Equestrian GI Symptoms Competition

Start of Block: Participant Information Sheet

Q1
Please provide institutional consent and participant information requirements here

◯ I have read/understand the above and wish to participate in the competition component (1)

◯ I do not wish to participate further (2)

Skip To: End of Survey If Information Sheet for Participation in Equestrian Rider Survey Title of Study: Prevalence and sev... = I do not wish to participate further

End of Block: Participant Information Sheet

Start of Block: Symptom History

Q1 Was your physical preparation for today's competition typical of your normal routine?

◯ Yes (1)

◯ No (2)

◯ Unsure (3)

Display This Question:

If Was your physical preparation for today's competition typical of your normal routine? != Yes

Q1a If no or unsure, please briefly explain how your physical preparation was not typical

____

Q2 Was your nutritional preparation for today's competition typical of your normal routine?

- Yes (1)
- No (2)
- Unsure (3)

Display This Question:

If Was your nutritional preparation for today's competition typical of your normal routine? != Yes

Q2a If no or unsure, please briefly explain how your nutritional preparation was not typical

____

Q3 Please complete this set of questions during a quiet time thinking about how you felt before, during or following your competition, you should be fairly relaxed.   Read each statement and indicate on the scale your general experience of each symptom. Lower numbers represent lower symptom severity; higher numbers represent higher symptom severity. This should capture how felt today, and not symptoms experienced as a result of a one-off illness or baseline levels of symptoms. There are no right or wrong answers. Do not spend too much time on any one statement.

	0 (1)	1 (2)	2 (3)	3 (12)	4 (13)	5 (14)	6 (15)	7 (16)	8 (17)	9 (18)	10 (19)
Overall Gut Discomfort (1)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Belching (2)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heartburn (3)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bloating (stomach fullness) (4)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Urge to regurgitate/ Regurgitate (5)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Vomiting (6)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flatulence (7)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lower abdominal bloating (8)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Left intestinal pain (9)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Right intestinal pain (10)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Nausea (15)											
Dizziness (16)											
Stitch (acute transient abdominal pain) (17)											

Q4 Please describe your defecation symptoms before, during or after competition

	No (1)	Yes (2)
Normal consistency (1)	○	○
Abnormally loose consistency (2)	○	○
Diarrhoea (3)	○	○
Bloody Stools (4)	○	○
Constipation (5)	○	○

End of Block: Symptom History

Start of Block: Reliability

Q1 Thank you for taking the time to complete this survey. Would you be happy to complete this survey again, within two weeks, for the purposes of assessing response reliability?

○ Yes (1)

○ No (2)

Q2 Thank you for taking the time to complete this survey. Would you like to complete a brief competition food diary for us to better understand how symptoms relate to nutritional intake?

- Yes (1)
- No (2)

End of Block: Reliability

Equestrian GI Symptoms Pre

Start of Block: Participant Information Sheet

Q1
Please provide institutional consent and participant information requirements here

○ I have read/understand the above and wish to participate in the study (1)

○ I do not wish to participate further (2)

Skip To: End of Survey If Information Sheet for Participation in Equestrian Rider Survey Title of Study: Prevalence and sev... = I do not wish to participate further

End of Block: Participant Information Sheet

Start of Block: Participant Information

Q1 Please select your age (years), from the ranges below

○ Under 18 (1)

○ 18 - 19 (3)

○ 20-29 (4)

○ 30-39 (5)

○ 40-49 (6)

○ 50-59 (7)

○ 60 or over (8)

Skip To: End of Survey If Please select your age (years), from the ranges below = Under 18

Q2 Please select your gender

◯ Male (1)

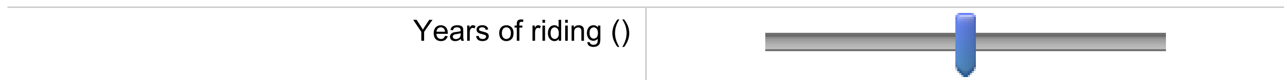
◯ Female (2)

◯ Non-Binary (3)

◯ Trans (4)

◯ Prefer not to say (5)

Q3 How many years have you been riding? If you have had a break in riding, please approximate your total riding years

	0 10 20 30 40 50 60 70 80 90 100
Years of riding ()	

Q4 What is your preferred discipline? Please select up to three

- ☐ Dressage (1)
- ☐ Showjumping (2)
- ☐ Cross-country (3)
- ☐ Eventing (4)
- ☐ Western (5)
- ☐ Reining (6)
- ☐ Barrel racing (7)
- ☐ Polo (8)
- ☐ Horseball (9)
- ☐ Driving (10)
- ☐ Racing (flat or jumps) (11)
- ☐ Harness racing (12)
- ☐ Endurance (13)
- ☐ Vaulting (14)
- ☐ Gymkhana (15)
- ☐ General Hacking/ Schooling (16)

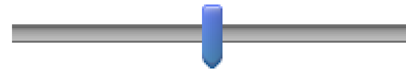
Q5 Please select your level of competition

- ◯ Recreational/ non-competitive (1)
- ◯ Local (2)
- ◯ Regional (3)
- ◯ National (4)
- ◯ International (5)

Display This Question:

If Please select your level of competition != Recreational/ non-competitive

Q6 On average how many competitions do you participate in per season?

	0	5	10	15	20	25	30	35	40	45	50
Number of competitions ()											

Display This Question:

If Please select your level of competition != Recreational/ non-competitive

Q7 When was your most recent competition? Please enter as dd/mm/yyyy e.g. 19/04/2023

- ◯ Please enter a date: (1) ____

Display This Question:

If Please select your level of competition != Recreational/ non-competitive

Q8 When is your next competition? Please enter as dd/mm/yyyy e.g. 19/04/2023

- ◯ Please enter a date: (1) ____

S1 In the past year have you visited a doctor, or other medical practitioner, for gastrointestinal symptoms?

- ○ Yes (1)
- ○ No (2)
- ○ Unsure (3)
- ○ Prefer not to say (4)

S2 Have you ever been diagnosed with or visited a doctor, or other medical practitioner, for symptoms related to anxiety?

- ○ Yes (1)
- ○ No (2)
- ○ Unsure (3)
- ○ Prefer not to say (4)

S3 Please complete this set of questions during a quiet time thinking about how you feel before, during or following your everyday practice riding, you should be fairly relaxed.   Read each statement and indicate on the scale your general experience of each symptom. Lower numbers represent lower symptom severity; higher numbers represent higher symptom severity. This should capture how you are day to day, and not symptoms experienced as a result of a one-off illness. There are no right or wrong answers. Do not spend too much time on any one statement.

	0 (1)	1 (2)	2 (3)	3 (12)	4 (13)	5 (14)	6 (15)	7 (16)	8 (17)	9 (18)	10 (19)
Overall Gut Discomfort (1)	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢
Belching (2)	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢
Heartburn (3)	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢
Bloating (stomach fullness) (4)	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢
Urge to regurgitate/ Regurgitate (5)	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢
Vomiting (6)	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢
Flatulence (7)	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢
Lower abdominal bloating (8)	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢
Left intestinal pain (9)	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢
Right intestinal pain (10)	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢	▢

Nausea (15)											
Dizziness (16)											
Stitch (acute transient abdominal pain) (17)											

S4 Please describe your typical defecation symptoms experienced before, during or after competition

	No (1)	Yes (2)
Normal consistency (1)	○	○
Abnormally loose consistency (2)	○	○
Diarrhoea (3)	○	○
Bloody stool (4)	○	○

End of Block: Participant Information

Start of Block: Email

Email2 Please enter your email address below. We will send the follow up competition questionnaire the day before your next competition if appropriate. We will send you the findings of the research as a thank you for your participation.

____

End of Block: Email

Equestrian GI Symptoms Pre – High Performance

Start of Block: Participant Information Sheet

Q1
Please provide institutional consent and participant information requirements here

- ○ I have read/understand the above and wish to participate in the study (1)
- ○ I do not wish to participate further (2)

Skip To: End of Survey If Information Sheet for Participation in Equestrian Rider Survey Title of Study: Prevalence and sev... = I do not wish to participate further

End of Block: Participant Information Sheet

Start of Block: Participant Information

Q1 Please select your age (years), from the ranges below

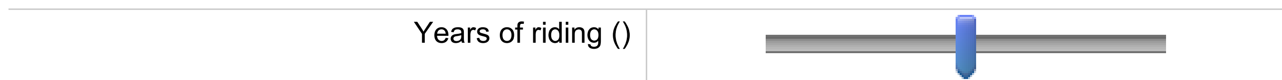
- ○ Under 18 (1)
- ○ 18 - 19 (3)
- ○ 20-29 (4)
- ○ 30-39 (5)
- ○ 40-49 (6)
- ○ 50-59 (7)
- ○ 60 or over (8)

Q2 Please select your gender

- ◯ Male (1)
- ◯ Female (2)
- ◯ Non-Binary (3)
- ◯ Trans (4)
- ◯ Prefer not to say (5)

Q3 How many years have you been riding? If you have had a break in riding, please approximate your total riding years

0 10 20 30 40 50 60 70 80 90 100



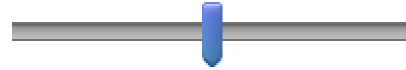
Q4 What is your preferred discipline? Please select one

- ▢ Dressage (1)
- ▢ Showjumping (2)
- ▢ Eventing (3)

Q5 Please select your level of competition

- ◯ Regional (3)
- ◯ National (4)
- ◯ International (5)

Q6 On average how many competitions do you participate in per season?

	0 5 10 15 20 25 30 35 40 45 50
Number of competitions ()	

Q8 When is your next competition? Please enter as dd/mm/yyyy e.g. 19/04/2023

- ○ Please enter a date: (1) ____

S1 In the past year have you visited a doctor, or other medical practitioner, for gastrointestinal symptoms?

- ○ Yes (1)
- ○ No (2)
- ○ Unsure (3)
- ○ Prefer not to say (4)

S2 Have you ever been diagnosed with or visited a doctor, or other medical practitioner, for symptoms related to anxiety?

- ○ Yes (1)
- ○ No (2)
- ○ Unsure (3)
- ○ Prefer not to say (4)

S3 Have you ever consulted with a sports psychologist, or related practitioner, for symptoms related to anxiety or mental aspects of your performance?

- ○ Yes - still consulting (1)
- ○ Yes - as required/ need to know basis (6)
- ○ Yes - stopped consulting (2)
- ○ No (3)
- ○ Unsure (4)
- ○ Prefer not to say (5)

S4 Have you ever consulted with a sports dietitian, or related practitioner, for gastrointestinal symptoms or nutritional support of your performance?

- ○ Yes - still consulting (1)
- ○ Yes - as required/ need to know basis (6)
- ○ Yes - stopped consulting (2)
- ○ No (3)
- ○ Unsure (4)
- ○ Prefer not to say (5)

S5 Please complete this set of questions during a quiet time thinking about how you feel before, during or following your everyday practice riding, you should be fairly relaxed. Read each statement and indicate on the scale your general experience of each symptom. Lower numbers represent lower symptom severity; higher numbers represent higher symptom severity. This should capture how you are day to day, and not symptoms experienced as a result of a one-off illness. There are no right or wrong answers. Do not spend too much time on any one statement.

	0 (1)	1 (2)	2 (3)	3 (12)	4 (13)	5 (14)	6 (15)	7 (16)	8 (17)	9 (18)	10 (19)
Overall Gut Discomfort (1)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Belching (2)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heartburn (3)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bloating (stomach fullness) (4)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Urge to regurgitate/ Regurgitate (5)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Vomiting (6)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flatulence (7)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lower abdominal bloating (8)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Left intestinal pain (9)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Right intestinal pain (10)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Nausea (15)											
Dizziness (16)											
Stitch (acute transient abdominal pain) (17)											

S6 Please describe your typical defecation symptoms experienced before, during or after competition

	No (1)	Yes (2)
Constipation (5)		
Normal consistency (1)		
Abnormally loose consistency (2)		
Diarrhoea (3)		
Bloody stool (4)		

ID Please write your name in the box below. This will be used to send and match your competition questionnaire with this one.

____

Email Please enter your email address below. We will send the follow up competition questionnaire the day before your next competition. We will also send you the findings of the research. Thank you for your participation.

____

End of Block: Participant Information