

BEHAVIOR PROFILING QUESTIONNAIRE

Dr. Cook has documented over one hundred behavioral problems caused by the bit. It is unlikely that any one horse will ever exhibit all 100 problems, as some are specific to certain disciplines. Nevertheless it is not uncommon for a horse to exhibit 40 problems and for 35 to be resolved in the first month by removing the bit. As they introduce the bridle, riders can enjoy checking off the improved behavior of their particular horse. By returning the questionnaire to Dr. Cook, this helps his research and may enable him to offer further advice. All of the listed signs are compatible with being caused by the bit and the bit is also the most common cause of these signs. Some of the signs, however, could also be caused by, for example, pain from the saddle or shoe. An asterisk added to a line item number indicates those signs which are specific to the bit. There are 47 of these out of a total of 100 (47%).

Most of the problems listed below have been cured, many times, by removing the bit. Dr. Cook invites purchasers of the Bitless Bridle to complete the first column (When Bitted) of this research survey straight away, and the second column (When Bitless) after they have used the bridle for a month or more.

Owner's name:

Address:

Tel #:

E-mail address:

Name, age and sex of horse:

Breed or type:

For how many years have you owned the horse?

Riding discipline (Pleasure, trail, endurance, dressage, combined training, etc.)?

Date on which questionnaire completed:

When did problems commence and what was the first problem?

In what month/year did you start using the Bitless Bridle?

Time interval since Bitless Bridle first used:

What bits had you tried before dispensing with bits altogether?

Is your horse also barefoot?

When (approximately) did you commence the barefoot program?

Have the changes noted below occurred during a period when the horse has also become barefoot?

Item	BEHAVIORAL PROFILE QUESTIONNAIRE		When Bitted Y/N/NA	When Bitless Y/N/NA
<p>In the following line items, strike out any features within the line that are not applicable, or annotate as necessary. If you need more space for comment, add a numbered note as an attachment to the questionnaire. Especially serious problems are printed in red.</p>				
PAIN (expressed predominantly by various manifestations of FEAR, A - D) plus E				
A	FRIGHT: Anxious, unpredictable, 'hot', nervous, fearful, shy, spooky, panicky, tense, stressed, 'highly-strung', sweaty			
B	FLIGHT: Difficult to slow or stop, bolting, 'rushing the jumps,' 'running through the bit'			
C	FIGHT: Argumentative, confrontational, aggressive, bossy, cranky, surly, resentful, adversarial, angry, rearing, bucking,			
D	FREEZE: Napping, failure to move forward, 'herd bound', refusing at jumps, refusal to rein back, resistant, 'mulish'			
E	PHYSIOLOGICALLY INCOMPATIBLE: Digestive responses triggered instead of respiratory, cardiovascular and musculoskeletal			
MANAGEMENT PROBLEMS PRIOR TO RIDING				
1	Your horse is difficult to catch in the paddock (anticipating pain at exercise, but also perhaps because of head shyness from trigeminal neuralgia)			
2a*	Difficulty in putting the bridle on; holds head high, tosses head, clenches teeth, panics at the very sight of a bridle, breaks out in a sweat			
2b*	Squealing and stamping during attempts to bridle			
3*	Difficulty in taking the bridle off: horse fails to open its mouth, head jerks up and horse pulls away.			
4	Stand-offish in stable, unfriendly, pins ears, bites or threatens to bite. Turns head away and swings quarters around			
5*	Head shyness: Unwilling to have a hose played on its head, difficult to handle (or clip) around the mouth, ears or forelock			
6	Your horse resents having his sheath handled and needs to be tranquilized (?) (One horse only was apparently cured by removing the bit!)			
7	Difficulty with trailer loading			

PROBLEMS THAT MAKE RIDING ITSELF MORE COMPLICATED, DIFFICULT, OR DANGEROUS		
8	Difficult to mount, fidgety, tense (neck braced, ears pinned, 'cold-backed'), moves away prematurely, might even rear	
9	Bucking or bounding and sometimes spinning. Often triggered by a request for an upward transition from trot to canter	
10	Rearing, with or without flipping over backwards (somersaulting). Potentially fatal to horse and rider	
11*	Above' or 'ahead of the bit' (poking nose in the air), high-headed, 'star gazing, "braced,' avoiding the bit, hollow-backed	
12*	Behind the bit,' 'overbent,' over-flexed, tucks chin into chest, 'spitting the bit,' 'over bridled'	
13*	Grabs the bit,' i.e. puts the bit between the upper and lower first cheek teeth. The mouth will be open and control lost. (see also line item # 62)	
14*	Hair-trigger response to the aids, hypersensitivity to the bit	
15	Atrial fibrillation; possibly triggered by dehydration from bit-induced salivation, loss of saliva, sweating &, in the racehorse, use of a diuretic (Salix)	
16	Lack of finesse in control, general 'unhappiness' when exercised	
17	Lazy, dull, tires prematurely, lack of 'life force,' subdued, ring sour, need for spurs	
18	Unfocussed, fussy, fidgety at work. Horse thinking of its painful mouth rather than where it is going	
19	Sweating excessively, hot and restless at exercise, "lathering-up"	
20	Lack of progress or slow progress in response to training, 'stagnation'	
21	During endurance rides, refusal, reluctance or difficulty in eating or drinking adequately because of the physical presence/pain of a bit	
22	Ear pinning at exercise, threatens to bite other horses that come alongside, rarely pricks ears at exercise (see also line items # 39 and 43)	
23	Lip slapping (noisy flapping of lower lip) at work	
24*	Loss of appetite and even inability to eat and drink results from bit-induced "sore mouth" (abrasion or laceration of the lips, tongue, gums)	
25	Backing-up to avoid the bit ('sucking-back'). A habit of reversing rapidly without being asked	
26	Refusal to stand still, constant fidgeting	
27	Impossible to exercise by 'ponying' (as on the racetrack) because of pain in the mouth when led with a bitted bridle	
28	During arena or paddock exercise, repeatedly heads for the stable when passing by the gate	
29*	When working or at rest, exhibits multiple wrinkles around nostrils and corner of mouth, pursed lips, lower lip tucked-up	
30	Uncooperative (not a 'team player'), regarding rider as an antagonist & nag rather than as a partner/leader	
31	Anxious expression in the eye, as evinced by a restless or staring eye, or by showing the white of the eye	
32*	Crossing the jaw	
33	Fracture of the peak of the nasal bone or lower jaw from the too vigorous application of a mechanical hackamore, after the bit had been rejected	

TABLE 1 from Part III of the article "Fear of the Bit: A welfare problem for horse and rider" by Robert Cook (2003). Last updated 8 January 2008.
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FACIAL NEURALGIA (THE HEADSHAKING SYNDROME) NB: Any or all of the signs listed under the other sections may also be part of the pain-induced headshaking syndrome, e.g., a headshaker may also be 'overbent,' a nose-poker', 'head tilter, etc., etc.,		
34*	Head shaking, head tossing, 'flipping the nose,' (mainly at exercise & more often in summer)	
35*	Vertical headshaking when at rest in the stall or field	
36*	Wriggling and sometimes elevation ('flipping') of the upper lip at exercise, as in the flehmen response. Clamping (partial closure) of the nostril	
37*	At exercise, rubbing muzzle or face on fore-leg. At rest, extending foreleg and rubbing muzzle or side of face on foreleg or on the handler	
38*	Dropping nose close to the ground at exercise and even actually rubbing nose on the ground	
39*	Rubbing nose on ground when stationary	
40*	Sneezing & snorting	
41*	Yawning during bridling or application of head collar (often accompanied by head tossing), yawning during or after exercise	
42*	Burping or belching at exercise (and also at rest) as the result of wind-sucking (a sequel to an open mouth at exercise and/or to yawning)	
43*	Blepharospasm (rapid and often noisy blinking) and/or photophobia (hypersensitivity to bright light)	
44*	'Grazing on the fly' (eating on the run), grabbing at grass, snatching at tree leaves, or snatching at the rider's boots or his own flanks (see also #46)	
45*	Particularly 'difficult' on windy days, in bright sunlight, in the rain, or near trees (relates to 'head shyness' in line item #5 above)	
46*	During or after exercise, tries to bite at the shank of the hackamore, curb bit, reins, at the rider's boots, or a horse alongside	
47*	Watery eyes and nasal discharge accompanying or following a head-tossing exercise	
48	Coughing at the start of exercise, or coughing accompanied by headshaking	
49	Horizontal headshaking or rotatory headshaking (like a dog with ear trouble)	
50*	Twitching of the cheek muscle (masseter muscle) on one or both sides (see also 'grinding of the teeth' on line item 67 below)	

BREATHING DIFFICULTIES, MOSTLY CAUSED BY AIRWAY OBSTRUCTION			
51*	An open mouth ('gaping') lets air into the oral cavity; one of a number of ways in which the bit causes ESP & DDSP		
52*	Bit-induced poll flexion (nasal bone vertical to the ground or worse, i.e. hyperflexion) obstructs the airway at the level of the throat (see also #89)		
53*	Tongue 'behind the bit,' 'swallowing the tongue,' obstructs the throat and voice box (larynx)		
54*	Tongue over the bit' causes loss of control but can also obstruct the airway		
55	Thick-winded', 'roaring,' laryngeal stridor; caused by elevation or displacement of the soft palate (ESP or DDSP)		
56*	Dorsal displacement of the soft palate (DDSP), 'gurgling,' 'choking-up' or 'choking down.' Gagging/coughing reflexes		
57	Epiglottal entrapment; a sequel to open mouth and subsequent elevation &/or dorsal displacement of the soft palate		
58*	Throat obstruction leads to dynamic collapse of the larynx and windpipe, and structural deformity of the windpipe ('scabbard ' trachea)		
59	Asphyxia-induced pulmonary edema (pulmonary "bleeding" or exercise-induced pulmonary hemorrhage - EIPH)		
60	Explosive coughing at exercise, sometimes but not always as a post-operative complication of laryngeal tie-back surgery		
61	Hiccups, 'thumps' (synchronous diaphragmatic flutter), e.g. from stress, insufficient drinking on a trail ride; dehydration from loss of sweat and saliva, diuresis (Salix)		
PROBLEMS CAUSED BY DIRECT PHYSICAL TRAUMA TO THE MOUTH			
62*	Sores, chafes, cuts or loss of pigment at the corner of the mouth (angle of lips)		
63*	Bruising of the gums at the bars or frank cuts; bleeding from the mouth		
64*	Inappetence for a day or so after racing or other exercise, resulting from a sore mouth		
65*	Dropping food from the mouth ('quidding') because of a sore mouth		
66	Ulcers inside the cheeks from sharp teeth (common).		
67*	Bone spurs (mandibular periostitis) on the bars of the mouth (diagnosed by palpation &/or radiography). Extremely common		
68*	Putting the bit between its teeth, in self-defence, results (commonly) in the erosion & premature loss of lower jaw cheek teeth		
69*	Compound fracture of the lower jaw from a loose horse treading on a trailing rein or from a fallen rider hanging on to the rein		
70*	Star fracture of the bars of the mouth followed by death of bone and sequestrum formation		
71a*	Amputation of the tongue, partial amputation, or deep scarring		
71b*	Front third of tongue turns purple (cyanotic) and remainder of tongue swells due to tourniquet effect of a double bridle or a tongue-tie		

TABLE I from Part III of the article "Fear of the Bit: A welfare problem for horse and rider" by Robert Cook (2003). Last updated 8 January 2008.
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OTHER PROBLEMS AFFECTING THE MOUTH IN PARTICULAR		
72*	Hates the bit, chomping, chewing or clenching the bit, grinding the teeth (bruxism), constant fussing with the bit, 'busy mouth,' evading contact	
73*	Tongue lolling, tongue protrusion at exercise and sometimes (more rarely) at rest. At exercise, often associated with 'tongue-over-bit'	
74*	Pulling on the bit, 'hard-mouthed,' 'spoiled mouth,' especially when heading home, pounds of rein pressure needed rather than ounces	
75*	Salivates excessively at exercise (because of counter-productive stimulation of digestive responses) froths at mouth, drooling and slobbering	
PROBLEMS THAT INTERFERE ESPECIALLY WITH A HORSE'S STRIDE		
76	Stiff-necked, 'lock jawed,' reluctant to flex at the poll, will not 'relax' or 'flex' the jaw' (i.e. open the mouth, something it should not do anyway)	
77	Stiff or choppy stride ('bridle" or "rein" lameness') especially during false collection invoked by bit contact. Short stride giving slower speed	
78	Incoordination. The bit can cause signs that are easily mistaken for equine protozoal myelitis (EPM)	
79	Tilts head at exercise or refuses to keep head facing the line of travel. Accompanied by twisting of neck	
80	Stumbling, often accompanied by sluggishness & loss of interest in work	
81	Lacking in courage or confidence, not 'forward', refuses at jumps, lacking hind-end impulsion	
82	Heavy on the forehand, leaning on the bit, low-headed (rarely, a horse will place its muzzle at ground level, even at the canter)	
83	Difficult to steer in one or both directions or to travel straight, 'lugging,' 'bearing,' 'pulling in' or 'pulling out,' 'lugs on the bit'	
84	Fatigue &/or airway obstruction at speed leading to a fall that results in a broken leg (Thoroughbred racehorses in particular)	
85	Breakdowns (from premature fatigue triggered by bit-induced shortage of breath)	
86	Jigging, prancing, and 'rushing' when required to walk	
87	Refusal or difficulty in reining-back. Inability to rein-back in a straight line	
88	Tail clamping (sign of a rigid spine). See also tail flashing at #92	
89	Excessive poll flexion results in the horse not seeing well ahead and 'running blind'	
90*	Pig-rooting,' 'gagging,' 'yawing,' diving with head or suddenly extending head forwards and snatching the reins out of the riders hands, 'yanking'	
91	Tying-up (muscle cramps, azoturia, exertional rhabdomyolysis); highly-strung, nervous, and stressed horses are thought to be predisposed	

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92	Tail swishing or wringing ('flashing'), particularly when asked to canter or rein-back.		
93	Refusal or reluctance to change leads or to lead on one particular leg		
94	Dragging toes of hind feet, 'toe-scuffing'		
95	Reluctance to maintain canter, including sudden stopping at canter. Less commonly, sudden stopping at the trot		
96	Running into or close to standing objects (for example, poles in an arena, tree trunks etc) in an effort to dislodge ('rub-off') the rider		
97	Back problems: mouth pain = high head carriage = slack lig.nuchae & supraspinous lig. = hollow back = back pain = hind limb incoordination = interference		
98	Crooked traveling,: Hind hoof prints tracking 10" to 18" to left or right of the front hoof prints and horse constantly veering from a straight line		
99a	Head tossing habit triggering bone spur formation on the back of the skull (occipital exostosis) and an intermittent 'hopping' movement at work		
99b	Development of a 'ewe-necked' ('upside-down') conformation and inappropriate muscling from a constantly high head carriage		
100*	False collection (from bit pressure rather than from hind-end impulsion), producing muscle cramps in jaw, neck, shoulder, back and quarters		
CAUSES OF SUDDEN DEATH			
101	A rearing episode can lead to a horse flipping over backwards and fracturing the base of its skull or breaking its back		
102	A severe episode of pulmonary bleeding can cause fatal asphyxiation		
103	Bit-induced partial asphyxia = (i.e. leads to) premature fatigue in a racehorse = a fall = fracture of a long bone necessitating euthanasia		
104	Fatigue from the same cause can lead to a 'false step,' career-ending breakdown, and euthanasia		
EFFECT OF ALL OF THE ABOVE ON THE RIDER			
105	Self-evaluation of riding skills as 'poor' when, in fact, horsemen should be blaming their 'tools' (i.e. the bit or bits)		
106	Development of a sense of frustration with apparent inability to master the art of equitation		
107	A burgeoning annoyance bordering on anger with the horse		
108	An increasing reluctance to exercise the horse on a regular basis and the generation of displacement activities (excuses)		
109	A loss of that sense of harmony between horse and rider that is so critical to all good horsemanship		
110	Riding ceases to give the rider (or the horse) pleasure		
111	Loss of confidence, fear of riding, and a decision to give up riding altogether		
112	Decision to sell or breed from a horse that appears to have incurable problems and to buy another for riding		

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113	Economic embarrassment from doomed attempts to treat problems by means other than by removal of their cause, the only logical treatment		
114	Personal injury (anything from fractured collar bones to near death experiences)		
NOTES (including any additional signs): For example have ulcers on the gums or tongue been a problem?			
To date there is no evidence to link wind-sucking or crib-biting as problems that might be caused by the bit but it would be worth noting the occurrence of such items in case a pattern of correlation could be demonstrated. The same applies to the problem of self-mutilation in the stall.			
A horse that is flexed extravagantly at the poll, because of bit usage, may not only have difficulty in breathing but may also have difficulty in seeing.			
A horse that is 'above the bit', will not see the ground below or the jump ahead.			
It would be interesting to hear from riders who feel that such visual impediments arise from bit usage (eg., stumbling, knocking down jumps, spookiness arising from a horse hearing something but not being able to see it etc.,).			
NB: Repeat questionnaires are extremely valuable. For example, a questionnaire completed after, say, the first four weeks			
SEQUENCE OF APPEARANCE OF THE PROBLEMS LISTED ABOVE: Information of special interest is the order in which problems occurred over a period of time. If possible, assign an approximate time-line chronology (1st, 2nd, 3rd etc) against the problems you have noted. If the horse already had a collection of behavioural problems at the time of purchase, these should be flagged. If after you have observed the the horse for a time two signs appeared simultaneously, these might be marked with an equal sign.			
SEQUENCE OF PROBLEM RESOLUTION: It would also be of interest to know in which order the problems disappeared on using the Bittless Bridle.			
Questionnaires may be completed by computer and returned to drcook@bitlessbridle.com , or printed out, completed by hand, and posted to:			
Dr. Robert Cook			
206 Birch Run Road, Chestertown, MD 21620, USA			
Tel: (410) 778 9005.			

OFFICE USE ONLY
Major problems with bit:
Total number of problems when bitted:
Number of problems solved after using BB for months/years = (.....%)
Number of problems remaining after BB used for months/years = (.....%)
Number of problems that developed after using BB that were not present before
NOTES:
RECOMMENDATIONS: