

This survey is investigating the **current farm level of automation** and any **potential future investment** in automation. It is intended for completion by any **dairy farmer or farm worker** (whether or not you currently have robotic milking on farm).

## YOUR DETAILS (the survey can be completed anonymously, if preferred)

Name: ..... Farm Name: .....

Address: ..... Postcode: .....

Email: ..... Phone Number: .....

Kingshay Costings Herd ID: .....

## YOUR HERD & SYSTEM

<b>1. Herd Details</b> (annual average)		<b>2. Dairy System:</b> Please <input checked="" type="checkbox"/> <u>one</u> system that is most applicable	
Herd size		<b>Spring block calving</b> 70%+ herd calving in Feb, Mar or Apr	
Yield (including milk retained, unsaleable and sold)	(litres/cow)	<b>Autumn or split block calving - Grazing Focus</b> 70%+ herd calving in Feb, Mar or Apr & in Aug, Sep or Oct; Cows grazing for 200+days/year	
Butterfat	%	<b>Autumn or split block calving - Housing Focus</b> 70%+ herd calving in Feb, Mar or Apr & in Aug, Sep or Oct; Cows grazing for <200 days/year	
Protein	%	<b>All year calving - Grazing Focus</b> Cows grazing for 160+ days in the year	
Cell count		<b>All year calving - Housing Focus</b> Cows grazing for <160 days in the year	
Bactoscan		<b>ORGANIC - Low to Moderate Yield</b> Yield below 6,250 litres per cow per year	
<b>3. Infrastructure - Milking cow housing</b>		<b>ORGANIC - High Yield</b> Yield above 6,250 litres per cow per year	
Floor type	<input type="checkbox"/> Slatted <input type="checkbox"/> Partially slatted <input type="checkbox"/> Not slatted	<b>4. Farm Hygiene</b>	
Do you have a loafing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify: .....m <sup>2</sup>	How often do you scrape clean the back of the cubicle beds? ...../day	<b>5. Milk Contract</b> - Please <input checked="" type="checkbox"/> all relevant options (optional)
Cubicle number		How often do you fully clean out loose housing? ...../day	
Cubicle bedding	<input type="checkbox"/> Sand <input type="checkbox"/> Straw <input type="checkbox"/> Shavings/sawdust <input type="checkbox"/> Other .....	How often do you scrape passageways? ...../day	
Loose housing area (milking cows)	m <sup>2</sup>	Do you have a specific milking facility for treated/ sick/ fresh cows? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Loose housing bedding	<input type="checkbox"/> Straw <input type="checkbox"/> Other .....	<b>6. Who do you purchase your concentrate dairy feed from?</b>	
		<input type="checkbox"/> Liquid <input type="checkbox"/> Constituent <input type="checkbox"/> Seasonality adjustment <input type="checkbox"/> Level profile bonus <input type="checkbox"/> Aligned contract <input type="checkbox"/> Non-aligned <input type="checkbox"/> Cost of production contract	

## HEALTH ON YOUR FARM

<b>7. How many annual cases per 100 cows do you have of the following diseases?</b>		<b>8. What mastitis detection do you use? If used please <input checked="" type="checkbox"/> and <u>circle</u> 1 to 5 in usefulness</b>					<b>9. What mastitis pathogens are most prevalent on farm? - Please <input checked="" type="checkbox"/> the relevant box</b>			
Displaced abomasum	/100	Incomplete milking	<input checked="" type="checkbox"/>	1	2	3	4	5	Staphylococcus aureus	
Retained cleansing	/100	Quarter conductivity		1	2	3	4	5	Streptococcus uberis	
Metritis	/100	Cell count detection		1	2	3	4	5	E. coli	
Mastitis	/100	Other .....		1	2	3	4	5	Other.....	
Digital dermatitis	/100	Other .....		1	2	3	4	5	Other.....	
Lameness (excluding DD)	/100	<b>10. Mastitis Hygiene</b>								
		Do you singe udder hair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often?	/year					
		Do you trim tails?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often?	/year					

## 11. Footbathing Routine

Frequency	per week	Product used	Concentration of product	%
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## NUTRITION AND GROUPING

<b>12. Nutrition</b>		<b>13. How does grazing fit into your system?</b>	
Total purchased feed (compounds, straights, liquid, moist feeds and home grown cereals – but not forage)	tonnes/cow/year	Do your milking cows graze?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of milking cow groups - for example highs, mids, lows (do not include dry cows)		If yes, please answer the following questions	
Milk from forage	litres per cow	Is grazing compulsory for your milk contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		What type of grazing system do you have?	Eg strip, paddock, rotational, set stocking
		Number of days at grass	/year
		How many grazing areas per 24 hours?	
		What are the main groups of cows that graze?	

# LABOUR EFFICIENCY AND AUTOMATION

**14. How many Hours do Dairy Staff Work in Total a Week?**  
 - include all FAMILY labour and all hired WORKERS. (Hours worked DAIRY ONLY = Time directly involved in milking, feeding, scraping out & herd management but not silage making or field work.)

Total hours	hr/week
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**16. Herd Expansion**

Do you plan to expand your herd?  Yes  No

If so, by how many cows?

**15. What automation do you have/planning to invest in? Please ✓ the following**

	Already on farm	1 - 2 years time	3 - 5 years time	5 years +
Robotic Milking				
Push up feeders				
Automatic scrapers				
Lameness monitors				
Heat monitors				
Rumination monitors				
Calving monitor				
Health monitors				
Other.....				
Other.....				

**Thank you for completing this survey.** If you have robotic milking please complete the rest of the survey.

## PLEASE ANSWER THE QUESTIONS IN THE BLUE SECTION IF YOU HAVE ROBOTIC MILKING

**17. Robot Statistics:**  
 please enter annual averages

Litres per robot	per day
Visits per cow	per day
Milkings per cow	per day
% Incomplete milkings	per day
Attachment time	seconds
Milk flow	l/min
Visit duration	minutes
Free time per day (24hr - box time - clean down)	minutes

**22. Robot Cleaning Routine**

How often do you clean / scrape the cow waiting area around the robot(s)?

How often do you clean the robot(s) with a hose / steam cleaner?

**18. Milking Routine through Robot**

Pre-dip chemical (name and manufacturer of product)

Post-dip chemical (name and manufacturer of product)

**20. Robot Breakdowns**

Number of mechanical/electrical robot breakdowns /month

Number of visits from a engineer (do not include normal servicing) /month

Estimated hours lost from robot breakdowns /month

How often is your robot serviced? /year

Do you have a service contract?  Yes, Monthly fee £.....  No

**23. Robot Building Infrastructure**

Cow traffic  Guided/Controlled  Free access

**19. Robot Hygiene** - you may give multiple answers

How many system cleans do you do a day? /day

Which of the following have you programmed the robot to do an extra clean after milking

After each cow  
 After colostrum cow  
 After specific cows  
 After treated cows  
 After high SCC cow

How often is the milk filter changed? /day

**21. Robot Details**

Brand of robot

Model of robot

Number of robots

Year first robot(s) installed

Year subsequent robot(s) installed

**24. Collecting Cows for Milking**

How many minutes to do you spend collecting cows to be milked?

How many cows a day are you having to find to be milked?

**25. Please complete the matrix regarding cow grouping and nutrition**

Use one column for each cow group on the farm

Cow group - please state group name e.g. fresh calvers, highs, mids	Cow Group	Use one column for each cow group on the farm					
		Low	High	Fresh calvers			
Group milk per cow per day	litres						
Ration in parlour/ robot(s)	kg/ litre						
Concentrate through robot(s)	kg/cow/day						
Rest feed (unallocated concentrate.)	kg/cow/day						
Maintenance + ration in trough	m+ ..... litres						

**26. Recommendation and Advice**

Would you recommend robots to other farmers?  Yes  No

What advice would you give to farmers considering robots?

**27. What influenced you to buy a robot, and have your expectations been met? - Please ✓ the box and circle the relevant answers**

	Influence	Expectation met			
Less work hours	✓	Totally	Mostly	Partially	Not at all
Increased milk production	✓	Totally	Mostly	Partially	Not at all
More flexible working hours		Totally	Mostly	Partially	Not at all
Expand herd with no extra labour		Totally	Mostly	Partially	Not at all
Reduce paid labour		Totally	Mostly	Partially	Not at all
Cow welfare benefits		Totally	Mostly	Partially	Not at all
Other Please state .....		Totally	Mostly	Partially	Not at all

What one piece of data from your robot do you find most useful?

**Please return the completed form to:**  
 Kingshay  
 FREEPOST (BS9062)  
 GLASTONBURY  
 Somerset  
 BA6 8ZZ  
**Or via email:** contact.us@kingshay.co.uk



**Thank you for completing this survey**  
 If you have any comments or queries, please call the office on 01458 851555