General

The main goal of this survey is to obtain a very detailed diet history including supplementation and medications. We hope to find correlation between different feeding practices and blood vitamin E and selenium levels in our sampled population.

*	1. Owner's Name:
*	2. Owner's telephone number:
	Only to be used to clarify answers if needed
	Only to be used to clarify driswers if needed
	3. Owner's email address:
	Only to be used to clarify answers if needed
*	4. Horse's name:
	5. Sex:
	Mare
	Spayed Mare
	Gelding
	Stallion
	C. Draad
	6. Breed:
	7. Age:

Ш	Western Pleasure			
	Trail Riding			
	3-Day Eventing			
	English Pleasure			
	Dressage			
	Hunter/Jumper			
	Cutting/Reining			
	Endurance Riding			
	Barrel Racing			
	Other (please specify)			
0.1	and at any and big			
9. L	ength of ownership:			
10. (Current Medications, if any:			
10.	Current Medications, if any:			
10.	Current Medications, if any:			
10.	Current Medications, if any:			
	Current Medications, if any: Current Medical Problems, if any:			
11. (
11. (Current Medical Problems, if any:			
11.0	Current Medical Problems, if any: On average, how many days/week is this horse exercised?			
11.0	Current Medical Problems, if any: On average, how many days/week is this horse exercised? No forced exercise			
11. (Current Medical Problems, if any: On average, how many days/week is this horse exercised? No forced exercise			
12.0	Current Medical Problems, if any: On average, how many days/week is this horse exercised? No forced exercise 1			
12.0	Current Medical Problems, if any: On average, how many days/week is this horse exercised? No forced exercise 1 2 3			
11.0	Current Medical Problems, if any: On average, how many days/week is this horse exercised? No forced exercise 1 2 3 4			
11.0	Current Medical Problems, if any: On average, how many days/week is this horse exercised? No forced exercise 1 2 3 4 5			
	Current Medical Problems, if any: On average, how many days/week is this horse exercised? No forced exercise 1 2 3 4 5 6			

* 14.	Where do you obtain your nutritional recommendations?
Che	eck all that apply
	Trainer
	Veterinarian
	Feed Store
	Friends
	Nutritionist
	Internet search
	Research/Journal articles
	Horse caretaker
	Books
	Farrier
	Educational Seminars
	Other (please specify)
* 15.	Pasture access, please select the best single answer
	Kept on pasture all year round
	Kept on pasture 1-5 months of the year
	Kept on pasture 6-12 months of the year
	Housed in a stall primarily but has daily pasture access of 1-6 hours
	Housed in a stall primarily but has daily pasture access of 7-12 hours
	Occasional hand grazing only
	No pasture access
	Other (please specify)

Owner Que	estionnaire
Diet	
* 16 Do vo	ou feed hay?
Yes	If Yes, go to question 17
○ No	If No, go to question 18

17. How many flakes of each type of hay do you feed per day? 18. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	other section.						f your l				
Grass O O O O O O Alfalfa O <td< th=""><th>17. How many flake</th><th>s of each</th><th>type of</th><th>f hay do</th><th>you fee</th><th>ed per d</th><th>ay?</th><th></th><th></th><th></th><th></th></td<>	17. How many flake	s of each	type of	f hay do	you fee	ed per d	ay?				
Alfalfa Oat Grass/Alfalfa mix	0	1						8	9	10	
Oat Oass/Alfalfa mix O O O O O O O											
Grass/Alfalfa mix											

* 18. Do you feed a cubed or a complete pelleted diet (such as equine senior)? Yes If Yes, go to question 19 No If No, go to question 21
Yes If Yes, go to question 19
Yes If Yes, go to question 19
Yes If Yes, go to question 19
No If No, go to question 21

wner Questionnair	е										
large hand held sco quart (or 1 liter) vol	-	_		-		I					
19. How many poun	nds of eac	ch type	of comp	lete pel	leted or	cubed 1	feed do	you fee	d per da	ay?	
	1	2	3	4	5	6	7	8	9	10	>10
Grass pellet											\Box
Alfalfa pellet											
Complete pellet											C
Alfalfa cubes								\bigcirc			
Grass cubes											
Other (please specify wi	th amount)										
							_				
20. If you selected a	any of the	above,	what is	the nar	me and	brand o	f the fee	ed?			
Grass pellet											
Alfalfa pellet											
Complete pellet											
Alfalfa cubes											
Grass cubes											
Other:											

Owner Qu	estionnaire
* 21. Do y	ou feed any concentrates or other feeds (sweet feed, grain, bran, etc)?
Yes	If Yes, go to question 22
○ No	If No, go to question 24
1	

Rice Bran O Oats Oats O Oats Beet Pulp O Oats Sweet Feed Mix OOther (please specify) 23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Oats Beet Pulp Wheat Bran Sweet Feed Mix Oats												
22. How many pounds of sweet feed do you feed per day? 1 2 3 4 5 6 7 8 9 10 > Rice Bran Corn Oats Beet Pulp Wheat Bran Corn Dats 23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Corn C												
22. How many pounds of sweet feed do you feed per day? 1 2 3 4 5 6 7 8 9 10 > Rice Bran Corn Oats Beet Pulp Wheat Bran Corn Oats 23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Corn Oats Above the feed mix Corn Corn	urgo hand hald coc	oon of me	oct aroi	ina – ak	out 4 n	ounds						
Rice Bran Corn Oats Beet Pulp Wheat Bran Sweet Feed Mix Other (please specify) 23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Corn Oats Rice Bran Corn	=	=	_		-							
Rice Bran Corn Oats Beet Pulp Wheat Bran Sweet Feed Mix Other (please specify) 23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Corn Dats Beet Pulp Wheat Bran Sweet feed mix	22. How many pour	nds of swe	eet feed	l do you	feed pe	er day?						
Com Oats Beet Pulp Wheat Bran Other (please specify) 23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Oorn Oats Beet Pulp Wheat Bran Sweet feed mix		1	2	3	4	5	6	7	8	9	10	>10
Oats Beet Pulp Wheat Bran Sweet Feed Mix Other (please specify) Call If you selected any of the above, what is the name and brand of the feed? Call If you selected any of the above, what is the name and brand of the feed? Corn Corn Corn Covert Pulp Wheat Bran Sweet feed mix	Rice Bran											
Beet Pulp Wheat Bran Sweet Feed Mix Other (please specify) 23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Corn Dats Beet Pulp Wheat Bran Sweet feed mix	Corn											
Wheat Bran Sweet Feed Mix Other (please specify) 23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Corn Dats Seet Pulp Wheat Bran Sweet feed mix	Oats											
Sweet Feed Mix Other (please specify) 23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Corn Dats Seet Pulp Wheat Bran Sweet feed mix	Beet Pulp											
Other (please specify) 23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Corn Dats Beet Pulp Wheat Bran Sweet feed mix	Wheat Bran											
23. If you selected any of the above, what is the name and brand of the feed? Rice Bran Corn Dats Seet Pulp Wheat Bran Sweet feed mix	Sweet Feed Mix											
Rice Bran Corn Dats Beet Pulp Wheat Bran Sweet feed mix	Other (please specify)							_				
Rice Bran Corn Dats Beet Pulp Wheat Bran Sweet feed mix												
Rice Bran Corn Dats Beet Pulp Wheat Bran Sweet feed mix												
Corn Dats Beet Pulp Wheat Bran Sweet feed mix	23 If valuealacted a	any of the	above,	what is	the nar	ne and	brand o	f the fee	ed?			
Dats Beet Pulp Wheat Bran Sweet feed mix												
Seet Pulp Wheat Bran Sweet feed mix												
Wheat Bran Sweet feed mix	Rice Bran											
Sweet feed mix	Rice Bran Corn											
	Rice Bran Corn Dats											
Othori	Rice Bran Corn Dats Beet Pulp											
III DEL	Rice Bran Corn Dats Beet Pulp Wheat Bran											
Other:	Rice Bran Corn Oats											

Owner Questionnaire
* 24. Do you use a combination supplement that includes both selenium and vitamin E?
Yes If Yes, go to question 25
No If No, go to question 32

Combination Vitamin E and Selenium

e following questions pertain to combination vitamin E and selenium supplements.
25. Is your combination product oral or injectable?
Oral
☐ Injectable
26. Is your combination product a powder or a liquid?
Powder
Liquid
27. Is the vitamin E in the supplement from a natural or synthetic source?
Natural
Synthetic
I'm not sure
28. Is the selenium in your product an enriched yeast or sodium selenite based?
Enriched yeast
Sodium selenite
I'm not sure
29. How frequently do you supplement?
30. How much of the combination product do you administer at each supplementation event? Example: 1 scoop, 1mg or unit
31. What is the name and brand of the combination supplement?

Owner Questionnaire
* 32. Do you use a single vitamin E (not in combination with selenium) supplement?
Yes If Yes, go to question 33
No If No, go to question 39

Vitamin E Supplementation

he following question	ns pertain to vitamin E supplements not in combinatio	n with selenium
33. It is a powder or li	iquid?	
Powder		
Liquid		
34. Is it an oral or inje	ectable product?	
Oral		
Injectable		
35. Is it a natural or s	synthetic vitamin E source?	
Natural		
Synthetic		
I'm not sure		
36. How frequently do	o you supplement?	
37. How much do you Example - 1 scoop, 1	u administer (volume and units of Vitamin E per suppleme 1,000 units	entation)?
38. What is the name	e and brand of your supplement?	

Owner Que	Owner Questionnaire			
* 39. Do yo	u use a single selenium (not in combination with vitamin E) supplement?			
Yes	If Yes, go to question 40			
O No	If No, go to question 46			

Selenium Supplementation

ne following questions pertain to selenium supplements not in combination with vitamin E
40. Is it an oral or injectable product?
Oral
Injectable
41. Is it a powder or liquid form?
Powder
Liquid
42. Is it enriched yeast or sodium selenite based?
Enriched yeast
Sodium Selenite
I'm not sure
43. How frequently do you supplement?
44. How much do you administer (volume and amount of selenium it provides if known, with units)? Example: 1 scoop, 1mg
45. What is the name and brand of your selenium supplement?

* 46. Do you feed any other supplements? Yes If Yes, go to question 47 No If No, go to question 49		estionnaire
Yes If Yes, go to question 47		
No If No, go to question 49	Yes	If Yes, go to question 47
	O No	If No, go to question 49

	Which supplements do you feed? Electrolytes	
	Electrolytes	
	General multivitamin/mineral	
_	Antioxidants	
	Joint Supplements (such as glucosamine, chondroitin, MSM)	
	Amino acids/proteins (such as creatine, tryptophan)	
	Oils/Fat supplements	
	Other (please specify)	
∃lect	rolytes	
Gene	eral multivitamin/mineral	
Antio	exidants	
Chon	ndroprotectives (such as glucosamine, chondroitin, MSM)	
4min	o acids/proteins (such as creatine, tryptophan)	
Rice	Bran/Oils/Fat supplements	
Jthe	r (with amount):	

49. Comments:	Owner Questionnaire		
49. Comments:			
49. Comments:			
	49. Comments:		