

Headshaking Syndrome Australia -Questionnaire 1

* 1. Participant Name

* 2. Horse's Name

3. Horse's age in years

* 4. Horse Location in Australia

☐ NSW

☐ VIC

☐ TAS

☐ QLD

☐ WA

☐ SA

☐ ACT

☐ NT

* 5. Date your horse commenced wearing the charged Equilume mask

Date

Date

* 6. Since this date, how many nights (i.e. from 4pm-8am the following morning) has your horse NOT worn the Equilume light mask?

- ☐ 0-5 nights
- ☐ 6-10 nights
- ☐ 11-20 nights
- ☐ 21-30 nights
- ☐ More than 30 nights

* 7. How often, on average, do you observe your horse's behaviour (i.e. how often do you spend five minutes or more watching and/or interacting with your horse)?

- ☐ Once a week or less
- ☐ Several times per week
- ☐ Once per day
- ☐ 2 or 3 times per day
- ☐ 4 or more times per day

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Headshaking Symptoms shown prior to mask being fitted

* 8. In the three month period PRIOR TO BEING FITTED with the Equilume light mask, (i.e. from January to March 2022, before the study started) did your horse show any symptoms of headshaking?

☐ Yes

☐ No

* 9. In the week (seven days) PRIOR to being fitted with the Equilume light mask, did your horse show symptoms of headshaking?

☐ Yes

☐ No

* 10. If you answered YES to either or both of questions 8 and 9, please describe the intensity of your horse's headshaking symptoms PRIOR TO BEING FITTED with the Equilume light mask at the start of the study period. (If your answer to the previous question is NO, please check Not Observed for the available options)

	Not observed	Very occasionally (i.e. once per week)	Sometimes (i.e. once or twice, several days per week)	Often (i.e. several times per day)	Constantly
Vertical head tics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tightness of muzzle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snorting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swinging head up and down or side to side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rubbing face or nose on objects, self or people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Striking at face with front legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify symptom and intensity)

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Headshaking symptoms observed since mask fitting

* 11. Please indicate which is true for your horse SINCE BEING FITTED with the Equilume light mask at the start of the study period:

- ☐ My horse's headshaking symptoms have INCREASED
- ☐ My horse's headshaking symptoms have DECREASED
- ☐ My horse's headshaking symptoms have stayed the same
- ☐ I have not observed my horse showing headshaking symptoms

* 12. Please describe the INTENSITY of headshaking symptoms your horse has shown SINCE BEING FITTED with the Equilume light mask.

	Not observed	Very occasionally (i.e. once per week)	Sometimes (i.e. once or twice, several days per week)	Often (i.e. several times per day)	Constantly
Vertical head tics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tightness of muzzle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snorting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swinging head up and down or side to side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rubbing face or nose on objects, self or people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Striking at face with front legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify symptom and intensity)

* 13. Since being fitted with the Equilume light mask at the start of the study (March 2022), have your horse's LIVING CONDITIONS changed at all?

- ☐ Yes
- ☐ No

If Yes, please specify:

* 14. Have your horse's feed/nutritional regime changed since being fitted with the Equilume light mask at the start of the study (March 2022)?

☐ Yes

☐ No

15. How has your horse's feed/nutritional regime changed since being fitted with the Equilume light mask at the beginning of the study?

☐ I have ADDED new feeds/supplements to my horse's diet

☐ I have REMOVED feeds/supplements from my horses diet

☐ My horse's diet and supplementation has not changed

Please specify what feeds/supplements have been added or removed from your horse's diet:

* 16. Since being fitted with the Equilume light mask at the beginning of the study (March 2022), has your horse's level of activity changed?

☐ Yes

☐ No

17. How has your horse's ACTIVITY LEVEL/EXERCISE LEVEL changed since the beginning of the study?

☐ My horse's activity/exercise level has increased

☐ My horse's activity/exercise level has decreased

☐ My horse's activity/exercise level has stayed the same

* 18. Has your horse been diagnosed with any other conditions or diseases since being fitted with the Equilume light mask at the the start of the study?

☐ Yes

☐ No

If Yes, please specify the disease or condition with which your horse has been diagnosed:

* 19. Has your horse been given and NEW medication for any conditions or diseases since being fitted with the Equilume light mask at the the start of the study?

☐ Yes

☐ No

If Yes, please specify

* 20. Since being fitted with the Equilume light mask at the the start of the study, have you noticed any changes in your horse in regard to:

	No change	Increased	Decreased
Coat thickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Top-line/ muscle tone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fat coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy / alertness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sociability (i.e. motivation to interact with others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Please indicate any other observations you have about your horse's behaviour and or physical condition since starting the study: