

***THIS QUESTIONNAIRE IS STRICTLY CONFIDENTIAL***

NEHS Ref No:

**NATIONAL EQUINE HEADSHAKING SURVEY (NEHS)-Q2000**

**A. OWNER DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you be willing to be contacted again at a later date regarding this work?    Yes [  ]    No [  ]

Would you be interested in assisting with any trials of potential therapies?        Yes [  ]    No [  ]

*I agree to these details being kept on file for the purposes of research on headshaking by NEHS representatives. I understand that my details will remain confidential and will not be used for anything other than for NEHS matters.*

Please sign \_\_\_\_\_

Date \_\_\_\_\_

**B. HORSE DETAILS**

1. Name of Horse: \_\_\_\_\_

2. Age of Horse \_\_\_\_\_ Years \_\_\_\_\_ Months    Or approx. DOB (mm/yy) \_\_\_\_\_

3. Height of Horse: \_\_\_\_\_ Hands \_\_\_\_\_ Inches

4. Sex of Horse:                    Mare [  ]            Gelding [  ]            Stallion [  ]

5. Breed of Horse: \_\_\_\_\_

6. Horse's colour & markings: \_\_\_\_\_

7. What is the horse used for? (tick all that apply)

[  ] Primarily pleasure

[  ] Riding school

[  ] Some local competitions

[  ] Some affiliated competitions

[  ] Professional Competition

[  ] Other \_\_\_\_\_

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**C. HISTORY**

8. How long have you owned the horse? \_\_\_\_\_Years\_\_\_\_\_Months

9. Did you know it was a headshaker when you acquired it? Yes [ ] No [ ]

10. In what month did you acquire it? \_\_\_\_\_

11. Upon purchase, did you have to move the horse to a different area? Yes [ ] No [ ]

12. Has your horse's kind of work changed significantly since you bought it?

Yes [ ] No [ ] Don't know [ ]

If Yes, please specify \_\_\_\_\_

13. Has your horse's level of work changed significantly since you bought it?

Yes [ ] No [ ] Don't know [ ]

If Yes, please specify \_\_\_\_\_

14. How long has the horse been known to be a headshaker? \_\_\_\_\_Years\_\_\_\_\_Months

15. In which month did your horse first start headshaking? \_\_\_\_\_

16. How old was the horse at the onset of the headshaking? \_\_\_\_\_Years\_\_\_\_\_Months

17. Can you remember anything that occurred prior to the onset of the headshaking?  
e.g. an illness/moving areas/change in type or level of work?

Yes [ ] No [ ]

If Yes, please give details of the event and its timing

\_\_\_\_\_

18. Does headshaking prevent you from fully utilising your horse? Yes [ ] No [ ]

If No, why not? \_\_\_\_\_

If Yes, in what way ? (tick all that apply)

[ ] Cannot ride at all during headshaking period

[ ] Must ride for shorter periods

[ ] Cannot ride in certain areas/situations

(please specify) \_\_\_\_\_

[ ] Cannot do certain activities, e.g. jump/dressage

(please specify) \_\_\_\_\_

[ ] Other

(please specify) \_\_\_\_\_

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19. At its worst, my horse's headshaking is:

- Barely noticeable
- Annoying but bearable
- Unpleasant & difficult to control
- Dangerous and the horse is unrideable

20. Is your horse insured?                      Yes     No

21. Have you ever made a loss of use claim because of the headshaking?    Yes     No

What was the outcome of this? \_\_\_\_\_

22. When did your horse start headshaking this year? (dd/mm) \_\_\_\_\_

23. If your horse headshakes all year round, was there ever a seasonal pattern to it?

- Yes     No     Don't know

24. How does the headshaking compare to last year?

- Worse     Same     Better     Don't know

If different, in what way & why do you think this is?

\_\_\_\_\_

\_\_\_\_\_

25. Since your horse first began headshaking, has the **severity**:

- Improved     Stayed the same     Worsened     Don't know

26. Since your horse first began headshaking, has the **occurrence**:

- Improved     Stayed the same     Worsened     Don't know

27. For each season, please mark **how often** you ride your horse:

|                       | Spring | Summer | Autumn | Winter |
|-----------------------|--------|--------|--------|--------|
| Every day             |        |        |        |        |
| 5-6 days a week       |        |        |        |        |
| 3-4 days a week       |        |        |        |        |
| 1-2 days a week       |        |        |        |        |
| Less than once a week |        |        |        |        |

28. For each season, please mark on average **how long** you ride your horse for each session:

|                   | Spring | Summer | Autumn | Winter |
|-------------------|--------|--------|--------|--------|
| Less than an hour |        |        |        |        |
| 1-2 hours         |        |        |        |        |
| 2-3 hours         |        |        |        |        |
| More than 3 hours |        |        |        |        |

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29. Has your horse ever had any dental attention, e.g. rasping, extraction, etc?

Yes [ ] No [ ]

If so, what was done and when?

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30. As far as you are aware, has your horse ever damaged its face or muzzle?

Yes [ ] No [ ]

What happened and when did this occur?

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31. What is it like to bridle your horse?

Very difficult [ ] Difficult [ ] Hard to say [ ] Easy [ ] Very easy [ ]

32. Is your horse vaccinated against **flu**?

Yes [ ] No [ ]

If Yes, please look at your horse's vaccination card and write down:

When the last vaccination was \_\_\_\_\_

The name of the last vaccine \_\_\_\_\_

The names of other vaccines used (& dates), if different from above

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33. Is your horse vaccinated against **tetanus**?

Yes [ ] No [ ]

If Yes, please look at your horse's vaccination card and write down:

When the last vaccination was \_\_\_\_\_

The name of the last vaccine \_\_\_\_\_

The names of other vaccines used (& dates), if different from above

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***In order that we may estimate the proportion of male and female horses in the UK population, please have a quick look around the yard or field where your horse is kept and write down:***

34. How many horses are in the same yard/field as your horse? (including yours) \_\_\_\_\_

35. How many of these are: Male \_\_\_\_\_ Female \_\_\_\_\_

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**D. BEHAVIOURAL CHARACTERISTICS**

36. Please read through this list carefully and for each of the occasions mentioned please tick which signs your horse has shown. (An absence of a tick means the horse has not shown this sign)

| <b>Symptoms</b>                                   | <b>When stabled</b> | <b>When grazing</b> | <b>When ridden</b> | <b>After being ridden</b> |
|---|---------------------|---------------------|--------------------|---------------------------|
| <b>Vertical heads haking</b>                      |                     |                     |                    |                           |
| <b>Horizontal Headshaking</b>                     |                     |                     |                    |                           |
| <b>Twisting/rotary headshaking</b>                |                     |                     |                    |                           |
| <b>Odd head carriage</b>                          |                     |                     |                    |                           |
| <b>Flipping of top lip/nose</b>                   |                     |                     |                    |                           |
| <b>Snorting</b>                                   |                     |                     |                    |                           |
| <b>Sneezing</b>                                   |                     |                     |                    |                           |
| <b>Acting like a bee flew up nose</b>             |                     |                     |                    |                           |
| <b>Rubbing nose on objects</b>                    |                     |                     |                    |                           |
| <b>Rubbing nose on foreleg</b>                    |                     |                     |                    |                           |
| <b>Dropping nose to the ground</b>                |                     |                     |                    |                           |
| <b>Striking of foreleg onto nose</b>              |                     |                     |                    |                           |
| <b>Striking out of foreleg</b>                    |                     |                     |                    |                           |
| <b>Clamping (shutting) the nostrils</b>           |                     |                     |                    |                           |
| <b>Coughing</b>                                   |                     |                     |                    |                           |
| <b>Odd/heavy breathing</b>                        |                     |                     |                    |                           |
| <b>Signs of inflammation<br/>Where?.....</b>      |                     |                     |                    |                           |
| <b>Sweating?<br/>Where?.....</b>                  |                     |                     |                    |                           |
| <b>Nasal discharge<br/>Clear Yellow or White?</b> |                     |                     |                    |                           |
| <b>Twitching?<br/>Where?.....</b>                 |                     |                     |                    |                           |
| <b>Watering eyes</b>                              |                     |                     |                    |                           |
| <b>Blinking</b>                                   |                     |                     |                    |                           |
| <b>Heavy eyelids/dopey expression</b>             |                     |                     |                    |                           |
| <b>Staring in space</b>                           |                     |                     |                    |                           |
| <b>Stumbling/In-coordination</b>                  |                     |                     |                    |                           |
| <b>Rushing forward/panicking</b>                  |                     |                     |                    |                           |
| <b>Unwillingness to move/ stopping</b>            |                     |                     |                    |                           |
| <b>Other.....</b>                                 |                     |                     |                    |                           |

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37. During the headshaking season does your horse ever attempt to hide its entire head/muzzle (delete as appropriate) from the sunlight?

Yes [ ] No [ ] Don't know [ ]

If Yes, How does it attempt to do this?

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38. Is your horse sensitive in the muzzle/poll/facial areas? (delete as appropriate)  
i.e. Does it dislike being touched there by you, the bridle or small falling objects, etc?

Yes [ ] No [ ] Don't know [ ]

(please specify)

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39. How is the headshaking affected when your horse is *feeling nervous*?

Improves [ ] Worsens [ ] Not affected [ ] Don't know [ ]

40. How is the headshaking affected when your horse is *feeling excited*?

Improves [ ] Worsens [ ] Not affected [ ] Don't know [ ]

41. How is the headshaking affected when your horse is *encouraged to concentrate*?

Improves [ ] Worsens [ ] Not affected [ ] Don't know [ ]

42. How is the headshaking affected *as exercise progresses*?

Improves [ ] Worsens [ ] Not affected [ ] Don't know [ ]

43. How is the headshaking affected by *riding on bright, sunny days*?

Improves [ ] Worsens [ ] Not affected [ ] Don't know [ ]

44. How is the headshaking affected by *riding on overcast days*?

Improves [ ] Worsens [ ] Not affected [ ] Don't know [ ]

45. How is the headshaking affected by *riding on windy days*?

Improves [ ] Worsens [ ] Not affected [ ] Don't know [ ]

46. How is the headshaking affected by *riding at night-time*?

Improves [ ] Worsens [ ] Not affected [ ] Don't know [ ]  
(can you try?)

47. How is the headshaking affected by *riding indoors*?

Improves [ ] Worsens [ ] Not affected [ ] Don't know [ ]  
(can you try?)

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48. Is the headshaking affected by *riding in traffic*?

Improves [ ]    Worsens [ ]    Not affected [ ]    Don't know [ ]

49. How is the headshaking affected by *riding through clouds of midges or flies*?

Improves [ ]    Worsens [ ]    Not affected [ ]    Don't know [ ]

50. How is the headshaking affected by *riding on warm days*?

Improves [ ]    Worsens [ ]    Not affected [ ]    Don't know [ ]

51. How is the headshaking affected by *riding in the rain*?

Improves [ ]    Worsens [ ]    Not affected [ ]    Don't know [ ]

52. How is the headshaking affected by *riding through wooded areas*?

Improves [ ]    Worsens [ ]    Not affected [ ]    Don't know [ ]

53. How is the headshaking affected by *riding through arable areas*?

Improves [ ]    Worsens [ ]    Not affected [ ]    Don't know [ ]

Any crops in particular?

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54. Is the headshaking affected by *riding in open spaces, e.g. moor land or beaches*?

Improves [ ]    Worsens [ ]    Not affected [ ]    Don't know [ ]

55. Is the headshaking affected by *riding near loud or sharp sounds*?

Improves [ ]    Worsens [ ]    Not affected [ ]    Don't know [ ]

56. Is the headshaking any different when the horse is lunged?

Much worse [ ]    Worse [ ]    Same [ ]    Better [ ]    Much better [ ]    Don't know [ ]

57. Does anything else affect your horse's headshaking *for the better*?

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58. Does anything else affect your horse's headshaking *for the worse*?

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**E. OCCURRENCE OVER THE YEAR**

59. Please shade in the box for each month of the year that corresponds to the **occurrence** of headshaking in your horse when ridden:

|               |     |     |     |     |     |     |     |     |     |     |     |     |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Every time    |     |     |     |     |     |     |     |     |     |     |     |     |
| *Often        |     |     |     |     |     |     |     |     |     |     |     |     |
| *Occasionally |     |     |     |     |     |     |     |     |     |     |     |     |
| Never         |     |     |     |     |     |     |     |     |     |     |     |     |
| Month         | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

If \*, please specify under what particular situations the headshaking occurs, if you can

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60. Please shade in the box for each month of the year that corresponds to the **severity** of the headshaking in your horse within any given bout:

|                   |     |     |     |     |     |     |     |     |     |     |     |     |
|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Dangerous         |     |     |     |     |     |     |     |     |     |     |     |     |
| Unpleasant        |     |     |     |     |     |     |     |     |     |     |     |     |
| Bearable          |     |     |     |     |     |     |     |     |     |     |     |     |
| Barely noticeable |     |     |     |     |     |     |     |     |     |     |     |     |
| Month             | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

**F. WHAT TREATMENTS HAVE YOU TRIED FOR HEADSHAKING?**

61. **Veterinary Advice**                      Sought [ ]      Not Sought [ ]

(please specify) \_\_\_\_\_

Any Improvement?              No [ ]    Partial [ ]    Substantial [ ]    Complete [ ]

62. **Veterinary Treatments**              Tried\*(please see last page) [ ]    Not Tried [ ]

Any Improvement?              No [ ]    Partial [ ]    Substantial [ ]    Complete [ ]

63. **Back Specialist**                      Tried [ ]      Not Tried [ ]

(please specify) \_\_\_\_\_

Any Improvement?              No [ ]    Partial [ ]    Substantial [ ]    Complete [ ]

64. **Herbal Supplements**                      Tried [ ]      Not Tried [ ]

(please specify) \_\_\_\_\_

Any Improvement?              No [ ]    Partial [ ]    Substantial [ ]    Complete [ ]



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**\* 62. VETERINARY TREATMENTS (CONT)**

Please note down ALL of the treatments listed you and your vet have tried to combat the headshaking. Please make a note even if you have forgotten the exact name.

| <b>Treatment type</b>                     | <b>Details<br/>e.g. Name/type/<br/>amount</b> | <b>When?<br/>mm/yy</b> | <b>How<br/>long<br/>for?</b> | <b>Also<br/>tried<br/>with...?</b> | <b>Any<br/>change?</b> | <b>Effect<br/>immediate<br/>or<br/>delayed?</b> | <b>Still<br/>used?<br/>If not,<br/>why not?</b> |
|---|---|------------------------|------------------------------|------------------------------------|------------------------|---|---|
| <b>Nasal sprays<br/>or nebuliser</b>      |   |                        |                              |                                    |                        |   |   |
| <b>Injections</b>                         |   |                        |                              |                                    |                        |   |   |
| <b>Tablets</b>                            |   |                        |                              |                                    |                        |   |   |
| <b>Creams</b>                             |   |                        |                              |                                    |                        |   |   |
| <b>Ear drops</b>                          |   |                        |                              |                                    |                        |   |   |
| <b>Temporary<br/>nerve block</b>          |   |                        |                              |                                    |                        |   |   |
| <b>Operation<br/>on facial<br/>nerves</b> |   |                        |                              |                                    |                        |   |   |
| <b>Any other<br/>operation</b>            |   |                        |                              |                                    |                        |   |   |
| <b>Wolf teeth<br/>removal</b>             |   |                        |                              |                                    |                        |   |   |
| <b>Supplements</b>                        |   |                        |                              |                                    |                        |   |   |
| <b>Other</b>                              |   |                        |                              |                                    |                        |   |   |