

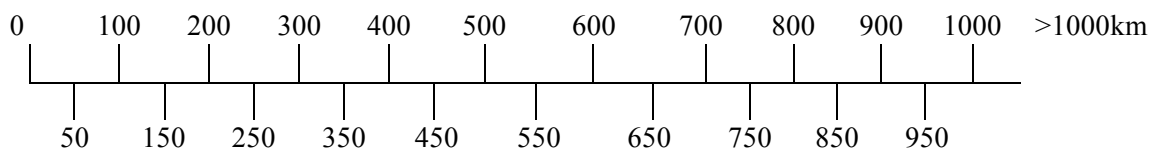
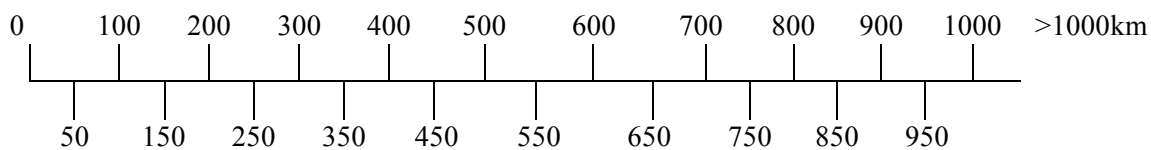
Event/location _____ Date ____/____/____ Time _____

A) Truck Driver SurveyGender M ☐ F ☐ Age last birthday _____ y1. Were your horses towed or trucked to this event? Y ☐ N ☐

2. How often do you transport horses in a truck for events and other activities?

☐ Daily ☐ Monthly (how often per month?) _____☐ Weekly (how often per week?) _____ ☐ Annually (how often per year?) _____

Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	<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"/>

3. What is the distance you travelled to transport horses to this event or activity?4. What is the average km travelled when you transport horses for events and other activities?

5. What is the postcode of the place that the horses are kept? _____

6. What is your level of training/licensure and experience as a driver (tick all that apply)?

☐ Basic car licence ☐ Heavy vehicle license (medium rigid)☐ Specific towing vehicle training ☐ Years driving _____ moving horses _____

7. How many passengers do you typically carry when transporting horses?

0	1	2	3	4	5	6	7	8	Other
<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"/>	_____

8. Are your passengers usually? (tick all that apply)

Other riders	Your coach	Your partner	Children	Friends	Dogs	Other pets	Relatives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. On a scale of 1-7, how likely are you to answer a phone call whilst transporting horses?

Never	1	2	3	4	5	6	7	Always
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. On a scale of 1-7, how likely are you to make a phone call whilst transporting horses?

	1	2	3	4	5	6	7	
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always

11. On a scale of 1-7, how likely are you to listen to music or the radio whilst transporting horses?

	1	2	3	4	5	6	7	
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always

12. On a scale of 1-7, how likely are you to eat or drink whilst transporting horses?

	1	2	3	4	5	6	7	
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always

13. How often do you typically take a rest break when transporting horses?

Hourly	2 h	3 h	4 h	5 h	6 h	7 h	8 h	>8 h	Never
<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"/>

14. How much sleep have you had in the 24 hours prior to answering this survey?

None	1 h	2 h	3 h	4 h	5 h	6 h	7 h	8 h	>8
<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"/>

15. How much sleep have you had in the 48 hours prior to answering this survey?

None	1 h	2 h	3 h	4 h	5 h	6 h	7 h	8 h	9 h	10h	11h	12h	13h	14h	15h	16h	>16h
<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"/>

In order to assist us in preparing education materials on safe horse transportation, we would like to ensure that is prepared for the appropriate target audience. Some additional information about you would assist us.

16. What is your approximate income bracket?

<\$25,000	\$25,001 - \$40,000	\$40,001 - \$60,000	\$60,001 - \$80,000	\$80,001 - \$120,000	>\$120,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What is the highest level of education you have completed?

Year 10 or 11 high school	Year 12 high school	VET	TAFE	College	University degree	Graduate degree	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. What is your most common source of information about horse health and care?

Friends	Coach or instructors	Magazines	Television	Email newsgroups	Internet websites	Facebook Twitter other social media	Veterinarian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) Horse travelling practice**1. How often do you perform a safety check on your truck prior to travel?**

0 Never <25 % 25 – 50 % 51- 80 % 81 – 99% 100 %

☐ ☐ ☐ ☐ ☐ ☐

2. Which of the following is typically included in your routine safety check (all that apply)

☐ None ☐ Brakes ☐ Lights ☐ Tyre Pressure

☐ Wheel bearings ☐ Hydraulic fluid levels ☐ Visual Integrity of the interior

☐ Other (list) _____

3. What equine protective equipment do you typically use during transport (tick all that apply)

☐ None ☐ Poll protection ☐ Rugs ☐ Leg protection ☐ Tail wrap or bag ☐ Other _____

4. How often do you rest (unload) your horse(s) during trips?

Hourly 2 h 3 h 4 h 5 h 6 h 7 h 8 h >8h

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

5. Are the horses' heads tied whilst travelling? Yes ☐ No ☐**6. Do you provide feed to the horses when travelling?**

No ☐ Hay only ☐ Concentrates only ☐ Both hay and concentrates ☐

7. What is the number of horses that fit in your usual horse truck?

1 2 3 4 5 6 7 8 9 10 Other

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

8. What is the number of horses you generally transport?

1 2 3 4 5 6 7 8 9 10 Other

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

9. Height (of largest horse transported)(please tick appropriate category)

☐ <14hh ☐ 14.1– 15.3hh ☐ 16hh -17hh ☐ >17hh

10. What is the estimated combined weight of horses usually transported?

☐ <500kg ☐ 500-1000kg ☐ 1000 – 1500kg ☐ 1500-2500kg ☐ 2500-3500kg ☐ >3500kg

11. Which breed(s) (up to 2) do you most commonly transport?

1. _____ 2. _____

12. What age are the horses that you regularly transported? (tick all that apply)

☐ <2years ☐ 2-5years ☐ 5-10 years ☐ 11-15 years ☐ >15years

C) Truck details

1. What is the make, model and year of manufacture of the truck you drove today or complete for the normal truck you use for hauling horses.

Make _____	Model _____	Year manufactured _____
Engine size _____	Cylinders 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/>	Manual <input type="checkbox"/> Automatic <input type="checkbox"/>
Tray/single body <input type="checkbox"/>	Gross vehicle weight or mass _____ kg	Number of axles _____
Semi-trailer <input type="checkbox"/>	Gross combined weight rating _____ kg	Air brakes? Yes <input type="checkbox"/> No <input type="checkbox"/>

2. What type of braking system is fitted to the truck? ☐ Air ☐ Electric ☐ Hydraulic ☐ Other _____
3. What type of suspension is fitted? ☐ Leaf spring ☐ Gas struts ☐ Coil spring ☐ Other _____
4. Loading configuration ☐ Rear ☐ Side ☐ Other _____
5. How are the horse bays aligned? ☐ Straight load (forward facing) ☐ Straight Load (Rear facing)
☐ Angle load ☐ Free or loose(none)
6. Are chest bars present? ☐ No ☐ Fixed ☐ Moveable ☐ Quick release
7. Breeching closure. ☐ Chains ☐ Small bars ☐ Half length doors ☐ Full length doors
8. Bay dividers ☐ None ☐ Partial ☐ Full length (solid) ☐ Full length (rubber)
9. Living spaces/ tack box/rug racks present: (tick all that apply)
☐ None ☐ Moveable Rear Tack Box ☐ Rug Rack ☐ Living space ☐ Under-tray storage space
10. Ventilation ☐ None ☐ Passive (ie pop-up vents/ windows etc) ☐ Active (ie powered fan)
11. Head (stallion) dividers used? ☐ Yes ☐ No
12. When was the vehicle last maintained/serviced by a licensed mechanic?
☐ <3 months ☐ 3-6months ☐ 6 -12 months ☐ >12months ☐ Never
13. Did you perform a safety check of your truck prior to this trip?
☐ Yes ☐ No ☐ Not applicable (if did not transport horses today)
13. Which of the following is typically included in your routine safety check (all that apply)
☐ None ☐ Brakes ☐ Lights ☐ Tyre Pressure
☐ Wheel bearings ☐ Hydraulic fluid levels ☐ Visual Integrity of the interior
☐ Other (list) _____