

Risk factors for epiploic foramen entrapment colic: An international study

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Questionnaires

1. The questions were constructed based on known risk factors for colic in general and some very specific hypotheses that we wished to explore for 2 types of colic: epiploic foramen entrapment (EFE) and idiopathic focal eosinophilic enteritis (IFEE). Therefore some of the questions would not be relevant for other forms of colic.
2. This was a telephone administered questionnaire conducted by the principle investigator (not one that was sent to owners to complete nor was it administered by a number of different investigators).
3. The principal author would be very happy to be contacted by interested parties to discuss questions that were answered well and questions that we would change if conducting a similar study again.
4. This questionnaire in its present, complete form is not to be used without the permission of the authors.

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NB. For all questions the time of interest relates to the specified time period before the main colic episode i.e. when the diagnosis of EFE / eosinophilic enteritis was made

SECTION A GENERAL HORSE AND MANAGEMENT DETAILS

A1. Are you the owner / carer / trainer of (horse's name)?

Owner	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Primary carer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Trainer	<input type="checkbox"/> YES	<input type="checkbox"/> NO

A2. What is (horse's name) age, breed and sex?

Breed: CODE

Age: . years

Sex: gelding mare / filly colt / stallion

A3. What is (horse's name) height and weight?

Height . hh Approximate / actual

Weight KG Approximate / actual

A4. What is (horse's name) principally used as?

N.B. state competition level / if actively breeding or not

Use: CODE

Competition type: CODE

SECTION B MEDICAL DETAILS

B1. Has (horse's name) suffered from any medical problems (including injury / illness / surgery) within the last 12 months requiring veterinary advice or attention (other than the current episode of colic)?

YES NO DON'T KNOW

Orthopaedic / lameness	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Respiratory	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Dental / gastrointestinal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Weight loss	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Reproductive / urinary	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Ears / eyes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Skin / hair	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Neurological	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Lethargy / fever	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Other:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW



B2. Has (horse's name) received any medication in the last 12 months (excluding wormers or vaccinations)?

YES NO DON'T KNOW

MEDICATION BRAND / TYPE	DURATION ADMINISTERED	WHEN LAST GIVEN

MEDICATION TYPE: CODE

CURRENTLY RECEIVING MEDICATION? YES NO DON'TKNOW

B3. Has (horse's name) ever had abdominal surgery prior to this episode of colic?

YES NO DON'T KNOW

Duration since abdominal surgery months

Was this surgery to correct a problem related to colic? YES NO DON'T KNOW

Details of surgery if known:

CODE:

B4. To your knowledge has (horse's name) ever received any NSAID'S such as phenylbutazone (bute) or flunixin (finadyne / banamine)?

YES NO DON'T KNOW

When was this last administered? CODE

Duration of NSAID's: days

Type of NSAID's:



B5. Has (horse's name) suffered any episodes of colic previously (i.e. prior to the current colic episode)?

YES NO DON'T KNOW

How long ago did the last episode occur?

months

How many episodes have occurred within the last 12 months?

No. of episodes requiring veterinary intervention:

No. of episodes that resolved without veterinary attention

Type of colic:

- not applicable
- Didn't need medical treatment (vet called / not called)
- Resolved following medical treatment
- Combination of treatment and no treatment (multiple episodes)
- required surgical intervention (with or without previous medical treatment)

Do you know what may have caused these episodes? If so specify:

Have the episodes changed in frequency over the past 12 months?

Not applicable More frequent Less frequent Same frequency

Have the episodes changed in severity over the past 12 months ?

Not applicable Increased severity Reduced severity About the same severity



CURRENT EPISODE OF COLIC (CASES ONLY)

B6. Had any of the following occurred in the 4 weeks prior to the colic episode?

	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW	If YES specify no. of days prior to change:
Change in stabling / turnout routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Change in exercise routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Change in bedding type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Change of pasture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Change of premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Change in type / batch feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Administration of anthelmintic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/>				
CODE	<input type="text"/> <input type="text"/>			

B7. Do you have any idea what may have caused this episode of colic?

CODE



SECTION C PREMISES

C1. What type of premises is (horse's name) kept on (i.e. at the time of the colic episode)?

- Professional working / competition yard
- Livery yard
- Private yard
- Field / pasture only
- Stud farm
- Riding school / equestrian college
- Other

C2. How many horses / ponies are on the premises in total?

C3. How many people feed (horse's name) on a daily basis?

C4. Who is the principle carer of (horse's name)?

CODE

C5. Has (horse's name) changed premises (i.e. involving an overnight stay) within the last 12 months?

YES NO DON'T KNOW

How many premises in total has (horse's name) been on in the last 12 months?

How many times has a change of premises occurred?

When did the last change in premises take place? . weeks ago



SECTION D HOUSING AND GRAZING

D1. What was (horse's name) management at the time of the colic episode?

- Stabled all the time with no exercise & no turnout
- Stabled all the time apart from when exercised - no turnout
- Stabled at night with <2hrs turnout every day
- Stabled at night with 2 or >2hrs turnout every day
- Stabled in day, out overnight
- Turned out all the time
- Stabled with irregular turnout e.g. weather dependent / every other day
- other (specify)

D2. Has this routine changed within the last 4 weeks? YES NO DON'T KNOW

If YES,
how long ago did this happen? days ago

What type of change was this?

CODE

D3. What type of stable is (horse's name) kept in?

- Not stabled
- Indoor american barn
- Traditional open stable block
- Single stable
- Communal barn / stable
- Converted building
- Other (specify)

D4. What type of bedding was (horse's name) on at the time?

- not applicable, not stabled
- straw - unknown type
- straw - oat
- straw - barley
- straw - wheat
- woodshavings / chips
- cardboard / paper
- rubber matting only
- hemp
- flax
- Other (specify)



D5. Had the type or batch of bedding changed within the 4 weeks prior to the colic episode?

YES NO DON'T KNOW N/A

If YES, when did this change occur? days ago

What type of change was this?

different type of bedding different batch of bedding (but same type) other

If the type of bedding has changed, what was used previously?

CODE

D6. Has (horse's name) ever been known to eat bedding?

- No
- Yes, different type to bedding currently on
- Yes, type of bedding currently on
- Don't know
- Not applicable

D7. What is (horse's name) water source in the stable?

- manually filled container / bucket
- automatic drinker
- both
- other
- not applicable

PASTURE

D8. What sort of area is (horse's name) normally turned out onto?

- not relevant, not turned out
- grass field
- sand / dirt arena or school
- yard
- circular pen in field
- other (state: _____)
- combination of field and arena / yard

D9. What type of pasture is (horse's name) normally turned out onto?

- not applicable
- reseeded, new pasture
- mature pasture, not reseeded
- mature pasture, part reseeded
- don't know



D10. How many hours a day on average has (horse's name) been turned out at pasture in the last 4 weeks?

<input type="text"/>	No of hours per week:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
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D11. Has (horse's name) moved onto a different pasture within the last 4 weeks?

Number of pastures grazed in last 4 weeks:	<input type="text"/> <input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
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D12. How long has (horse's name) been on the current pasture?

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> .	<input type="text"/>	months
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D13. How big is the current pasture?

<input type="text"/> <input type="text"/> .	<input type="text"/> <input type="text"/>	acres
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D14. In total, how many horses / ponies currently share grazing or have access to this pasture?

<input type="text"/> <input type="text"/> <input type="text"/>
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D15. Is (horse's name) most frequently turned out on his / her own?

<input type="checkbox"/> YES, turned out on own	<input type="checkbox"/> NO, turned out with others	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
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D16. Have any other domestic species (defined as non wild animals) grazed or had access to the current pasture(s) (those grazed in the last 4 weeks) in the last 12 months?

this includes: donkeys, poultry, sheep, cattle, pigs, llamas / alpacas or other farmed / pet animals

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
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species of animal(s)	<input type="text"/>	CODE	<input type="text"/> <input type="text"/>
duration of time since last on the pasture:	<input type="text"/>	CODE	<input type="text"/>

D17. Do any of the following apply to the pastures (horse's name) had been on in the 4 weeks prior to the colic episode?

Do other domestic species share pasture all the time? YES NO DON'T KNOW N/A

<input type="text"/>	CODE	<input type="text"/> <input type="text"/>
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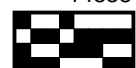
Are other domestic species in adjacent fields? YES NO DON'T KNOW N/A

<input type="text"/>	CODE	<input type="text"/> <input type="text"/>
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Are other domestic species rotated onto the pastures? YES NO DON'T KNOW N/A

<input type="text"/>	CODE	<input type="text"/> <input type="text"/>
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Is manure used to fertilise the pasture? YES NO DON'T KNOW N/A



D18. Has the pasture been treated in the last 4 weeks? YES NO DON'T KNOW N/A

when was this done?	<input type="text"/>	date / days ago	
what was performed?	<input type="text"/>	CODE	<input type="text"/>
fertiliser type (if used)	<input type="text"/>	CODE	<input type="text"/>

D19. What is (horse's name) water source at pasture?

Trough / bucket filled manually	YES	NO
Automatic filling tank	YES	NO
Natural running water e.g. stream	YES	NO
Stagnant water source	YES	NO

CODE	<input type="text"/>	<input type="text"/>
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D20. Have any species of wildlife been seen regularly (i.e. at least once a week) on the current premises ?

YES NO DON'T KNOW N/A

SPECIES 1	<input type="text"/>	CODE	<input type="text"/>	<input type="text"/>
SPECIES 2	<input type="text"/>	CODE	<input type="text"/>	<input type="text"/>
SPECIES 3	<input type="text"/>	CODE	<input type="text"/>	<input type="text"/>

D21. Do any of the pastures grazed in the last 12 months have a problem with weeds or plants known to be harmful to horses (e.g. ragwort)?

YES NO DON'T KNOW N/A

Type of plant(s)	<input type="text"/>	CODE	<input type="text"/>	
Pasture treatment for these	<input type="checkbox"/> none	<input type="checkbox"/> physically removed	<input type="checkbox"/> weedkillers	<input type="checkbox"/> physically removed & weedkillers

D22. Are there any mining works / industrial plants on or adjacent to any pastures (horse's name) has grazed in the last 12 months?

YES NO DON'T KNOW N/A

DETAILS:

D23. Are you aware of any specific mineral deficiencies in the local soil that (horse's name) has grazed on in the last 12 months?

no, soil tested yes, soil tested local area deficient, soil not tested no idea

Details including any supplementation given:
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SECTION E NUTRITION

E1. How many people (maximum) currently prepare (horse's name) feed on a daily basis?

		people
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E2. Do the same people feed (horse's name) every day?

YES
 NO
 DON'T KNOW
 N/A

E3. Currently, how many times a day is (horse's name) fed?

<p>FORAGE - Hay / haylage</p> <div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 5px;"></div> <p> <input type="checkbox"/> none <input type="checkbox"/> once daily <input type="checkbox"/> twice daily <input type="checkbox"/> three times daily <input type="checkbox"/> four times daily <input type="checkbox"/> fed ad lib, always forage available <input type="checkbox"/> fed every other day or less <input type="checkbox"/> Other (state) </p>	<p>BUCKET FEED - straights/concentrate / chaff</p> <div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 5px;"></div> <p> <input type="checkbox"/> none <input type="checkbox"/> once daily <input type="checkbox"/> twice daily <input type="checkbox"/> three times daily <input type="checkbox"/> four times daily <input type="checkbox"/> more than 4 times daily <input type="checkbox"/> fed irregularly every other day or less <input type="checkbox"/> Other (state) </p>
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E4. What time(s) of day are these fed? (use 24hour clock)

<p>Feed 1 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> hrs CODE <input style="width: 20px;" type="text"/></p> <p>Feed 2 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> hrs CODE <input style="width: 20px;" type="text"/></p> <p>Feed 3 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> hrs CODE <input style="width: 20px;" type="text"/></p>	<p>Feed 4 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> hrs CODE <input style="width: 20px;" type="text"/></p> <p>Feed 5 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> hrs CODE <input style="width: 20px;" type="text"/></p> <p>Feed 6 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> hrs CODE <input style="width: 20px;" type="text"/></p>
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E5. Is (horse's name) fed at the same time as the other horses in that group / part of the yard?

not applicable
 same frequency & time
 same frequency, different times
 more frequently
 less frequently
 don't know

E6&7. Is (horse's name) fed at the same time i.e. to within an hour:

<p>Monday - Friday</p> <div style="border: 1px solid black; padding: 5px;"> <p> <input type="checkbox"/> Never varies <input type="checkbox"/> occasionally varies <input type="checkbox"/> regularly varies <input type="checkbox"/> don't know <input type="checkbox"/> N/A </p> </div>	<p>Saturdays & Sundays</p> <div style="border: 1px solid black; padding: 5px;"> <p> <input type="checkbox"/> Never varies <input type="checkbox"/> occasionally varies <input type="checkbox"/> regularly varies <input type="checkbox"/> don't know <input type="checkbox"/> N/A </p> </div>
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ROUGHAGE

E8. What type of roughage is (horse's name) currently fed?

- | | |
|--|---|
| <input type="checkbox"/> none - grass only | <input type="checkbox"/> silage |
| <input type="checkbox"/> dry hay | <input type="checkbox"/> dry hay & haylage |
| <input type="checkbox"/> soaked hay | <input type="checkbox"/> soaked hay & haylage |
| <input type="checkbox"/> haylage | <input type="checkbox"/> other (state) |
| <input type="checkbox"/> horsehage | |

If fed on HAY is this: Bought in made on farm both don't know

Type of hay:

CODE

E9. How much roughage is (horse's name) currently fed per day?

ACTUAL WEIGHT . Kg

ESTIMATED WEIGHT . Kg

E10. How is this fed to (horse's name)?

- loose off floor / ground hayrack haynet other container combination floor & haynet / hayrack

E11. Has the FREQUENCY of roughage feeding changed within the last 4 weeks?

- NO YES DON'T KNOW N/A

- If YES, type of change:
- increased frequency
 - decreased frequency
 - varies on a regular basis
 - altered frequency for a few days only

When did this change start? days ago

E12. Has the QUANTITY of roughage fed changed within the last 4 weeks?

- NO YES DON'T KNOW N/A

- If YES, type of change:
- gradual increase (over several weeks)
 - sudden increase (over a few days)
 - gradual decrease (over several weeks)
 - sudden decrease (over a few days)
 - varies on a regular basis

When did this change start? days ago

E13. Has the TYPE of roughage fed changed within the last 4 weeks?

- NO YES DON'T KNOW N/A

If YES, type of change:

CODE

Days since change:

E14. Has the BATCH of roughage changed in the last 4 weeks?

- NO YES DON'T KNOW N/A

If YES, days since change:



E15. Could you list the types and quantities of concentrates / chaff that (horse's name) is currently receiving? (include type of processing e.g. flaked, molassed / unmolassed)

TYPE & BRAND NAME	QUANTITY PER FEED / DAY (specify)

FEED WEIGHTS: Exact estimated not applicable impossible to estimate

PROPRIETARY CONCENTRATE DIET NO YES DON'T KNOW

WEIGHT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Kg / day	BRAND NAME (CODE)	<input type="text"/> <input type="text"/> <input type="text"/>	% PROTEIN	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
					% FAT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

LOCAL FEED MILL CONCENTRATE DIET NO YES DON'T KNOW

WEIGHT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Kg / day	DESCRIPTION (including FIRM NAME & protein / fat if known)
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GRAIN NO YES DON'T KNOW

WEIGHT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Kg / day	TYPE OF GRAIN FED	CODE	<input type="text"/> <input type="text"/>
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SUGAR BEET PULP NO YES DON'T KNOW

DRY WEIGHT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Kg / day	<input type="checkbox"/> flaked	<input type="checkbox"/> molassed
			<input type="checkbox"/> pelleted	<input type="checkbox"/> unmolassed
			<input type="checkbox"/> don't know	<input type="checkbox"/> don't know

FORAGE / OTHER FIBRE SOURCE NO YES DON'T KNOW

TOTAL WEIGHT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Kg / day	TYPE	CODE:	<input type="text"/> <input type="text"/>
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E16. Has the FREQUENCY of concentrate feeding changed within the last 4 weeks?

NO YES DON'T KNOW N/A

If YES, type of change:

- increased frequency
- decreased frequency
- varies on a regular basis
- altered frequency for a few days only

days since change:

E17. Has the QUANTITY of concentrate fed changed within the last 4 weeks?

NO YES DON'T KNOW N/A

If YES, type of change:

- gradual increase (over several weeks)
- sudden increase (over a few days)
- gradual decrease(over several weeks)
- sudden decrease (over a few days)
- varies on a regular basis

days since change

E18. Has the TYPE of concentrate (including brand / manufacturer) changed in the last 4 weeks?

NO YES DON'T KNOW N/A

If yes describe change

CODE

E19. Has the batch of concentrate feed changed within the last 4 weeks?

NO YES DON'T KNOW N/A

How often do you buy / have a delivery of concentrate / chaff feed ?

Every

days

When did you last open a new bag of feed that (horse's name) is currently receiving?

days ago



DIETARY SUPPLEMENTS

E20. Does (horse's name) receive any dietary supplements such as vegetables or fruit, herbal remedies, pro-biotics, oil, mineral / salt licks?

NO YES DON'T KNOW

Type of supplement, brand name and quantity:

VEGETABLES / FRUIT	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
GARLIC / OTHER HERBAL	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
ORTHOPAEDIC SUPPLEMENT	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
PROBIOTICS	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
SALT / MINERAL LICK OR SUPPLEMENT	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
OIL	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
OTHER	CODE	<input type="text"/>	<input type="text"/>

E21. Have any of these been added in the last 4 weeks?

NO YES DON'T KNOW N/A

If YES:

Which one?

CODE

How many days ago was this added?

days



SECTION F EXERCISE AND TRANSPORT

F1. How many days per week is (horse's name) currently being exercised?

 days / week

F2. Currently, how many hours exercise (including horse walker) is (horse's name) doing per week?

 . hours / week

F3. Have any recent changes in exercise intensity or duration taken place within the last 4 weeks?

NO YES - gradual YES - sudden DON'TKNOW

If YES: Type of exercise change

- increased duration decreased intensity
 increased intensity decreased intensity & duration
 increased duration & intensity other
 decreased duration

Reason:

CODE

F4. What sort of exercise is performed most of the time?

CODE

F5. Where does exercise normally take place?

CODE

F6. Has (horse's name) been transported within the last 4 weeks?

NO YES DON'T KNOW

If YES: Number of journeys in last 4 weeks (there & back = 2):

Total duration of transport:

 . hrs

Days since last transported:

 days

SECTION G BEHAVIOUR

GENERAL BEHAVIOUR

G1. Is (horse's name) easily frightened (e.g flapping bag)? NO YES DON'T KNOW

G2. If (horse's name) is startled, how quickly does he / she settle down?

- very quickly, then continues to behave as normal
- will settle down after a few minutes, then behaves as normal
- remains unsettled for longer than a few minutes

G3. How does (horse's name) respond to an unknown object e.g. football?

- very interested, becomes excited (will snort, defacate or vocalise)
- interested but soon ignores it
- not bothered, shows little interest

G4. Does (horse's name) ever sweat up when excited (as opposed to after travelling / exercise)?

- very easily & does this every time
- occasionally will sweat up when excited
- never sweats up when excited

G5. Does (horse's name) ever tremble or shake when frightened / startled?

- NO YES DON'T KNOW

G6. How does (horse's name) react to what is going on around in either the stable (stall) or field?

- Very curious, will go and investigate or become very excited
- curious, will watch but doesn't investigate or become excited
- Not interested, continues grazing or resting

G7. How does (horse's name) react to meeting other horses? (e.g. on a hack / at competitions)

- very excited, will sweat up, defacate or snort
- shows interest but does not become overly excited
- not bothered, remains calm

BEHAVIOUR AND STABLING

G8. Does (horse's name) show signs of restlessness when stabled (stalled) or would you describe he / she as being settled?

- YES, is not settled NO, is settled don't know Not applicable, never stabled

G9. Does (horse's name) become distressed when left alone in the stable / stall?

- YES, becomes distressed NO, not bothered don't know Not applicable, never stabled on own



BEHAVIOUR AND FEEDING

G10. How does (horse's name) react just before being fed?

- becomes very agitated (paces, bangs at door)
- shows interest, looks over door but doesn't become overly excited
- shows little or no interest

G11. How quickly does (horse's name) eat concentrate / bucket feeds?

- very quickly - will bolt food
- eats all feed immediately at normal speed
- eats all the feed but not all at once
- does not eat all concentrate feed, picks at feed

G12. How quickly does (horse's name) eat forage?

- eats all forage quickly without stopping for long periods
- eats all forage but not at once, will go back to it
- doesn't eat all forage, tends to pick at feed
- don't know

G13. If (horse's name) is stressed (e.g. move to new premises or following transport / competition) do you see any change in feeding patterns?

- YES, will completely go off one or more feeds
- YES, eats some of one or more feeds
- NO, eats as normal

G14. Is (horse's name) fed regularly with other horses sharing the same field / yard?

- NO YES DON'T KNOW

If YES, is (horse's name) aggressive towards other horses at these times?

- NO YES DON'T KNOW N/A

G15. Is (horse's name) aggressive towards humans during feeding?

- NO YES DON'T KNOW

G16. Can (horse's name) see other horses from his / her stable (stall)?

- NO YES DON'T KNOW N/A

Has this changed within the last 4 weeks?

- YES, can now see others when previously couldn't YES, cannot see others, could previously No change

G17. Can (horse's name) touch other horses whilst in the stable / stall?

- NO YES DON'T KNOW N/A

Has this changed within the last 4 weeks?

- YES, can now touch others when previously couldn't YES, cannot touch others, could previously No change

G18. Does (horse's name) become irritated when handled?

- YES - Regularly, irritated by one or more type of handling
- YES - Occasionally or only in response to a specific type situation e.g, girth tightening
- NO - Never



G19. Is (horse's name) able to have direct physical contact with another horse / pony on a regular basis (e.g. turned out together or able to groom each other over a fence)?

- NO / RARE physical contact with other horses / ponies
- OCCASIONAL contact (not every day)
- REGULAR physical contact every day

G20. If stabled (stalled) what is the main source of light in the stable (stall) in the middle of the day?

- natural daylight only
- daylight and artificial lighting
- artificial lighting only

Is the stable lit by artificial lighting at night?

- YES, lights on at night most / all nights
- Occasionally left on overnight
- NO, always switched off at night

STEREOTYPIC BEHAVIOUR

G21. Does (horse's name) exhibit any stereotypic behaviour (often referred to as vices)?

- NO
- YES
- DON'T KNOW

CRIB-BITING / WINDSUCKING YES NO

WOODCHEWING YES NO

WEAVING YES NO

BOX WALKING YES NO

OTHER LOCOMOTOR (state) YES NO

OTHER ORAL (state) YES NO

IF NO GO TO SECTION H

G22. When is this behaviour seen / are these behaviours seen ?

- Only when stabled
- Only when turned out
- Both stabled and when turned out
- Other (state)

G23. How often is this behaviour seen and how would you describe it in terms of severity?

Severity of behaviour

- Mild
- Moderate
- Severe

Frequency of behaviour

- seen every day for prolonged periods
- seen every day but for short periods of time
- seen at least once a week, not every day
- seen on rare / specific occasions
- not currently seen e.g. wearing collar, kept turned out



G24. In relation to being fed when do you see this behaviour?

- seen before feeding but not during / after
- not seen before but observed during / after feeding
- behaviour observed before during and after feeding
- not seen before, during or after feeding

G25. Does this behaviour / do these behaviours change at feeding time?

- YES, increased - exhibited more often / for longer periods
- YES, decreased - exhibited less often / for shorter time periods
- NO change - behaviour remains at same intensity / frequency

G26. Do you take any measures to try to stop these behaviours from occurring?

- NO YES DON'T KNOW N/A

If YES, what measures are taken?

CODE

Do these measures work?

CODE

G27. Do you know if this behaviour / these behaviours are seen in any of (horse's name's) relatives?

Sire:

Dam:

Siblings:

Offspring:

- YES, known to be seen in one or more relatives
- NO, not seen in relatives known to owner / carer
- DON'T KNOW



SECTION H - PREVENTATIVE MEDICINE

DENTISTRY

H1. How often does (horse's name) have his / her teeth checked?

- not done more than every 6 months
 every 12 months every 1-2 years
 every 7-12 months infrequent / only done if required
 every 6 months

H2. When were they last examined?

CODE

 .

months

H3. Who is this done by?

- Veterinary surgeon equine dentist other (e.g. owner) both vet & dentist

VACCINATION

H4. Is horse's name vaccinated regularly based on your vet's recommendations?

- NO YES DON'T KNOW

H5. When was (horse's name) last vaccinated?

 .

months ago

H6. Do you know what vaccine was administered?

CODE

ANTHELMINTICS & OTHER WORM PROPHYLAXIS

H7. How often is (horse's name) wormed?

- Never / rarely wormed only if FEC / ELISA high
 Every 6-13 weeks daily wormer
 14 weeks - 6 monthly monthly wormer
 less than 6 monthly other (state)

H8 & 9. When was (horse's name) last wormed and what product was used?

 .

weeks ago

CODE

H10 & 11. When was (horse's name) last wormed before that and what product was used?

 .

weeks ago

CODE



H12. Has (horse's name) received a double dose of pyrantel (Strongid P / Pyratape P / Equitape) or a dose of praziquantel (Equimax) to treat specifically for tapeworms in the last 12 months?

NO YES DON'T KNOW

H13. Are all the other horses sharing the pasture wormed?

NO YES DON'T KNOW NOT APPLICABLE

H14. Are all the horses wormed at the same time?

NO YES DON'T KNOW NOT APPLICABLE

H15. Is (horse's name) wormed:

- more often than other horses
- less often than other horses
- about the same
- don't know
- not applicable

H16. Has (horse's name) shared or grazed on a field that any new horses have been turned out onto in the last 4 weeks?

NO YES DON'T KNOW NOT APPLICABLE

H17. What sort of pasture management is undertaken to reduce any parasite burden?

Tick the options that apply:

- removal of droppings (specify if hand / machine)
- rotation with other species
- harrowing
- rotation of fields
- other
- none taken

CODE

H18. Has (horse's name) had faecal analysis and / or blood samples to test for parasite burden performed within the last 12 months?

NO YES DON'T KNOW

WEC results (epg):

Tapeworm ELISA OD:

Thank you very much for your participation with this project. The results will be forwarded to you at the end of this study.

COMMENTS / NOTES TO BE ADDED TO DATABASE:



SECTION A GENERAL HORSE AND MANAGEMENT DETAILS

A1. Are you the owner / carer / trainer of (horses' name)?

Owner	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Primary carer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Trainer	<input type="checkbox"/> YES	<input type="checkbox"/> NO

A2. What is (horse's name) age, breed and sex?

Breed: CODE

Age: . years

Sex: gelding mare / filly colt / stallion

A3. What is (horse's name) height and weight?

Height . hh Approximate / actual

Weight KG Approximate / actual

A4. What is (horse's name) principally used as?

N.B. state competition level / if actively breeding or not

Use: CODE

Competition type: CODE

SECTION B MEDICAL DETAILS

B1. Has (horse's name) suffered from any medical problems (including injury / illness / surgery) within the last 12 months requiring veterinary advice or attention?

YES NO DON'T KNOW

Orthopaedic / lameness	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Respiratory	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Dental / gastrointestinal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Weight loss	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Reproductive / urinary	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Ears / eyes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Skin / hair	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Neurological	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Lethargy / fever	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Other:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW



B2. Has (horse's name) received any medication in the last 12 months (excluding wormers or vaccinations)?

YES NO DON'T KNOW

MEDICATION BRAND / TYPE	DURATION ADMINISTERED	WHEN LAST GIVEN

MEDICATION TYPE: CODE

CURRENTLY RECEIVING MEDICATION? YES NO DON'TKNOW

B3. Has (horse's name) ever had abdominal surgery? YES NO DON'T KNOW

Duration since abdominal surgery months

Was this surgery to correct a problem related to colic? YES NO DON'T KNOW

Details of surgery if known:

CODE:

B4. To your knowledge has (horse's name) ever received any NSAID'S such as phenylbutazone (bute) or flunixin (finadyne / banamine)?

YES NO DON'T KNOW

When was this last administered? CODE

Duration of NSAID's: days

Type of NSAID's:



B5. Has (horse's name) suffered any episodes of colic previously)?

YES NO DON'T KNOW

How long ago did the last episode occur?

months

How many episodes have occurred within the last 12 months?

No. of episodes requiring veterinary intervention:

No. of episodes that resolved without veterinary attention

Type of colic:

- Not applicable
- Didn't need medical treatment (vet called / not called)
- Resolved following medical treatment
- Combination of treatment and no treatment (multiple episodes)
- Required surgical intervention (with or without previous medical treatment)

Do you know what may have caused these episodes? If so specify:

Have the episodes changed in frequency over the past 12 months?

Not applicable More frequent Less frequent Same frequency

Have the episodes changed in severity over the past 12 months ?

Not applicable Increased severity Reduced severity About the same severity



SECTION C PREMISES

C1. What type of premises is (horse's name) currently kept at?

- Professional working / competition yard
- Livery yard
- Private yard
- Field / pasture only
- Stud farm
- Riding school / equestrian college
- Other

C2. How many horses / ponies are on the premises in total?

C3. How many people feed (horse's name) on a daily basis?

C4. Who is the principle carer of (horse's name)?

CODE

C5. Has (horse's name) changed premises (i.e. involving an overnight stay) within the last 12 months?

- YES NO DON'T KNOW

How many premises in total has (horse's name) been on in the last 12 months?

How many times has a change of premises occurred?

When did the last change in premises take place? . weeks ago



SECTION D HOUSING AND GRAZING

D1. What is (horse's name) current management ?

- Stabled all the time with no exercise & no turnout
- Stabled all the time apart from when exercised - no turnout
- Stabled at night with <2hrs turnout every day
- Stabled at night with 2 or >2hrs turnout every day
- Stabled in day, out overnight
- Turned out all the time
- Stabled with irregular turnout e.g. weather dependent / every other day
- Other (specify)

D2. Has this routine changed within the last 4 weeks? YES NO DON'T KNOW

If YES,
how long ago did this happen? days ago

What type of change was this?

CODE

D3. What type of stable is (horse's name) kept in?

- Not stabled
- Indoor american barn
- Traditional open stable block
- Single stable
- Communal barn / stable
- Converted building
- Other (specify)

D4. What type of bedding is (horse's name) currently on?

- not applicable, not stabled
- straw - unknown type
- straw - oat
- straw - barley
- straw - wheat
- woodshavings / chips
- cardboard / paper
- rubber matting only
- hemp
- flax
- Other (specify)



D5. Has the type or batch of bedding changed within the last 4 weeks?

YES NO DON'T KNOW N/A

If YES, when did this change occur? days ago

What type of change was this?

different type of bedding different batch of bedding (but same type) other

If the type of bedding has changed, what was used previously?

CODE

D6. Has (horse's name) ever been known to eat bedding?

- No
- Yes, different type to bedding currently on
- Yes, type of bedding currently on
- Don't know
- Not applicable

D7. What is (horse's name) water source in the stable?

- manually filled container / bucket
- automatic drinker
- both
- other
- not applicable

PASTURE

D8. What sort of area is (horse's name) turned out onto?

- not relevant, not turned out
- grass field
- sand / dirt arena or school
- yard
- circular pen in field
- other (state: _____)
- combination of field and arena / yard

D9. What type of pasture is (horse's name) turned out onto?

- not applicable
- reseeded, new pasture
- mature pasture, not reseeded
- mature pasture, part reseeded
- don't know



D10. How many hours a day on average has (horse's name) been turned out at pasture over the last 4 weeks?

<input type="text"/>	No of hours per week:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
----------------------	-----------------------	---

D11. Has (horse's name) moved onto a different pasture within the last 4 weeks?

Number of pastures grazed in last 4 weeks:	<input type="text"/> <input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
--	---	------------------------------	-----------------------------	-------------------------------------	------------------------------

D12. How long has (horse's name) been on the current pasture?

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	months
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D13. How big is the current pasture?

<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	acres
---	-------

D14. In total, how many horses / ponies currently share grazing or have access to this pasture?

<input type="text"/> <input type="text"/> <input type="text"/>
--

D15. Is (horse's name) most frequently turned out on his / her own?

<input type="checkbox"/> YES, turned out on own	<input type="checkbox"/> NO, turned out with others	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
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D16. Have any other domestic species (defined as non wild animals) grazed or had access to the current pasture(s) (those grazed in the last 4 weeks) in the last 12 months?

this includes: donkeys, poultry, sheep, cattle, pigs, llamas / alpacas or other farmed / pet animals

YES NO DON'T KNOW N/A

species of animal(s)	<input type="text"/>	CODE	<input type="text"/> <input type="text"/>
duration of time since last on the pasture:	<input type="text"/>	CODE	<input type="text"/>

D17. Do any of the following apply to the pastures (horse's name) has been on in the last 4 weeks?

Do other domestic species share pasture all the time? YES NO DON'T KNOW N/A

<input type="text"/>	CODE	<input type="text"/> <input type="text"/>
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Are other domestic species in adjacent fields? YES NO DON'T KNOW N/A

<input type="text"/>	CODE	<input type="text"/> <input type="text"/>
----------------------	------	---

Are other domestic species rotated onto the pastures? YES NO DON'T KNOW N/A

<input type="text"/>	CODE	<input type="text"/> <input type="text"/>
----------------------	------	---

Is manure used to fertilise the pasture? YES NO DON'T KNOW N/A



D18. Has the pasture been treated in the last 4 weeks? YES NO DON'T KNOW N/A

when was this done?	<input type="text"/>	date / days ago	
what was performed?	<input type="text"/>	CODE	<input type="text"/>
fertiliser type (if used)	<input type="text"/>	CODE	<input type="text"/>

D19. What is (horse's name) water source at pasture?

Trough / bucket filled manually	YES	NO
Automatic filling tank	YES	NO
Natural running water e.g. stream	YES	NO
Stagnant water source	YES	NO

CODE	<input type="text"/>	<input type="text"/>
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D20. Have any species of wildlife been seen regularly (i.e. at least once a week) on the current premises ?

YES NO DON'T KNOW N/A

SPECIES 1	<input type="text"/>	CODE	<input type="text"/>	<input type="text"/>
SPECIES 2	<input type="text"/>	CODE	<input type="text"/>	<input type="text"/>
SPECIES 3	<input type="text"/>	CODE	<input type="text"/>	<input type="text"/>

D21. Do any of the pastures grazed in the last 12 months have a problem with weeds or plants known to be harmful to horses (e.g. ragwort)?

YES NO DON'T KNOW N/A

Type of plant(s)	<input type="text"/>	CODE	<input type="text"/>	
Pasture treatment for these	<input type="checkbox"/> none	<input type="checkbox"/> physically removed	<input type="checkbox"/> weedkillers	<input type="checkbox"/> physically removed & weedkillers

D22. Are there any mining works / industrial plants on or adjacent to any pastures (horse's name) has grazed in the last 12 months?

YES NO DON'T KNOW N/A

DETAILS:

D23. Are you aware of any specific mineral deficiencies in the local soil that (horse's name) has grazed on in the last 12 months?

no, soil tested yes, soil tested local area deficient, soil not tested no idea

Details including any supplementation given:
--



SECTION E NUTRITION

E1. How many people (maximum) currently prepare (horse's name) feed on a daily basis?

		people
--	--	--------

E2. Do the same people feed (horse's name) every day?

YES NO DON'T KNOW N/A

E3. Currently, how many times a day is (horse's name) fed?

FORAGE - Hay / haylage

- none
- once daily
- twice daily
- three times daily
- four times daily
- fed ad lib, always forage available
- fed every other day or less
- Other (state)

BUCKET FEED - straights/concentrate / chaff

- none
- once daily
- twice daily
- three times daily
- four times daily
- more than 4 times daily
- fed irregularly every other day or less
- Other (state)

E4. What time(s) of day are these fed? (use 24hour clock)

Feed 1 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs CODE <input type="text"/>	Feed 4 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs CODE <input type="text"/>
Feed 2 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs CODE <input type="text"/>	Feed 5 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs CODE <input type="text"/>
Feed 3 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs CODE <input type="text"/>	Feed 6 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs CODE <input type="text"/>

E5. Is (horse's name) fed at the same time as the other horses in that group / part of the yard?

- not applicable
- same frequency & time
- same frequency, different times
- more frequently
- less frequently
- don't know

E6&7. Is (horse's name) fed at the same time i.e. to within an hour:

Monday - Friday <ul style="list-style-type: none"> <input type="checkbox"/> Never varies <input type="checkbox"/> occasionally varies <input type="checkbox"/> regularly varies <input type="checkbox"/> don't know <input type="checkbox"/> N/A 	Saturdays & Sundays <ul style="list-style-type: none"> <input type="checkbox"/> Never varies <input type="checkbox"/> occasionally varies <input type="checkbox"/> regularly varies <input type="checkbox"/> don't know <input type="checkbox"/> N/A
--	--



ROUGHAGE

E8. What type of roughage is (horse's name) currently fed?

- | | |
|--|---|
| <input type="checkbox"/> none - grass only | <input type="checkbox"/> silage |
| <input type="checkbox"/> dry hay | <input type="checkbox"/> dry hay & haylage |
| <input type="checkbox"/> soaked hay | <input type="checkbox"/> soaked hay & haylage |
| <input type="checkbox"/> haylage | <input type="checkbox"/> other (state) |
| <input type="checkbox"/> horsehage | |

If fed on HAY is this: Bought in made on farm both don't know

Type of hay:

CODE

E9. How much roughage is (horse's name) currently fed per day?

ACTUAL WEIGHT

 . Kg

ESTIMATED WEIGHT

 . Kg

E10. How is this fed to (horse's name)?

- loose off floor / ground hayrack haynet other container combination floor & haynet / hayrack

E11. Has the FREQUENCY of roughage feeding changed within the last 4 weeks?

- NO YES DON'T KNOW N/A

- If YES, type of change:
- increased frequency
 - decreased frequency
 - varies on a regular basis
 - altered frequency for a few days only

When did this change start? days ago

E12. Has the QUANTITY of roughage fed changed within the last 4 weeks?

- NO YES DON'T KNOW N/A

- If YES, type of change:
- gradual increase (over several weeks)
 - sudden increase (over a few days)
 - gradual decrease (over several weeks)
 - sudden decrease (over a few days)
 - varies on a regular basis

When did this change start? days ago

E13. Has the TYPE of roughage fed changed within the last 4 weeks?

- NO YES DON'T KNOW N/A

If YES, type of change:

CODE

Days since change:

E14. Has the BATCH of roughage changed in the last 4 weeks?

- NO YES DON'T KNOW N/A

If YES, days since change:



E15. Could you list the types and quantities of concentrates / chaff that (horse's name) is currently receiving? (include type of processing e.g. flaked, molassed / unmolassed)

TYPE & BRAND NAME	QUANTITY PER FEED / DAY (specify)

FEED WEIGHTS: Exact estimated not applicable impossible to estimate

PROPRIETARY CONCENTRATE DIET NO YES DON'T KNOW

WEIGHT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Kg / day	BRAND NAME (CODE)	<input type="text"/> <input type="text"/> <input type="text"/>	% PROTEIN	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
				% FAT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

LOCAL FEED MILL CONCENTRATE DIET NO YES DON'T KNOW

WEIGHT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Kg / day	DESCRIPTION (including FIRM NAME & protein / fat if known)
--------	--	--

GRAIN NO YES DON'T KNOW

WEIGHT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Kg / day	TYPE OF GRAIN FED	CODE	<input type="text"/> <input type="text"/>
--------	--	-------------------	------	---

SUGAR BEET PULP NO YES DON'T KNOW

DRY WEIGHT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Kg / day	<input type="checkbox"/> flaked	<input type="checkbox"/> molassed
		<input type="checkbox"/> pelleted	<input type="checkbox"/> unmolassed
		<input type="checkbox"/> don't know	<input type="checkbox"/> don't know

FORAGE / OTHER FIBRE SOURCE NO YES DON'T KNOW

TOTAL WEIGHT	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Kg / day	TYPE	CODE:	<input type="text"/> <input type="text"/>
--------------	--	------	-------	---



E16. Has the FREQUENCY of concentrate feeding changed within the last 4 weeks?

NO YES DON'T KNOW N/A

If YES, type of change:

- increased frequency
- decreased frequency
- varies on a regular basis
- altered frequency for a few days only

days since change:

E17. Has the QUANTITY of concentrate fed changed within the last 4 weeks?

NO YES DON'T KNOW N/A

If YES, type of change:

- gradual increase (over several weeks)
- sudden increase (over a few days)
- gradual decrease(over several weeks)
- sudden decrease (over a few days)
- varies on a regular basis

days since change

E18. Has the TYPE of concentrate (including brand / manufacturer) changed in the last 4 weeks?

NO YES DON'T KNOW N/A

If yes describe change

CODE

E19. Has the batch of concentrate feed changed within the last 4 weeks?

NO YES DON'T KNOW N/A

How often do you buy / have a delivery of concentrate / chaff feed ?

Every

days

When did you last open a new bag of feed that (horse's name) is currently receiving?

days ago



DIETARY SUPPLEMENTS

E20. Does (horse's name) receive any dietary supplements such as vegetables or fruit, herbal remedies, pro-biotics, oil, mineral / salt licks?

NO YES DON'T KNOW

Type of supplement, brand name and quantity:

VEGETABLES / FRUIT	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
GARLIC / OTHER HERBAL	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
ORTHOPAEDIC SUPPLEMENT	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
PROBIOTICS	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
SALT / MINERAL LICK OR SUPPLEMENT	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
OIL	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> DON'T KNOW
OTHER	CODE	<input type="text"/>	<input type="text"/>

E21. Have any of these been added in the last 4 weeks?

NO YES DON'T KNOW N/A

If YES:

Which one?

CODE

How many days ago was this added?

days



SECTION F EXERCISE AND TRANSPORT

F1. How many days per week is (horse's name) currently being exercised?

 days / week

F2. Currently, how many hours exercise (including horse walker) is (horse's name) doing per week?

 . hours / week

F3. Have any recent changes in exercise intensity or duration taken place within the last 4 weeks?

NO YES - gradual YES - sudden DON'TKNOW

If YES: Type of exercise change

- increased duration decreased intensity
 increased intensity decreased intensity & duration
 increased duration & intensity other
 decreased duration

Reason:

CODE

F4. What sort of exercise is performed most of the time?

CODE

F5. Where does exercise normally take place?

CODE

F6. Has (horse's name) been transported within the last 4 weeks?

NO YES DON'T KNOW

If YES: Number of journeys in last 4 weeks (there & back = 2):

Total duration of transport:

. hrs

Days since last transported:

days



SECTION G BEHAVIOUR

GENERAL BEHAVIOUR

G1. Is (horse's name) easily frightened (e.g flapping bag)? NO YES DON'T KNOW

G2. If (horse's name) is startled, how quickly does he / she settle down?

- very quickly, then continues to behave as normal
- will settle down after a few minutes, then behaves as normal
- remains unsettled for longer than a few minutes

G3. How does (horse's name) respond to an unknown object e.g. football?

- very interested, becomes excited (will snort, defacate or vocalise)
- interested but soon ignores it
- not bothered, shows little interest

G4. Does (horse's name) ever sweat up when excited (as opposed to after travelling / exercise)?

- very easily & does this every time
- occasionally will sweat up when excited
- never sweats up when excited

G5. Does (horse's name) ever tremble or shake when frightened / startled?

- NO YES DON'T KNOW

G6. How does (horse's name) react to what is going on around in either the stable (stall) or field?

- very curious, will go and investigate or become very excited
- curious, will watch but doesn't investigate or become excited
- not interested, continues grazing or resting

G7. How does (horse's name) react to meeting other horses? (e.g. on a hack / at competitions)

- very excited, will sweat up, defacate or snort
- shows interest but does not become overly excited
- not bothered, remains calm

BEHAVIOUR AND STABLING

G8. Does (horse's name) show signs of restlessness when stabled (stalled) or would you describe he / she as being settled?

- YES, is not settled NO, is settled don't know Not applicable, never stabled

G9. Does (horse's name) become distressed when left alone in the stable / stall?

- YES, becomes distressed NO, not bothered don't know Not applicable, never stabled on own



BEHAVIOUR AND FEEDING

G10. How does (horse's name) react just before being fed?

- becomes very agitated (paces, bangs at door)
- shows interest, looks over door but doesn't become overly excited
- shows little or no interest

G11. How quickly does (horse's name) eat concentrate / bucket feeds?

- very quickly - will bolt food
- eats all feed immediately at normal speed
- eats all the feed but not all at once
- does not eat all concentrate feed, picks at feed

G12. How quickly does (horse's name) eat forage?

- eats all forage quickly without stopping for long periods
- eats all forage but not at once, will go back to it
- doesn't eat all forage, tends to pick at feed
- don't know

G13. If (horse's name) is stressed (e.g. move to new premises or following transport / competition) do you see any change in feeding patterns?

- YES, will completely go off one or more feeds
- YES, eats some of one or more feeds
- NO, eats as normal

G14. Is (horse's name) fed regularly with other horses sharing the same field / yard?

- NO YES DON'T KNOW

If YES, is (horse's name) aggressive towards other horses at these times?

- NO YES DON'T KNOW N/A

G15. Is (horse's name) aggressive towards humans during feeding?

- NO YES DON'T KNOW

G16. Can (horse's name) see other horses from his / her stable (stall)?

- NO YES DON'T KNOW N/A

Has this changed within the last 4 weeks?

- YES, can now see others when previously couldn't YES, cannot see others, could previously No change

G17. Can (horse's name) touch other horses whilst in the stable / stall?

- NO YES DON'T KNOW N/A

Has this changed within the last 4 weeks?

- YES, can now touch others when previously couldn't YES, cannot touch others, could previously No change

G18. Does (horse's name) become irritated when handled?

- YES - Regularly, irritated by one or more type of handling
- YES - Occasionally or only in response to a specific type situation e.g, girth tightening
- NO - Never



G19. Is (horse's name) able to have direct physical contact with another horse / pony on a regular basis (e.g. turned out together or able to groom each other over a fence)?

- NO / RARE physical contact with other horses / ponies
- OCCASIONAL contact (not every day)
- REGULAR physical contact every day

G20. If stabled (stalled) what is the main source of light in the stable (stall) in the middle of the day?

- natural daylight only
- daylight and artificial lighting
- artificial lighting only

Is the stable lit by artificial lighting at night?

- YES, lights on at night most / all nights
- Occasionally left on overnight
- NO, always switched off at night

STEREOTYPIC BEHAVIOUR

G21. Does (horse's name) exhibit any stereotypic behaviour (often referred to as vices)?

- NO
- YES
- DON'T KNOW

CRIB-BITING / WINDSUCKING YES NO

WOODCHEWING YES NO

WEAVING YES NO

BOX WALKING YES NO

OTHER LOCOMOTOR (state) YES NO

OTHER ORAL (state) YES NO

IF NO GO TO SECTION H

G22. When is this behaviour seen / are these behaviours seen ?

- Only when stabled
- Only when turned out
- Both stabled and when turned out
- Other (state)

G23. How often is this behaviour seen and how would you describe it in terms of severity?

Severity of behaviour

- Mild
- Moderate
- Severe

Frequency of behaviour

- seen every day for prolonged periods
- seen every day but for short periods of time
- seen at least once a week, not every day
- seen on rare / specific occasions
- not currently seen e.g. wearing collar, kept turned out



G24. In relation to being fed when do you see this behaviour?

- seen before feeding but not during / after
- not seen before but observed during / after feeding
- behaviour observed before during and after feeding
- not seen before, during or after feeding

G25. Does this behaviour / do these behaviours change at feeding time?

- YES, increased - exhibited more often / for longer periods
- YES, decreased - exhibited less often / for shorter time periods
- NO change - behaviour remains at same intensity / frequency

G26. Do you take any measures to try to stop these behaviours from occurring?

- NO YES DON'T KNOW N/A

If YES, what measures are taken?

CODE

Do these measures work?

CODE

G27. Do you know if this behaviour / these behaviours are seen in any of (horse's name's) relatives?

Sire:

Dam:

Siblings:

Offspring:

- YES, known to be seen in one or more relatives
- NO, not seen in relatives known to owner / carer
- DON'T KNOW



SECTION H - PREVENTATIVE MEDICINE

DENTISTRY

H1. How often does (horse's name) have his / her teeth checked?

- not done more than every 6 months
 every 12 months every 1-2 years
 every 7-12 months infrequent / only done if required
 every 6 months

H2. When were they last examined?

CODE

 .

months

H3. Who is this done by?

- Veterinary surgeon equine dentist other (e.g. owner) both vet & dentist

VACCINATION

H4. Is horse's name vaccinated regularly based on your vet's recommendations?

- NO YES DON'T KNOW

H5. When was (horse's name) last vaccinated?

 .

months ago

H6. Do you know what vaccine was administered?

CODE

ANTHELMINTICS & OTHER WORM PROPHYLAXIS

H7. How often is (horse's name) wormed?

- Never / rarely wormed only if FEC / ELISA high
 Every 6-13 weeks daily wormer
 14 weeks - 6 monthly monthly wormer
 less than 6 monthly other (state)

H8 & 9. When was (horse's name) last wormed and what product was used?

 .

weeks ago

CODE

H10 & 11. When was (horse's name) last wormed before that and what product was used?

 .

weeks ago

CODE



H12. Has (horse's name) received a double dose of pyrantel (Strongid P / Pyratape P / Equitape) or a dose of praziquantel (Equimax) to treat specifically for tapeworms in the last 12 months?

NO YES DON'T KNOW

H13. Are all the other horses sharing the pasture wormed?

NO YES DON'T KNOW NOT APPLICABLE

H14. Are all the horses wormed at the same time?

NO YES DON'T KNOW NOT APPLICABLE

H15. Is (horse's name) wormed:

- more often than other horses
- less often than other horses
- about the same
- don't know
- not applicable

H16. Has (horse's name) shared or grazed on a field that any new horses have been turned out onto in the last 4 weeks?

NO YES DON'T KNOW NOT APPLICABLE

H17. What sort of pasture management is undertaken to reduce any parasite burden?

Tick the options that apply:

- removal of droppings (specify if hand / machine)
- rotation with other species
- harrowing
- rotation of fields
- other
- none taken

CODE

H18. Has (horse's name) had faecal analysis and / or blood samples to test for parasite burden performed within the last 12 months?

NO YES DON'T KNOW

WEC result (epg):

Thank you very much for your participation with this project. The results will be forwarded to you at the end of this study.

COMMENTS / NOTES TO BE ADDED TO DATABASE:

