

Trigeminal-mediated headshaking is a little-understood neuropathic facial pain condition of the horse. The condition may affect around 1% of the equine population to a degree of severity sufficient to require veterinary attention. As a pain condition, this represents a significant welfare issue. A horse affected by trigeminal-mediated headshaking may suddenly and repeatedly flick, jerk or shake his head. Moving it vertically up and down is common, but he may also shake his head around or side to side. This behaviour is in response to neuropathic facial pain caused by an abnormal or compromised trigeminal nerve. There is a functional disturbance of the nerve that changes how it processes sensory input and lowers its threshold for firing.

1. Do you have a horse that has Headshaking Syndrome?

- ☐ Yes
- ☐ No
- ☐ Unsure

2. Has your horse been diagnosed with Headshaking Syndrome by a Vet?

- ☐ Yes
- ☐ No

3. Is your horse:

- ☐ a gelding?
- ☐ a mare?
- ☐ a stallion?

4. How old is your horse?

5. How old was your horse when s/he started showing symptoms of Headshaking Syndrome?

6. What time of the year does your horse begin to show symptoms of Headshaking Syndrome?

- | | |
|----------------------------------|--|
| <input type="radio"/> Mid Winter | <input type="radio"/> Autumn |
| <input type="radio"/> Mid Summer | <input type="radio"/> My horse shows symptoms of Headshaking Syndrome all year round |
| <input type="radio"/> Spring | |

Other (please specify)

7. What time of the year does your horse cease to have symptoms of Headshaking Syndrome?

☐ Mid Summer

☐ Autumn

☐ Mid Winter

☐ My horse shows symptoms of Headshaking Syndrome all year round

☐ Spring

Other (please specify)

8. The symptoms of Headshaking Syndrome that my horse exhibits include:

☐ Vertical ticcing (flicking head towards chest)

☐ Rubbing face on objects

☐ Tossing head up and down

☐ Pushing face into trees/bushes or similar

☐ Tossing head in circles

☐ Depression

☐ Striking at head with front feet

☐ Anxiety

☐ Snorting regularly and/or sneezing

☐ Tightness of muzzle/mouth/lower lip

☐ Rubbing face on legs

Other (please specify)

9. What times of day do you notice your horse showing symptoms of Headshaking Syndrome?

☐ Morning

☐ Evening

☐ Midday

☐ Night

☐ Afternoon

Other (please specify)

10. What environmental conditions seem to trigger your horse's Headshaking Syndrome symptoms the most?

☐ Bright sunlight

☐ Snow

☐ Cool breeze

☐ Dust

☐ Wind

☐ Dark places (ie. barn, unlit indoor arena)

☐ Light rain

☐ Artificial light

☐ Heavy rain

☐ High pollen count

Other (please specify)

11. What best describes your horse's lifestyle?

- | | |
|---|---|
| <input type="radio"/> Part of a herd (no ground or mounted work) | <input type="radio"/> Ridden horse - working (ie. cattle work, racehorse) |
| <input type="radio"/> Companion to humans (no ground or mounted work) | <input type="radio"/> Ridden horse - competition (ie. showing, dressage, jumping, barrel racing, reining) |
| <input type="radio"/> Groundwork / Liberty only | <input type="radio"/> Ridden horse - high performance (ie. International competition) |
| <input type="radio"/> Ridden horse - trails and recreation | |

Other (please specify)

12. How much does your horse's Headshaking Syndrome impact his/her enjoyment of life?

- ☐ Significantly
- ☐ Somewhat
- ☐ Minimally

13. How much does your horse's Headshaking Syndrome impact your enjoyment of and relationship with your horse?

- ☐ Significantly
- ☐ Somewhat
- ☐ Minimally

14. What treatments have you employed to manage your horse's Headshaking Syndrome symptoms?

- | | |
|---|--|
| <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nose net |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Light-blocking mask |
| <input type="checkbox"/> Supplements | |
| <input type="checkbox"/> Bodywork | |
| <input type="checkbox"/> Other (please specify) | |

☐ None of the above

15. Do you believe that any of the treatments you have used have helped reduce your horse's Headshaking Syndrome symptoms?

- ☐ Yes
- ☐ No
- ☐ If yes, please describe which interventions have worked, and to what degree:

16. Would you be interested in being part of a worldwide trial into the use of a head-worn device to treat (or reduce the intensity of symptoms associated with) trigeminally-mediated Headshaking Syndrome?

- ☐ Yes - Absolutely!
- ☐ No thank you

17. Do you consent to being contacted by the researchers to discuss whether you and your horse would be candidates to participate in a trial?

- ☐ Yes
- ☐ No
- ☐ Not just yet

18. If you answered Yes, please complete the contact details below, and we will get in touch with you about potential research projects that might help yours and others HS horses. If you answered No or Not Just Yet - thank you so much for your time and effort in providing your answers to this survey. All information about our suffering HS horses can only be useful going forward.

Name

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number