

Horse owner questionnaire

1. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Do not want to say

2. How old are you?

- ☐ <18 years
- ☐ 18-23 years
- ☐ 24-35 years
- ☐ 36-50 years
- ☐ 51-64 years
- ☐ >65 years

3. Where do you live?

- ☐ Norrland (North Sweden)
- ☐ Svealand (Middle Sweden)
- ☐ Götaland (South Sweden)

4. Do you live in a town or a rural area?

- ☐ Town
- ☐ Rural area

5. What is your educational background?

- ☐ Grundskola (elementary, 9 years)
- ☐ Gymnasieskola (high school, 3 years)
- ☐ Eftergymnasial (university or other, after 12 years)
- ☐ Do not want to say

6. For how long have you owned a horse (or had full responsibility for a horse)?

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ >21 years

7. For what discipline(s) do you use your horse?

- ☐ Jumping
- ☐ Dressage
- ☐ Eventing

Animals

8. Has your horse ever been lame or had other locomotor system problems? (the locomotor system includes legs, muscles, joints, tendons and back)

- 9. If yes in the previous question, has the horse had recurrent problems?**

- 10. Has your horse been examined by a veterinarian in relation to a locomotor system injury?**

- 11a. When you suspect lameness in your horse, who do you contact first for treatment? (CAVM = complementary and alternative veterinary medical treatment methods)**

- 11b. When you suspect back pain in your horse, who do you contact first for treatment?**

- 12a. Is your horse treated with any of the following and in that case how often?**
After disease/injury

[illegible]

Animals

[illegible]

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Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Craniosacral therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LED light therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic field therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naprapathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling mud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramic fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you use any other CAVM-method to prevent disease/injury that was not listed above? If yes, please state what method and how often used.

13. Has your horse experienced any negative side effects from CAVM treatments used?

- ☐ Yes
- ☐ No
- ☐ Comment _____

14. If your horse has been treated with CAVM, what made you contact the CAVM therapist?

- ☐ Recommended by a friend
- ☐ Referral by a veterinarian
- ☐ Advertisement
- ☐ Have not contacted any therapist
- ☐ Other _____

15. What method do you think has a good effect for treatment of the following injuries? (Multiple alternatives can be chosen)

Lameness

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy

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- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other _____

Back problems

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound

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- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other _____

Colic

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other _____

Skin problems

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology

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- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other _____

Respiratory problems

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric

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- ☐ None of the above
- ☐ Other _____

Weight loss

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other _____

Oral cavity problems

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy

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- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other _____

Behavioural problems

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other _____

16. If your horse has been treated by any of the previously mentioned methods, for what reason did you choose that method or therapist? Select for each statement how well it matches you and your horse.

	Fully agree	Partly agree	Neither	Partly disagree	Disagree
I am well received by the therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The treatment helps my horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is scientific evidence that the treatment works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my experience the treatment works for horses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The therapist has time and I can get an appointment quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The therapist chose the method that best suited my horse's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. If your horse has been by a veterinarian for disease/injury, for what reason did you choose to contact the veterinarian? Select for each statement how well it matches you and your horse.

	Fully agree	Partly agree	Neither	Partly disagree	Disagree
I am well received by the veterinarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The treatment helps my horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is scientific evidence that the treatment works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my experience the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

treatment
works for horses
The veterinarian
has time and I
can get an
appointment
quickly

☐☐☐☐☐

Any other reasons for choosing CAVM treatment?

Any other reasons for consulting a veterinarian?

18. How much have you spent on preventive treatments (those listed in previous questions) for your horse in the last year?

- ☐ 0-1 000 SEK
- ☐ 1 001-5 000 SEK
- ☐ 5 001-10 000 SEK
- ☐ >10 000 SEK

19. How much have you spent on products for treatment/prevention for your horse's health in the last year?

- ☐ 0-1 000 SEK
- ☐ 1 001-5 000 SEK
- ☐ 5 001-10 000 SEK
- ☐ >10 000 SEK

20. How much have you spent on CAVM treatments (those listed in previous questions) for treatment of disease or injury in your horse in the last year?

- ☐ 0-1 000 kr
- ☐ 1 001-5 000
- ☐ 5 001-10 000
- ☐ mer än 10 000

21. Does your insurance company pay for treatments by non-veterinarians, e.g. those listed in previous questions?

- ☐ Yes
- ☐ Yes, on veterinary referral
- ☐ No
- ☐ Don't know

22. Is it important when you choose insurance company that the previously mentioned methods are compensated?

- ☐ Yes
- ☐ No
- ☐ Haven't thought about it

23. In what way do you think CAVM treatment of animals should be regulated to improve animal welfare and avoid potential incorrect treatments? (Multiple alternatives can be selected)

- ☐ Things are fine, nothing needs changing
- ☐ A veterinary consultation should be mandatory before CAVM treatment, to avoid incorrect treatment
- ☐ The therapist should be required to refer to a veterinarian if needed
- ☐ The veterinarian should be required to refer to a CAVM therapist if needed
- ☐ A requirement for record keeping should be introduced, to increase patient safety and facilitate follow-up
- ☐ Basic knowledge of animal medicine should be included in all CAVM education
- ☐ Protected professional titles should be introduced for CAVM therapists, so that animal owners know who has what qualifications
- ☐ Own suggestion _____

Thank you for responding to the questionnaire! If you have any additional comments, please feel free to write them here

Questionnaire to horse veterinarians

1. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Do not want to say

2. How old are you?

- ☐ <18 years
- ☐ 18-23 years
- ☐ 24-35 years
- ☐ 36-50 years
- ☐ 51-64 years
- ☐ >65 years

3. Where do you live?

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- ☐ Norrland (North Sweden)
- ☐ Svealand (Middle Sweden)
- ☐ Götaland (South Sweden)

4. Do you work in a town or a rural area?

- ☐ Town
- ☐ Rural area

5. For how long have you been a veterinary practitioner?

- ☐ <5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 21-30 years
- ☐ >31 years

6. In which country did you receive your veterinary education?

- ☐ Sweden
- ☐ Other Nordic country
- ☐ Other European country
- ☐ Outside Europe

7. Did your veterinary curriculum include CAVM (complementary and alternative veterinary medicine)?

- ☐ Yes
- ☐ No
- ☐ Cannot remember

8. Have you received postgraduate training in CAVM?

- ☐ No
- ☐ Yes, in what subject: _____

9. How many equine patients do you see per week with locomotor problems?

- ☐ <10
- ☐ 11-29
- ☐ >30

10. What are your equine patients commonly used for? (Multiple alternatives can be selected)

- ☐ Dressage
- ☐ Jumping
- ☐ Eventing
- ☐ Trotting

- ☐ Racing
- ☐ Leisure
- ☐ Driving
- ☐ Icelandic
- ☐ Other

11. Do you use any CAVM method professionally? (Multiple alternatives can be selected)

- ☐ Acupuncture
- ☐ Electrotherapy (e.g. TENS)
- ☐ Homeopathy
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ No
- ☐ Other _____

12. Do you use any CAVM method privately (in your own horse)? (Multiple alternatives can be selected)

- ☐ Acupuncture
- ☐ Electrotherapy (e.g. TENS)
- ☐ Homeopathy
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage

- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ No
- ☐ I don't own a horse
- ☐ Other _____

13. If you use or recommend any CAVM method, for what reason do you choose that method? Select for each statement how well it agrees with your opinion.

	Fully agree	Partly agree	Neither	Partly disagree	Disagree
There is scientific evidence that the treatment works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The method lacks scientific evidence but there is clinical experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often asked by clients to provide the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It has economic benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want my practice to include a broad selection of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It doesn't hurt to try	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. For what indication(s) do you use/recommend any of the following methods? (Multiple alternatives can be selected)

Tendon injury

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other _____

Muscle injury

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other _____

Skeletal injury

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy

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- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other _____

Ligament injury

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other _____

Arthritis

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill

- ☐ None of the above
- ☐ Other _____

Neural injury

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other _____

Back problems

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other _____

15. Do you receive clients that have been recommended by a CAVM therapist to consult a veterinarian?

- ☐ Never happens
- ☐ <5 times/year

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- ☐ 6-20 times/year
- ☐ 21-40 times/year
- ☐ >40 times/year

16. Do you refer your patients to a CAVM therapist?

- ☐ Never done
- ☐ Yes – how often and to what type of therapist? _____

17. Do you know the level of education to the therapist(s) you refer to?

- ☐ No
- ☐ Yes _____

18. If you refer to CAVM therapists, how do you follow up the treatment?

- ☐ Book an appointment with me or a colleague
- ☐ Contact the therapist
- ☐ Don't follow up the treatment
- ☐ Other _____

19. In what way do you think CAVM treatment of animals should be regulated to improve animal welfare and avoid potential incorrect treatments? (Multiple alternatives can be selected)

- ☐ Things are fine, nothing needs changing
- ☐ A veterinary consultation should be mandatory before CAVM treatment, to avoid incorrect treatment
- ☐ The therapist should be required to refer to a veterinarian if needed
- ☐ The veterinarian should be required to refer to a CAVM therapist if needed
- ☐ A requirement for record keeping should be introduced, to increase patient safety and facilitate follow-up
- ☐ Basic knowledge of animal medicine should be included in all CAVM education
- ☐ Protected professional titles should be introduced for CAVM therapists, so that animal owners know who has what qualifications
- ☐ Own suggestion _____

Thank you for responding to the questionnaire! If you have any additional comments, please feel free to write them here

CAVM therapist questionnaire

1. What is your gender?

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- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Do not want to say

2. How old are you?

- ☐ <18 years
- ☐ 18-23 years
- ☐ 24-35 years
- ☐ 36-50 years
- ☐ 51-64 years
- ☐ >65 years

3. Where do you live?

- ☐ Norrland (North Sweden)
- ☐ Svealand (Middle Sweden)
- ☐ Götaland (South Sweden)

4. Do you work in a town or a rural area?

- ☐ Town
- ☐ Rural area

5. Which patients do you treat?

	Often (several times/week)	Sometimes	Rarely	Never
People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What CAVM method(s) do you use for treatment of animals? (CAVM = complementary and alternative veterinary medicine). More than one alternative can be selected.

- ☐ Acupressure
- ☐ Acupuncture
- ☐ Anthroposofic medicine
- ☐ Aroma therapy
- ☐ Auriculotherapy
- ☐ Aquatherapy/hydrotherapy
- ☐ Bio Harmony
- ☐ Bioresonance therapy

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- ☐ Chiropractic
- ☐ Colloidal silver
- ☐ Craniosacral therapy
- ☐ Crystal therapy
- ☐ Distance healing
- ☐ DMSO (dimethyl sulfoxide)
- ☐ Electrotherapy (NMES, TENS)
- ☐ Gold injection
- ☐ Healing
- ☐ Herbal medicine
- ☐ Homeopathy
- ☐ Water therapy
- ☐ Infrasound
- ☐ Ion therapy
- ☐ Iontoforesis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Hirudotherapy (leeches)
- ☐ Light therapy
- ☐ Ointment
- ☐ Magnetic therapy
- ☐ Manipulation
- ☐ Massage
- ☐ Mesotherapy
- ☐ Mobilisation
- ☐ Moxibustion
- ☐ Mud treatment
- ☐ Myofascial release
- ☐ Naprapathy
- ☐ Neural therapy
- ☐ Osteopathy
- ☐ Reflexology
- ☐ Shock wave treatment
- ☐ Sound treatment
- ☐ Stretching

A questionnaire study on the use of complementary and alternative veterinary medicine for horses in Sweden by K. Gilberg, A. Bergh, S. Sternberg-Lewerin *Animals*

- ☐ Swimming
- ☐ Therapeutic exercise
- ☐ Traditional Chinese medicine
- ☐ Trigger point therapy
- ☐ Therapeutic ultrasound
- ☐ Vacuum therapy
- ☐ Vibration therapy
- ☐ Vitamin- and mineral therapy
- ☐ Water treadmill
- ☐ Zone therapy
- ☐ Other _____

7. Is treatment of animals your main source of income?

- ☐ Yes
- ☐ No

8. Have you received training in the method(s) you use? (More than one alternative can be selected)

- ☐ Separate courses provided by a private actor
- ☐ Educational programme provided by a private actor
- ☐ Separate university-level courses
- ☐ University-level programme
- ☐ No formal training, have taught myself
- ☐ No formal training, have been taught by a friend
- ☐ Other

9. Have you finished your training or are you studying now?

- ☐ Currently studying
- ☐ Finished training

10. Where did you receive your education?

- ☐ Sweden
- ☐ Abroad
- ☐ If you like, please describe: _____

11. For how long have you been practising the methods mentioned above? If you use more than one method, respond for the method you have practised for the longest time.

- ☐ <5 years
- ☐ 6-10 years
- ☐ 11-30 years

☐ >30 years

12. How do you recruit you patients?

- ☐ Via veterinarians
- ☐ Via other CAVM therapists
- ☐ Directly via the animal owner

13. What is the nature of your collaboration with veterinarians?

- ☐ No collaboration
- ☐ Refer/recommend my patients to a veterinarian when needed
- ☐ Get referrals/recommendations from veterinarian(s) when needed

14. How do you follow up the treatment of a patient that you have referred to a veterinarian?

- ☐ Book an appointment for follow up with me or a non-veterinary colleague
- ☐ Contact with the veterinarian
- ☐ Do not follow up treatment
- ☐ Other _____

15. Please select for each of the following statements how well it matches your opinion

Fully agree Partly agree Neither Partly disagree Disagree

There is scientific evidence that my method(s) work for animals

☐ ☐ ☐ ☐ ☐

There isn't scientific evidence, but experience shows that that my method(s) work for animals

☐ ☐ ☐ ☐ ☐

There is scientific evidence that my method(s) work for humans, and hence they should work for animals

☐ ☐ ☐ ☐ ☐

I rarely observe
any negative
side effects
from my
method(s)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I inform the
client about the
potential risk of
negative side
effects from my
method(s)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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16. In what way do you think CAVM treatment of animals should be regulated to improve animal welfare and avoid potential incorrect treatments? (Multiple alternatives can be selected)

- ☐ Things are fine, nothing needs changing
- ☐ A veterinary consultation should be mandatory before CAVM treatment, to avoid incorrect treatment
- ☐ The therapist should be required to refer to a veterinarian if needed
- ☐ The veterinarian should be required to refer to a CAVM therapist if needed
- ☐ A requirement for record keeping should be introduced, to increase patient safety and facilitate follow-up
- ☐ Basic knowledge of animal medicine should be included in all CAVM education
- ☐ Protected professional titles should be introduced for CAVM therapists, so that animal owners know who has what qualifications
- ☐ Own suggestion _____

Thank you for responding to the questionnaire! If you have any additional comments, please feel free to write them here
