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

L2 Do you clean the water troughs yes ☐ no ☐

If so, how regularly \_\_\_\_\_

L3 Is it possible to locate the water troughs on a photocopy IACS map and to keep a copy of this map ?

yes (copy kept) ☐  
no ☐

L4 Have the following been issued ?

Instruction notes for administration of the study ☐

Sample containers for collection of the source samples ☐

L5 Briefly outline the stockman / farmer history with regard to complementary therapies.

**M STOCKMAN ATTITUDE TO COWS, AND TO THE USE OF COMPLEMENTARY THERAPIES.**

M1 **STOCKPERSON 1.** Responsible for what % of animal care \_\_\_\_\_ %

<b>Reserved</b>								<b>Outgoing</b>
<b>Less emotionally stable</b>								<b>Emotionally stable</b>
<b>Confident</b>								<b>Lacking confidence</b>
<b>Humble</b>								<b>Assertive</b>
<b>Serious</b>								<b>Happy go lucky</b>
<b>Expedient</b>								<b>Conscientious</b>
<b>Shy</b>								<b>Venturesome</b>
<b>Tough minded</b>								<b>Tender minded</b>
<b>Trusting</b>								<b>Suspicious</b>
<b>Practical</b>								<b>Imaginative</b>
<b>Unpretentious</b>								<b>Shrewd</b>
<b>Traditional</b>								<b>Experimenting</b>
<b>Group dependent</b>								<b>Self sufficient</b>
<b>Independent</b>								<b>Concerned with image</b>
<b>Relaxed</b>								<b>Tense</b>
<b>Less intelligent</b>								<b>Intelligent</b>

(Seabrook, 1995)

M2

Five favourite daily tasks	Why liked ?
1	
2	
3	
4	
5	

M3

Five least liked daily tasks	Why disliked ?
1	
2	
3	
4	
5	

M4 Has this stockperson had any training in complementary medicine use ? **yes** ☐ **no** ☐

M5 Does this person feel that training in homeopathy would be of value ? **yes** ☐ **no** ☐

M6 Does this person 'believe' in non-conventional remedies ? **yes** ☐ **no** ☐

M7 Does this person use complementary therapies on themselves or their family ? **yes** ☐ **no** ☐

M8 **STOCKPERSON 2.** Responsible for what % of animal care \_\_\_\_\_ %

<b>Reserved</b>								<b>Outgoing</b>
<b>Less emotionally stable</b>								<b>Emotionally stable</b>
<b>Confident</b>								<b>Lacking confidence</b>
<b>Humble</b>								<b>Assertive</b>
<b>Serious</b>								<b>Happy go lucky</b>
<b>Expedient</b>								<b>Conscientious</b>
<b>Shy</b>								<b>Venturesome</b>
<b>Tough minded</b>								<b>Tender minded</b>
<b>Trusting</b>								<b>Suspicious</b>
<b>Practical</b>								<b>Imaginative</b>
<b>Unpretentious</b>								<b>Shrewd</b>
<b>Traditional</b>								<b>Experimenting</b>
<b>Group dependent</b>								<b>Self sufficient</b>
<b>Independent</b>								<b>Concerned with image</b>
<b>Relaxed</b>								<b>Tense</b>
<b>Less intelligent</b>								<b>Intelligent</b>

(Seabrook, 1995)

M9

Five favourite daily tasks	Why liked ?
1	
2	
3	
4	
5	

M10

Five least liked daily tasks	Why disliked ?
1	
2	
3	
4	
5	

M11 Has this stockperson had any training in complementary medicine use ?      **yes** ☐ **no** ☐

M12 Does this person feel that training in homeopathy would be of value ?      **yes** ☐ **no** ☐

M13 Does this person 'believe' in non-conventional remedies ?      **yes** ☐ **no** ☐

M14 Does this person use complementary therapies on themselves or their family ?      **yes** ☐ **no** ☐

M15 **STOCKPERSON 3.** Responsible for what % of animal care \_\_\_\_\_ %

<b>Reserved</b>								<b>Outgoing</b>
<b>Less emotionally stable</b>								<b>Emotionally stable</b>
<b>Confident</b>								<b>Lacking confidence</b>
<b>Humble</b>								<b>Assertive</b>
<b>Serious</b>								<b>Happy go lucky</b>
<b>Expedient</b>								<b>Conscientious</b>
<b>Shy</b>								<b>Venturesome</b>
<b>Tough minded</b>								<b>Tender minded</b>
<b>Trusting</b>								<b>Suspicious</b>
<b>Practical</b>								<b>Imaginative</b>
<b>Unpretentious</b>								<b>Shrewd</b>
<b>Traditional</b>								<b>Experimenting</b>
<b>Group dependent</b>								<b>Self sufficient</b>
<b>Independent</b>								<b>Concerned with image</b>
<b>Relaxed</b>								<b>Tense</b>
<b>Less intelligent</b>								<b>Intelligent</b>

(Seabrook, 1995)

M16

Five favourite daily tasks	Why liked ?
1	
2	
3	
4	
5	

M17

Five least liked daily tasks	Why disliked ?
1	
2	
3	
4	
5	

M18 Has this stockperson had any training in complementary medicine use ?      **yes** ☐ **no** ☐

M19 Does this person feel that training in homeopathy would be of value ?      **yes** ☐ **no** ☐

M20 Does this person 'believe' in non-conventional remedies ?      **yes** ☐ **no** ☐

M21 Does this person use complementary therapies on themselves or their family ? **yes** ☐ **no** ☐

## N DATA ACCESS



N1 Are you a subscriber to milk recording services from NMR

yes ☐ no ☐

If **yes**, can you authorise Bristol University to access  
your NMR records during the duration of this study ?

yes ☐ no ☐

**STATEMENT** Any records obtained from NMR during this study will be used only within the framework of the study 'The use of homeopathic nosodes in the prevention of mastitis within organic dairy herds OF 0186' and within University of Bristol guidelines on application of the Data Protection Act (1998).

If **yes**;

***'I authorise researchers from Bristol University, Clinical Veterinary Science to access  
my NMR records'***

Signed \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

<b>Customer Number</b>	/ /
<b>Pin Number</b>	

**N DATA ACCESS continued.**

N1 Are you a subscriber to milk recording services from any company other than NMR ?

yes ☐ no ☐

If **yes**, can you authorise Bristol University to access  
your records during the duration of this study ?

yes ☐ no ☐

**STATEMENT** Any records obtained during this study will be used only within the framework of the study  
'The use of homeopathic nosodes in the prevention of mastitis within organic dairy herds OF 0186' and  
within University of Bristol guidelines on application of the Data Protection Act (1998).

If **yes**;

***'I authorise researchers from Bristol University, Clinical Veterinary Science to access  
my milk recording records'***

Signed \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

<b>Customer Number</b>	/ /
<b>Pin Number</b>	

END OF FACE TO FACE QUESTIONS

## O ANIMAL BEHAVIOURAL MEASURES

**O1 Average 'flight distance' of 10 cows** (walk towards the shoulder of the cows at right angles to her body and estimating how close you were able to approach before the cow moved away)

1m	2	3	4	5	6	7	8	9	10

Comments

**O2 Level of coughing in the adult milking herd at the time of the assessed visit**

None	Mild	Medium	Severe

Comments

**O3 Signs of intimidation / blocking behaviour.**

(e.g. blocking heifers in cubicles, blocking passages, restricting other cows access to water)

None	Mild	Medium	Severe

Comments

**O4 Aggressive encounters or disturbed behaviour**

(e.g. encounters such as on entering the milking parlour or competition for resources)

None	Mild	Medium	Severe

Comments



# O5 Individual cow observations.

Physical sign		None		Mild		Medium		Severe		Comments
Cleanliness	Dirty hind limb(s)									
	Dirty udder									
	Dirty flank(s)									
Coat condition	Dull coat									
	Thick / hairy coat									
	Hair loss									
Hocks	Hair loss									
	Swollen / enlarged									
	Ulcerated									
Claw Overgrowth	Fore									
	Hind									
Poor claw conformation										
Teat ends (if possible)	Some hyperkeratosis									
	Sore inflamed teat end									
Suspected technopathies (other than hocks)										
Pin bone		-	-	-	-	-	-	-	-	
Hook bones		-	-	-	-	-	-	-	-	
Ribs		-	-	-	-	-	-	-	-	
Knees		-	-	-	-	-	-	-	-	
Stifle		-	-	-	-	-	-	-	-	
Back of neck		-	-	-	-	-	-	-	-	
Brisket		-	-	-	-	-	-	-	-	
Other		-	-	-	-	-	-	-	-	
Significantly apathetic / obviously sick demeanour										
Body Condition		1	1 ½	2	2 ½	3	3 ½	4	4 ½	5
1 <sup>st</sup> Lactation										
Older cows										

