

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

Horse

Horse name _____

Gender: Mare Gelding Stallion

Age _____(years)

Breed _____

Number of years showing (Horse) _____

Years owned _____

Duration of time at current barn? _____

Suspicious of gastric ulcers? Yes No

Any previous medical history of:

Colic: Yes No

Ulcers Yes No

Respiratory disease Yes No

Other conditions Yes No (please specify)

Exercise

Currently in work? Yes No

Exercise frequency (Days per week) _____

Exercise duration (Minutes) _____

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 <1hour

How is your horse turned out?

Individual turnout Turnout with other horses

Is your horse provided hay during turnout? Yes No