

# A survey of horse owners in Great Britain regarding horses in their care. Part 2: Risk factors for recurrent airway obstruction

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# Confidential Horse Health Questionnaire

Conducted by the Weipers Centre for Equine Welfare  
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## How to Complete the Questionnaire

- This booklet contains questions about **your** horse. This horse might be one you own, part own or even have on long term loan. If you have more than one horse please complete the questionnaire for the horse who's **name comes first in the alphabet**
- Some of the questions require you to write your answers in the spaces provided. All the other questions require you to **tick** your answer in a box. If you make a mistake fill in the box in which you made the mistake and tick the correct answer

Examples of how to mark the questionnaire:

How old is your horse?:   years   months

To answer "no"

Yes

No

To answer "yes"

Yes

No

- If it is possible please use a black or blue pen to complete the questionnaire
- Please consider all options before indicating the **most appropriate** response to **each and every** question
- This survey should only take about **15 minutes** to complete
- All responses are **completely confidential** and will be identified by code numbers only
- Once completed please post this survey, using the **pre-paid envelope** provided

Thank you for your assistance

ID number for administrative purposes only:



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**If you have owned or looked after your horse since birth or since before it was FIVE years old please answer the questions BELOW**

**If you acquired your horse, or started taking care of it, AFTER it was FIVE years of age please go to the NEXT page (page 4)**

### Your Horse's Early Life

- Have you owned or looked after your horse since birth?

Yes  No  If NO, at what age did you acquire your horse or start taking care of it?  years  months

- At what age was your horse first vaccinated against the following diseases? (please tick the appropriate box for each vaccine)

	Never	Less than one year old	One to two years of age	Three to five years of age	Greater than five years of age
Influenza (flu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Whilst under your care, between the ages of TWO and FIVE years, how often was your horse kept stabled for all, or part, of the day on the following kinds of bedding? (please tick the appropriate box for each type of management)

	Never	Occasionally	Often	Always
Straw bedding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT straw bedding e.g. shavings, paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Whilst under your care, what was the most common type of roughage or forage your horse was fed between the ages of TWO and FIVE years? (if more than one type please tick all the appropriate boxes)

Dry Hay  Wet or soaked hay  Haylage  Silage

- Whilst under your care, as a youngster (below the age of 5 years), did your horse ever have a respiratory infection, perhaps a snotty nose and a cough, for more than a few days?

No  Yes  Don't know

IF YES, ←

At what age(s) did respiratory infection occur? (your horse may have had more than one infection so please tick all the boxes that apply)

As a foal, before weaning from their mother  From weaning to one year old   
As a yearling  Between the ages of 2 and 5 years

- Did this respiratory infection require treatment by your vet?

No  Yes  Don't know

IF YES, ←

What diagnosis did your veterinary surgeon make? (at different times your horse may have had more than one infection so please tick all the boxes that apply)

Viral respiratory infection  Bacterial respiratory infection  Strangles   
Flu (influenza)  Other  If so please specify

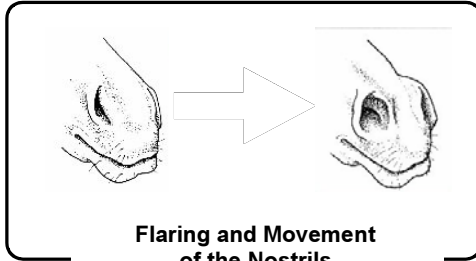
Please continue to the NEXT page (page 4)

## The Following Questions are About Your Horse's Respiratory Health and Breathing

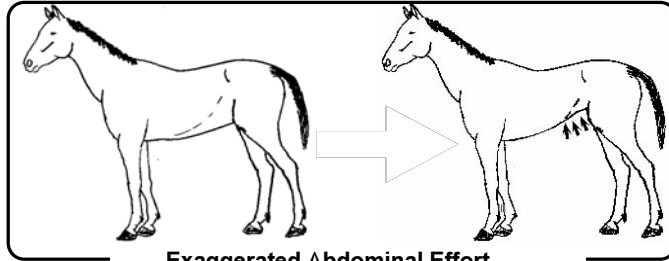
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When a horse has a respiratory problem they can have a wide range of symptoms. These include obvious symptoms such as a cough or a nasal discharge, as well as other symptoms related to an increased effort associated with breathing.

Sometimes, when at rest, horses will show subtle signs of increased effort of breathing by having **exaggerated abdominal effort and flaring and movement of the nostrils**. If the horse has not recently been exercising and is not excited or anxious, this may be a sign of increased breathing effort. In the set of questions that follow, we ask whether your horse has had these signs, and others, **whilst at rest**.



**Flaring and Movement  
of the Nostrils**



**Exaggerated Abdominal Effort**

- **Whilst under your care, at ANY time in the past, has your horse ever had any of the following symptoms?**

Coughing	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>
A discharge from the nose	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>
Exaggerated abdominal effort at rest	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>
Nostril flare at rest	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>

- **Has your horse had any of the following symptoms in the LAST 12 months?**

Coughing	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>
A discharge from the nose	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>
Exaggerated abdominal effort at rest	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>
Nostril flare at rest	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>

**If you have answered YES to ANY of these questions please complete both parts A and B.  
Otherwise please complete Part B on the next page (page 5).**

### Part A

The following questions are about the symptoms you have indicated as occurring above

- **Did two or more of these symptoms occur at the same time as each other?**  
No  Yes  Don't know
- **Did these symptoms improve when the horse spent more time at pasture?**  
No  Yes  Got worse  Don't know
- **Were these symptoms associated with any of the following situations? (please tick all that apply)**  

Feeding dry hay <input type="checkbox"/>	Being at pasture <input type="checkbox"/>	Stabling <input type="checkbox"/>
Use of straw bedding <input type="checkbox"/>	Mucking out <input type="checkbox"/>	Don't know <input type="checkbox"/>
- **During which times of the year did these symptoms occur? (please tick all the months that apply)**  

Winter			Spring			Summer			Autumn		Winter
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- **Did these symptoms occur more than once, i.e. recurrent? (please tick all that apply)**  

No <input type="checkbox"/>	More than once in one year <input type="checkbox"/>
Repeatedly over a period of several years <input type="checkbox"/>	Don't know <input type="checkbox"/>

**continues on next page**

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**Part A (continued)**

- **Were any of these symptoms associated with your horse being "off colour" or having a raised temperature?** (please consider all the options before selecting the most appropriate)
 

No  Yes

Yes, but not on every occasion  Don't know
  - **Were these symptoms associated with a respiratory infection, as diagnosed by your vet?**

No  Yes  Yes, but not on every occasion
- If you indicated earlier that your horse has had a COUGH, please answer the following questions:**
- **How long has/did your horse cough for?**

Less than 2 weeks  About a month

Between 1 and 3 months  3 months or more
  - **During this period how often, on average, did your horse cough per day?**

Rarely  Infrequently  Frequently  Constantly
  - **Was this cough associated with any particular activity?** (please tick all that apply)
 

No particular pattern to cough  Coughed at start of exercise

Coughed during exercise  Don't know
- Please now continue to part B below**

**Part B**

- **Has your horse ever taken longer to recover from exercise than you would normally have expected, given its level of fitness?**

No  Yes  Don't know

If YES, did this coincide with any of the symptoms mentioned on page 4?

No  Yes
- **Has your horse ever had a period of time during which they did not perform as well as you would expect, or were unable to exercise at their normal level?**

No  Yes  Don't know

If YES, did this coincide with any of the symptoms mentioned on page 4?

No  Yes
- **Has a vet ever told you that your horse has COPD (chronic obstructive pulmonary disease), also known as heaves or recurrent airway obstruction (RAO), a dust or hay allergy?**

No  Yes  Don't know

If YES, how old was your horse when this problem was diagnosed?   years   months
- **Has a vet ever told you that your horse has SPAOPD (Summer pasture associated obstructive pulmonary disease), an allergic respiratory disease associated with being at pasture in the summer?**

No  Yes  Don't know

If YES, how old was your horse when this problem was diagnosed?   years   months
- **Do any relatives of your horse suffer from COPD (chronic obstructive pulmonary disease), also known as heaves or recurrent airway obstruction (RAO), a dust or hay allergy?**

No  Yes  Don't know

If YES, how was/were the horse or horses related to yours? (please tick all the boxes that apply)

Mother (Dam)  Father (Sire)  Brother/Sister  Foals (offspring)

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## About Your Horse's Management

• How is your horse currently kept during each season of the year? (please tick the appropriate box for each season of the year)

	Spring	Summer	Autumn	Winter
Entirely outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partly outdoors/partly stabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entirely stabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• On average, how long does your horse spend each day at pasture? Please put 0 (zero) if stabled all day

In summer   hours per day      In winter   hours per day

- If you keep your horse stabled at any point during the year, what bedding do you use in the stable? (if you use more than one product please tick all the boxes that apply)
- Never stabled       Straw       Paper
- Wood Shavings       Rubber mats       Hemp based product
- Other  **If so please specify**
- Do you operate a deep bed system, also known as a deep litter system, when your horse is stabled?   
 No       Yes       Don't know
- Where is your horse during mucking out?      Kept in the stable       Taken outside the stable
- Where is your horse usually groomed?      In the stable       Outside of the stable

• What feed do you currently give during each season of the year, including grass? (please tick the appropriate boxes for each season)

	Spring	Summer	Autumn	Winter
Grass (grazing/at pasture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry hay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soaked (wet) hay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haylage or silage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket Feed {	Concentrate - straights e.g. oats/barley etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Concentrate - compound e.g. cubes/nuts etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chop or chaff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, If so please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• If you wet hay before feeding by full immersion in water, how long do you soak it for?   
   :   hours : minutes      Don't fully immerse in water

• Do you wet or dampen concentrate (bucket) feeds?      No       Yes

- Approximately how long have you been keeping your horse under the management detailed above?   
   years   months

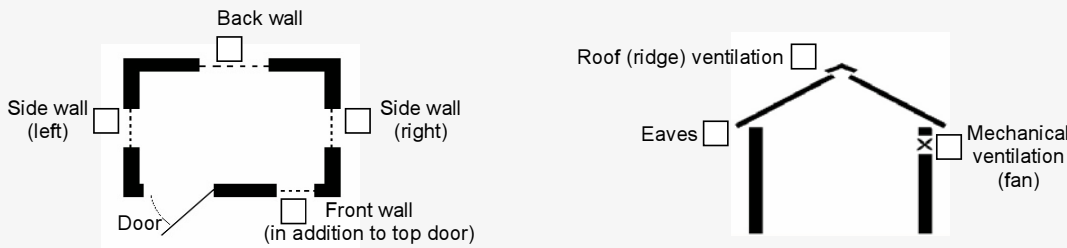
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### About Your Horse's Stable

- What best describes the type of building your horse is stabled in?

Not stabled      Field shelter      Stall in an american type barn (enclosed)   
 Loose box/stable, open fronted      Other   
 If so please specify

**If you keep your horse in a loose box/stable, where does it have ventilation points or open windows?**  
 (please tick all the appropriate boxes on the diagrams below that correspond to an open window or open ventilation point)



- How close is the muck heap to your horses stable?

Less than 6 metres (20 ft) from the stable      6 metres (20 ft) or over from the stable

- Is there a hay or straw store, sharing air space, in the same building as your horse?

No      Yes      Don't know

- What bedding are horses in neighbouring stables kept on? (please tick all the boxes that apply)

Straw      Hemp based product      Paper      Wood Shavings      Rubber mats   
 Other     If so please specify

- Which of the following feeds are horses in neighbouring stables given?

Dry hay      Soaked (wet) hay      Haylage/silage   
 Other     If so please specify

### About The Premises Where You Keep Your Horse

- Which of the types of premises listed below best describes where you keep your horse?  
 (please tick one box only)

Livery stables      Livestock Farm (cattle, sheep etc)      Arable Farm (crops etc)      Riding school   
 Racing yard      Stables on own premises      Rented pasture only      Private yard   
 Other     If so please specify

- What is the total size (acreage) of the premises, including available grazing?

Size of premises to nearest acre:      acres

- Apart from this horse, how many other horses are usually kept at the premises?

Number of other horses:

Please continue over . . .

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## About The Premises Where You Keep Your Horse (cont.)

- What type of land immediately surrounds the pasture where your horse grazes? (please tick all that apply)

Grazing pasture  Hay/haylage/silage fields  Agricultural crops  Woodland

Urbanized   
e.g. Housing, roads, industry etc

Other   
If so please specify




- How would you describe the area local to where your horse is kept?

Urban  Semi-rural  Rural  Industrial

- How long have you kept your horse at the current premises?  years  months

- What is the address of the premises where you keep your horse? (only limited details have been requested, please do NOT provide the name of the premises e.g. name of farm, stable etc)

**PLEASE NOTE:**

This information will be used only for geographically identifying the type of area where you keep your horse, for example elevation above sea level, local weather conditions. The address will not be used for any other purposes.

Street/lane/road:

Village:

Town:

County:

Postcode:

- Would you like to participate in a further study in which we would provide information regarding the care of horses? This information would be followed by a short questionnaire.

Yes

No

That is the end of the questionnaire

Please return the completed questionnaire in the pre-paid envelope provided

## Thank You For Your Participation In This Survey