

Headshaking Syndrome Study

Australia 2022 - Participant Survey

2_November 2022

* 1. Participant Name

* 2. Horse's Name

* 3. Horse age in years

* 4. Horse Location in Australia

☐ NSW

☐ VIC

☐ TAS

☐ QLD

☐ WA

☐ SA

☐ ACT

☐ NT

* 5. Since the previous Survey date (June 30, 2022) 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 night

☐ 11-20 nights

☐ 21-30 nights

☐ More than 30 nights

* 6. Date your horse ceased wearing the charged Equilume light mask

Date

Date

DD/MM/YYYY



* 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 per week or less

☐ Several times per week

☐ Once per day

☐ 2 or 3 times per day

☐ 4 or more times per day.

* 8. Since completing the first Survey (i.e. June 30th, 2022) did your horse show any symptoms of headshaking?

☐ No

☐ Yes

* 9. If you answered YES to Q.8, please describe the intensity of your horse's headshaking symptoms. (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,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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
self or people					

Striking at face with front legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Other (please specify symptom and intensity)

* 10. Since completing the previous survey (June 30th, 2022) please indicate which is true for your horse:

- ☐ 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

* 11. Since completing the previous survey (June 30th, 2022), have your horse's LIVING CONDITIONS changed at all?

- ☐ Yes
- ☐ No

☐ If Yes, please specify:

12. Has your horse's feed/nutritional regime changed since the previous survey (June 30th, 2022)?

☐ Yes

☐ No

* 13. How has your horse's feed/nutritional regime changed since 30th June 2022?

☐ 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:

* 14. Since the previous survey (June 30th, 2022) has your horse's level of activity changed?

☐ Yes

☐ No

* 15. 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

16. Please describe the reason for your horse's change in activity level:

* 17. Has your horse been diagnosed with any other conditions or diseases since the previous survey (June 30, 2022)?

- ☐ Yes
- ☐ No

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

* 18. Has your horse been given and NEW medication for any conditions or diseases since the date of the previous survey (June 30, 2022)?

- ☐ Yes
- ☐ No

Please specify:

19. Since the previous survey (June 30, 2022), 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"/>

20. IMPORTANT - END OF STUDY QUESTIONS

To compare the SEVERITY of your horse's headshaking symptoms in late Oct/early Nov 2021 (last year) with their symptoms at the end of our study in late Oct/early Nov 2022: please indicate which is true for your horse at the end of the study with the Equilume light mask (late Oct/early Nov).

- ☐ My horse's headshaking symptoms have INCREASED in severity this year

- ☐ My horse's headshaking symptoms have
DECREASED in severity this year
- ☐ The severity of my horse's headshaking
symptoms has stayed the same this year
- ☐ I have not observed my horse showing
headshaking symptoms this year

* 21. In your opinion, has your horse's quality of life
been impacted by wearing the Equilume Light
Mask?

☐ Yes

☐ No

22. If YES, please indicate whether your horse's
quality of life since wearing the Equilume light
mask has:

☐ Improved

☐ Worsened

23. Please briefly explain the reasons for your
answer to Questions 21 and 22:

**THANK YOU FOR PARTICIPATING IN
THIS STUDY**

Done

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