

Questionnaire: Seroprevalence of equine WNV infections in Eastern Germany, 2020

Dear horse owner,

For the assessment of laboratory results, we need some information about your horse and ask you to answer the following questions. In addition, to ensure direct communication and transmit the test results, we need your complete contact information. The information provided is crucial for the complete execution of the study and will be kept strictly confidential.

Please refer to the 'Informed consent Statement for Participation in a Scientific Study' for more information on data protection.

Please note that only horses that have not been vaccinated against the West Nile virus can participate in this study.

Contact:

Name: _____ First Name: _____

Address: _____

Address of the holding: _____

Phone: _____

Mail: _____

Identification horse/s: (name, date of birth, signalment, ID)

1: _____

2: _____

3: _____

4: _____

Notes on answering:

Please take a few minutes to fill out this questionnaire. There is no judgment and no right or wrong answer. Only truthful answers will allow us to analyze the data correctly. For each question, please choose the solution that best fits your horse. Please check only one possible answer. You may indicate alternatives to the suggested categories under 'other' for some questions. For other questions, there is the possibility to explain your answer under 'further information.' Please check one of the answers for those questions as well. If you fill in the questionnaire for more than one horse, please write the name of the horse or the ID number from the contact data behind the respective answer. If you have already indicated the complete signalment of the horses in the contact data, you can skip these questions in the information as of question 10 is identical for all horses named by you in the questionnaire, one check mark per question is sufficient.

Details of your horse(s):

1. My horse is a:

- Draft horse or draft horse cross
- Warmblood (incl. heavy warmbloods)
- Thoroughbred
- Pony
- Donkey/mule
- Other: _____

2. My horse is a:

- Mare
- Stallion
- Gelding

3. What coat color type does your horse correspond to?

- Dark (black/dark bay/bay)
- Chestnut
- Light (roan/dun/palomino)
- Very light or white (cremello/white)
- Spotted (Tobiano/Overo/Appaloosa)
- Other: _____

4. Was your horse bred/born in Germany?

- Yes
- No

If not, where? _____

5. Did your horse travel outside of Germany in the past two years?

- Yes
- No

If yes, where to? _____ When? _____

6. Did your horse show any clinical signs of neurologic disease in the past two years (e.g., ataxia, stiff gait, muscle fasciculations)?

- Yes
- No

If yes, when? _____

Which clinical signs? _____

Holding and Primary use:

7. How many horses are kept in the holding where your horse is kept?

8. How is your horse housed during the mosquito season (April to November)?

- Stabled without turn-out
- Stabled with a freely accessible turn-out
- Stabled with turn-out time <12h/day
- Stabled with turn-out time >12h/day
- Permanent outdoor housing

Further information: _____

9. What is your horse's turn-out like?

- dry lot (fenced, usually close to the stable, dry lot without grass cover)
- pasture (fenced, mostly natural pasture with grass cover)
- combination of both (e.g., open stable with access to pasture)

Further information: _____

10. Are there additional horses in the turn-out?

- Yes
- No

If yes, how many? _____

11. Is an outdoor shelter provided in the turn-out?

- Yes
- No

Type of shelter: _____

12. Is there stagnant water within approximately 1 km of the holding?

- Yes
- No

Further information: _____

13. Has your horse been transported further than 20 km from the holding in the last 12 months?

- Yes
- No

If yes, where to? _____

14. What is the primary use of your horse?

- Leisure
- Sport (Dressage/Show jumping/Driving/_____)
- Breeding
- Retired
- Other: _____

15. Where is your horse primarily exercised?

- Exclusively in the arena
- Mainly in the arena
- Mainly trail riding
- Exclusively trail riding
- No exercise

Further information: _____

16. How many horses on the holding are vaccinated against West Nile virus?

- None
- Some → How many? _____
- All of them

17. To your knowledge, has WNV infection been diagnosed in a horse (on your or a neighboring holding) within the last 2 years?

- Yes
- No

If yes, where and when? _____

Mosquito control measures in the holding:

18. How would you estimate the number of mosquitoes in your horse's holding?

- Massive numbers
- A lot
- Few
- None

19. Do you use an insect repellent on your horse?

- Yes
- No → Please continue with question 22.

20. What type of insect repellent do you use?

- Homemade product, active ingredient: _____
- Commercial product, brand name: _____

21. In which situation and how frequently do you use the insect repellent?

	Allways (at least once daily)	Mostly (at least once weekly)	Rarely (Less than once a week)	Never
While stabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the turn-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Do you use a fly sheet on your horse during mosquito season?

- Yes
- No → Please continue with question 24.

23. What type of fly sheet do you use?

- regular fly sheet
- patterned fly sheet (e.g., zebra print)
- sweet itch sheet
- Other: _____

24. Which of the following measures are carried out in your horse's holding?

(Multiple responses possible)

	Apply	Does not apply
Use of automatic waterers	<input type="checkbox"/> in the stable <input type="checkbox"/> in the turn-out	<input type="checkbox"/> in the stable <input type="checkbox"/> in the turn-out
Use of buckets and/or troughs	<input type="checkbox"/> in the stable <input type="checkbox"/> in the turn-out	<input type="checkbox"/> in the stable <input type="checkbox"/> in the turn-out
complete change of drinking water in troughs (at least weekly)	<input type="checkbox"/> in the stable <input type="checkbox"/> in the turn-out	<input type="checkbox"/> in the stable <input type="checkbox"/> in the turn-out
PVC strips on door openings	<input type="checkbox"/>	<input type="checkbox"/>
Fly screens in windows	<input type="checkbox"/>	<input type="checkbox"/>
Horsefly traps	<input type="checkbox"/>	<input type="checkbox"/>
Electric insect traps	<input type="checkbox"/>	<input type="checkbox"/>
Sticky tape fly traps	<input type="checkbox"/>	<input type="checkbox"/>
Traps with attractant	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

**Is there any other information about your horse you'd like to share that we haven't asked you yet?
Here is room for your response:**

May we contact you for participation in further studies concerning West Nile virus infections in horses?

- Yes, please use the contact details above.
- No, I am not interested in any further contact.

You made it ...Thank you very much for your participation!