Supplementary Table S1:
Survey for Potential Risk Factors Associated with Equine Gastric Disease

**Horse**

<table>
<thead>
<tr>
<th>Horse name</th>
<th>Gender:</th>
<th>Mare</th>
<th>Gelding</th>
<th>Stallion</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Breed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of years showing (Horse)</th>
<th>Years owned</th>
<th>Duration of time at current barn?</th>
</tr>
</thead>
</table>

| Suspicious of gastric ulcers? | Yes | No |

**Any previous medical history of:**

<table>
<thead>
<tr>
<th>Colic:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Respiratory disease</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other conditions</th>
<th>Yes</th>
<th>No</th>
<th>(please specify)</th>
</tr>
</thead>
</table>

**Exercise**

<table>
<thead>
<tr>
<th>Currently in work?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Exercise frequency (Days per week)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Exercise duration (Minutes)</th>
<th></th>
</tr>
</thead>
</table>
Exercise Intensity (average)  Low  Moderate  High  Very High

When exercising, do you change your horse’s daily schedule?  Yes  No

If so, how do you change your horse’s daily feeding or management schedule?
______________________________________________________________________________

Currently Showing?  Yes  No

If yes, average number of shows / month  >4  3-4  1-2  <1

List dates and location of shows in the last month ________________________________

________________________________________________________

Level of performance:  USEF  FEI  Other____________________

Please specify level________________________________________________________

Number of times travelling / month  >4  3-4  1-2  <1

Average duration of travel (hours)____________________________________________

Method of travel:  Ground  Flight  Other_________________________

Feed (Please attach labels for feed if available)

Hay

Is hay fed?  Yes  No

Hay type:  Timothy  Alfalfa  Mixed  Other____________________

Hay amount fed per feeding (kg or lbs)________________________________________

Hay feeding frequency:  Free choice  3x/day  2x/day  1x/day  <1x/day

What time(s) is hay fed? e.g., 8 am, 12 pm, 4 pm)______________________________
Grain
Is grain fed?  Yes  No

Type of grain:
Oats  Sweet Feed  Pellets

Other__________________________________________________________

Amount (kg or lbs)______________________________________________

Frequency  >3x/day  2-3x/day  1 x day  <1x/day

What time(s) is other feed fed? e.g., 8 am, 12 pm, 4 pm)______________________________

Other feed
Is other feed given?  Yes  No

Feed type:
Beet Pulp  Bran

Other__________________________________________________________

Amount fed per feeding (kg or lbs)______________________________________

Other feeding frequency  >3x/day  2-3x/day  1 x day  <1x/day

Gastric Ulcer Prevention or Treatment

Is your horse on any medications or supplements to prevent gastric ulcers?  Yes  No

Gastrogard  Ulcergard  Misprostol  Sucralfate

Other__________________________________________________________

Dose and frequency ________________________________________________

Is your horse on any medications or supplements to treat gastric ulcers?  Yes  No
Gastrogard  Ulcergard  Misoprostol  Sucralfate

Other ________________________________________________________________

Dose and frequency _____________________________________________________

Other Medications

Medications administered? Yes No

Medication #1 name ____________________________________________________

Amount given __________________________________________________________

Frequency of dose 1x/day 2x/day >2x/day

Time medication given __________________________________________________

Medication #2 name ____________________________________________________

Amount given __________________________________________________________

Frequency of dose 1x/day 2x/day >2x/day

Time medication given __________________________________________________

Medication #3 name ____________________________________________________

Amount given __________________________________________________________

Frequency of dose 1x/day 2x/day >2x/day

Time medication given __________________________________________________

Medication #4 name ____________________________________________________

Amount given __________________________________________________________
Frequency of dose 1x/day 2x/day >2x/day

Time medication given ______________________________________________________

Management

Current housing: Stall Pasture Drylot/Paddock

Other ____________________________________________________________

Is horse turned out? Yes No

If yes, how often? Daily every 2-3 days Weekly Other _____

Average turnout time: >8 hours 4-8 hours 1-4 hours <1 hour

How is your horse turned out? Turnout with other horses

Individual turnout Turnout with other horses

Is your horse provided hay during turnout? Yes No