



**EPIDEMIOLOGY QUESTIONNAIRE**  
**ATYPICAL MYOPATHY/ MYOGLOBINURIA IN GRAZING HORSES**

To be filled in by the owner

This questionnaire concerns all horses that were on the pasture where a case of atypical myopathy was suspected or confirmed

Date: .....

**OWNER:**

Name: .....  
Address: .....  
.....  
Phone: .....  
Mobile: .....  
Fax: .....  
@-mail: .....

**REFERRING VET:**

Name: .....  
Address: .....  
.....  
Phone: .....  
Mobile: .....  
Fax: .....  
@-mail: .....

**LOCATION OF THE PASTURE OF THE CLINICAL CASE:**

COUNTRY: .....  
Region and/ or department: .....  
Town: .....  
Postal code:.....

**Thank you very much for the time spent to fill the questionnaire. The information gained will contribute to better define the conditions that contribute to atypical myopathy. The information will remain confidential.**

**This form can be sent back by:**

**Fax: 00 32 04 366.41.08**

**Address:** Dr D. Votion, Faculty of Veterinary Medicine, University of Liege  
Department of Clinical Sciences – Equine Clinic  
Bat. B41, Boulevard de Colonster  
4000 Liege, Belgium

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**Website:** <http://www.myopathieatypique.be>

**– EMERGENCY MEASURES FOR COMPANIONS OF PASTURE IN THE EVENT OF ATYPICAL MYOPATHY –**

- Stable all horses (in priority the young horses; if it is not possible, move them from the pasture)
- Feed horses with complete mix;
- Avoid giving hay in a humid environment;
- Proscribe pasturing in any pasture where a clinical case has been confirmed (at least during autumn and spring);
- Give water only from the network distribution;
- Carefully watch unaffected companions of pasture at least for 48h following the outbreak;
- Ideally, ask your referring vet to check all pasture companions for any abnormal clinical signs (ideally, ask for a control of muscle enzyme activity in blood sample).

**Dr D. VOTION – FACULTY OF VETERINARY MEDICINE, UNIVERSITY OF LIEGE, BELGIUM**

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**NUMBER OF HORSES AT PASTURE ON THE DATE AT WHICH CLINICAL SIGNS OF ATYPICAL MYOPATHY WERE FIRST SEEN IN ONE OF THEM:**

Total number of horses at pasture .....; How many presented abnormal clinical signs: .....; how many healthy ..... and how many dead: ..... Current date: .....

NAME OF THE HORSE	1	2	3	4	5
Does the horse present any clinical signs compatible with the diagnosis of atypical myopathy (ex.: weakness, stiffness, recumbency, brown urine...)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Doubtful <input type="checkbox"/> Dead	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Doubtful <input type="checkbox"/> Dead	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Doubtful <input type="checkbox"/> Dead	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Doubtful <input type="checkbox"/> Dead	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Doubtful <input type="checkbox"/> Dead
Age or date of birth	.....	.....	.....	.....	.....
Type: - horse - Draught-horse - pony - donkey	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Breed:	.....	.....	.....	.....	.....
Sex : - female - male - gelding	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Body condition: - thin - normal weight - overweight	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Is the musculature of the horse particularly developed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Since how many time the horse was present on the pasture?	.....	.....	.....	.....	.....
Use of the horse: - type of work (riding, jumping, dressage, endurance, carriage, no work...) - frequency (the horse works each day, the week-end or number of time per week...)	..... .....	..... .....	..... .....	..... .....	..... .....
Apart this outbreak of myopathy, had the horse ever suffered from myopathy in the past? If yes, what was the likely cause of the clinical signs?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exercise myopathy <input type="checkbox"/> Atypical myopathy <input type="checkbox"/> Other : ..... <input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exercise myopathy <input type="checkbox"/> Atypical myopathy <input type="checkbox"/> Other : ..... <input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exercise myopathy <input type="checkbox"/> Atypical myopathy <input type="checkbox"/> Other : ..... <input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exercise myopathy <input type="checkbox"/> Atypical myopathy <input type="checkbox"/> Other : ..... <input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exercise myopathy <input type="checkbox"/> Atypical myopathy <input type="checkbox"/> Other : ..... <input type="checkbox"/> Unknown
Had the horse been vaccinated? If yes, was the horse regularly (min 1x/year) vaccinated against: - tetanus? - flu? - rhinopneumonitis?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Had the horse been dewormed? if yes, - what is the frequency of deworming? - do you frequently change the type antihelmintic agent?	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... X/Year <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Yes, at the beginning of winter (to treat against gasterophils)	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... X/Year <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Yes, at the beginning of winter (to treat against gasterophils)	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... X/Year <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Yes, at the beginning of winter (to treat against gasterophils)	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... X/Year <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Yes, at the beginning of winter (to treat against gasterophils)	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... X/Year <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Yes, at the beginning of winter (to treat against gasterophils)

INFORMATION REGARDING THE PASTURE

<b>Pasture</b>	
<b>Exact address of the pasture</b>	..... .....
<b>Number of animals on the pasture (on average during the year)</b>	.....
<b>Number of horses sharing the pasture on the date at which symptoms were first seen</b>	.....
<b>What is the size of the pasture?</b>	.....
<b>How many months per year is the pasture used for pasturing?</b>	.....
<b>Does the pasture have a shelter built with at least 3 walls?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, does it contain bedding and is the bedding dry?</i>	<input type="checkbox"/> YES, what? <input type="checkbox"/> NO .....
<b>Are there trees on or around the pasture?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Are there areas on the pasture where a lot of dead leaves accumulate?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>On this pasture, have horses got access to dead wood?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Is this pasture particularly humid in some areas?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Is there a stream/river flowing across or around this pasture?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Nature of the pasture:</b>	<input type="checkbox"/> Natural <input type="checkbox"/> Obtained by sowing sowed in the year: ..... <input type="checkbox"/> I do not know
<b>Has the pasture been treated?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I do not know
<i>If yes, when and what with? (for example: natural or artificial fertilizers, fungicides...)</i>	.....
<b>Do you spread the manures on the pasture?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> manually <input type="checkbox"/> mechanically Frequency? .....
<b>Do you manually remove the faeces from the pasture?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES Frequency? .....
<b>In general, how is the grassland of the pasture?</b> - during spring: - during summer: - during autumn: - during winter:	<input type="checkbox"/> Furnished <input type="checkbox"/> Bare <input type="checkbox"/> Furnished <input type="checkbox"/> Bare <input type="checkbox"/> Furnished <input type="checkbox"/> Bare <input type="checkbox"/> Furnished <input type="checkbox"/> Bare
<b>How was the grassland at the time of the onset of atypical myopathy?</b>	<input type="checkbox"/> Furnished <input type="checkbox"/> Bare <input type="checkbox"/> Absent
<b>How do you provide the drinking water?</b> <i>(automatic drinker, bucket, tank, watercourse...)</i>	.....
<b>Nature of the water?</b> <i>(distribution, watercourse, spring water, raining water...)</i>	.....
<b>Is the pasture on a slope?</b> <i>If yes, is it:</i> - 100% of the pasture? - only a part of the pasture? <i>If yes, is it :</i> - a steep slope ( $\geq 10\%$ )? - a gentle slope ( $< 10\%$ )?	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Were any animals (other than horses) using this pasture (domesticated or wild)?</b> <i>If yes, which ones?</i> <i>how many?</i> <i>are they pasturing with horses ?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... ..... <input type="checkbox"/> YES <input type="checkbox"/> NO

**Have any horses been found dead on this pasture in past (whatever the cause)?**  NO     YES : if any idea, describe the likely cause of mortality: .....

**Have any animals (other than horses) been found dead on this pasture in the weeks preceding or following the occurrence of atypical myopathy symptoms?**  NO     YES; if yes, which ones? .....

**INFORMATION REGARDING HORSES' MANAGEMENT**

NAME OF THE HORSE	1	2	3	4	5
<b>HOW MANY HOURS A DAY DID THE HORSE(S) SPEND ON THIS PASTURE WHEN THE CASE OF ATYPICAL MYOPATHY OCCURRED</b>					
- a few hours a day ( $\leq 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the daylight hours ( $> 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 24 h a day whatever the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- time variable depending of the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- not at pasture at that moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PASTURING TIME OVER SEASONS: GENERALLY SPEAKING, COULD YOU PRECISE THE TIME SPENT AT PASTURE OVER SEASONS?</b>					
<b>Winter (21/12 – 20/03)</b>					
- a few hours a day ( $\leq 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the daylight hours ( $> 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 24 h a day whatever the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- time variable depending of the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- never at pasture at that season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Spring (21/03 – 20/06)</b>					
- a few hours a day ( $\leq 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the daylight hours ( $> 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 24 h a day whatever the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- time variable depending of the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- never at pasture at that season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Summer (21/06 – 20/09)</b>					
- a few hours a day ( $\leq 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the daylight hours ( $> 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 24 h a day whatever the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- time variable depending of the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- never at pasture at that season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Autumn (21/09 – 20/12)</b>					
- a few hours a day ( $\leq 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the daylight hours ( $> 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 24 h a day whatever the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- time variable depending of the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- never at pasture at that season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Had the diseased horse(s) been behaving abnormally in the days preceding the onset of clinical signs?**

- No     Yes; describe: .....
- .....
- .....
- .....

Did the horses receive any complementary feeds when atypical myopathy occurred?

If yes, describe which kind and since how long: .....

Have the horse(s) had access to feeds destined for other animals?

No  Yes, describe: .....

**General information about feeding practice over seasons**

- No supplementary feeds given in:  Winter  Spring  Summer  Autumn
- All horses\* – Some of them\* receive: All but the horse(s) referred as n°:
  - hay  Winter  Spring  Summer  Autumn .....
  - straw  Winter  Spring  Summer  Autumn .....
  - grass silage conditioned for  Winter  Spring  Summer  Autumn .....  
– horses\* – bovines\*–
  - complete mix:  Winter  Spring  Summer  Autumn .....  
– “hand-made”\* – commercially available\*–
  - Oats  Winter  Spring  Summer  Autumn .....
  - Barley  Winter  Spring  Summer  Autumn .....
  - Corn  Winter  Spring  Summer  Autumn .....
  - miscellaneous (describe: ..... )  Winter  Spring  Summer  Autumn .....

\* strike-out the wrong answer.

- No horse has access to a salt block
- All\* – Some\* horses have access to a salt block in:
  - Winter  Spring  Summer  Autumn All but the horse(s) referred as n°:.....
  - The salt block contains additional elements?  No  Yes
  - If yes, describe when you do know its special contain: .....

GENERAL QUESTIONS

- Have you already heard about atypical myopathy in the past ?
  - No  If yes, by which way? .....
- Have you, following the occurrence of atypical myopathy in your country modify your horse(s) and/or pasture(s) management?
  - No  If yes, what did you change in your management practices? .....
- Had one of several of your horses travelled to foreign countries?
  - No  If yes, where and why? .....

CLIMATIC CONDITIONS AROUND THE PASTURE

- Did you notice any changes in ambient temperature on the day or the days preceding the onset of clinical signs?
  - No  If yes, which changes? .....
- On the day of onset or the previous day:
  - Was there a thick fog on the pasture?  No  Yes
  - Was there dew on the pasture?  No  Yes
  - Was there frost on the pasture?  No  Yes
- Has it been freezing in the last few days?  No  Yes
- Has it been raining in the last few days?  No  A little  Moderately  A lot
- Was it sunny that day?  No  Yes
- Has it been windy in the last few days?  No  Yes:  Moderately,  Very windy

**IF YOU HAVE MORE THAN 5 HORSES**

NAME OF THE HORSE	6	7	8	9	10	
Does the horse present any clinical signs compatible with the diagnosis of atypical myopathy (ex.: weakness, stiffness, recumbency, brown urine...)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Doubtful <input type="checkbox"/> Dead	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Doubtful <input type="checkbox"/> Dead	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Doubtful <input type="checkbox"/> Dead	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Doubtful <input type="checkbox"/> Dead	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Doubtful <input type="checkbox"/> Dead	
Age or date of birth	.....	.....	.....	.....	.....	
Type: - horse - Draught-horse - pony - donkey	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Breed:	.....	.....	.....	.....	.....	
Sex : - female - male - gelding	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Body condition: - thin - normal weight - overweight	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Is the musculature of the horse particularly developed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
How long had the horse been on this pasture?	.....	.....	.....	.....	.....	
Use of the horse: - type of work (riding, jumping, dressage, endurance, carriage, no work...) - frequency (the horse works each day, the week-end or number of time per week...)	..... .....	..... .....	..... .....	..... .....	..... .....	
Apart this outbreak of myopathy, had the horse ever suffered from myopathy in the past? If yes, what was the likely cause of the clinical signs?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exercise myopathy <input type="checkbox"/> Atypical myopathy <input type="checkbox"/> Other : .... <input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exercise myopathy <input type="checkbox"/> Atypical myopathy <input type="checkbox"/> Other : .... <input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exercise myopathy <input type="checkbox"/> Atypical myopathy <input type="checkbox"/> Other : .... <input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exercise myopathy <input type="checkbox"/> Atypical myopathy <input type="checkbox"/> Other : .... <input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exercise myopathy <input type="checkbox"/> Atypical myopathy <input type="checkbox"/> Other : .... <input type="checkbox"/> Unknown	
Had the horse been vaccinated? If yes, was the horse regularly (min 1x/year) vaccinated against: - tetanus? - flu? - rhinopneumonitis?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Had the horse been dewormed? if yes, - what is the frequency of deworming? - do you frequently change the type antihelminthic agent?	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... X/Year <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Yes, at the beginning of winter (to treat against gasterophils)	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... X/Year <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Yes, at the beginning of winter (to treat against gasterophils)	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... X/Year <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Yes, at the beginning of winter (to treat against gasterophils)	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... X/Year <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Yes, at the beginning of winter (to treat against gasterophils)	<input type="checkbox"/> YES <input type="checkbox"/> NO ..... X/Year <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Yes, at the beginning of winter (to treat against gasterophils)	

**IF YOU HAVE MORE THAN 5 HORSES**

**INFORMATION REGARDING HORSES' MANAGEMENT**

	6	7	8	9	10
<b>NAME OF THE HORSE</b>	.....	.....	.....	.....	.....

**HOW MANY HOURS A DAY DID THE HORSE(S) SPEND ON THIS PASTURE WHEN THE CASE OF ATYPICAL MYOPATHY OCCURRED**

- a few hours a day ( $\leq 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the daylight hours ( $> 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 24 h a day whatever the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- time variable depending of the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- not at pasture at that moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PASTURING TIME OVER SEASONS: GENERALLY SPEAKING, COULD YOU PRECISE THE TIME SPENT AT PASTURE OVER SEASONS?**

<b>Winter</b> (21/12 – 20/03)					
- a few hours a day ( $\leq 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the daylight hours ( $> 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 24 h a day whatever the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- time variable depending of the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- never at pasture at that season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Spring</b> (21/03 – 20/06)					
- a few hours a day ( $\leq 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the daylight hours ( $> 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 24 h a day whatever the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- time variable depending of the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- never at pasture at that season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Summer</b> (21/06 – 20/09)					
- a few hours a day ( $\leq 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the daylight hours ( $> 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 24 h a day whatever the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- time variable depending of the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- never at pasture at that season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Autumn</b> (21/09 – 20/12)					
- a few hours a day ( $\leq 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the daylight hours ( $> 6$ hours/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 24 h a day whatever the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- time variable depending of the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- never at pasture at that season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Had the diseased horse(s) been behaving abnormally in the days preceding the onset of clinical signs?**

- No     Yes; describe: .....
- .....
- .....