

Quality of Life Questionnaire

| My Horse... | Yes | No | Comments |
|--|------------|-----------|-----------------|
| Interacts with me in the same way as before? | | | |
| Interacts with other horses in the same way as before? | | | |
| Is depressed, dull, withdrawn, less interested? | | | |
| Demonstrates significant behavioural changes? (e.g. Become aggressive) | | | |
| Seems to enjoy life? | | | |
| Enjoys food and treats in the same way as before? | | | |
| Enjoys exercise/work in the same way as before? | | | |
| Moves around the yard/ stable comfortably? | | | |
| Shows signs of pain? | | | |
| Struggles to get up when lying down? | | | |
| Has lost weight? | | | |
| Has poor coat quality? | | | |
| Is urinating more or less frequently? | | | |
| Has a change in faecal output? | | | |
| Has recurrent or ongoing medical complaints? | | | |