

Pre-session participants/caregivers questionnaire

Please answer the following questions and provide information regarding the person who will be participating in Equine- Assisted Activities and Therapies at Southern Reins Center for Equine Therapy. To help you answer the questions, follow the answer key in blue. Feel free to ask any questions while answering this questionnaire.

Participant Diagnosis: _____

Questions	Poor	Fair	Good	Very good	Excellent
How would you rate the participant's ability to control his/her head and neck?					
How would you rate the participant's core strength?					
How would you describe the participant's ability to move?					
How would you describe the participant's ability to use his/her hands?					
How would you rate the participant's ability to maintain eye contact?					
How would you rate the participant's ability to verbalize/communicate with others?					
How would you rate the participant's ability to relate to others?					
How would you rate the participant's desire to socialize with others?					
How would you rate the participant's ability to cope					

with environmental stimulation?					
How much assistance does the participant need to complete these activities?	Maximum	Moderate	minimum	Almost independent	Independent
a) Eating					
b) Dressing					
c) Bathing					
d) Toileting					
e) Transferring					
How would you describe the participant's tone?	Very low	Low	Normal	Tight	Very tight
How long can the participant engage in daily activities without showing signs of getting tired?	Very little amount of time	Little time amount of time	Typical amount of time	Long time amount of time	Very long amount of time
How much redirection or cues does the participant need to stay on task?	Constant	Great amount	Moderate amount	Minimal amount	None

Post-session participants/caregivers questionnaire

Please answer the following questions and provide information regarding the person who has been participating in Equine-Assisted Activities and Therapies at Southern Reins Center for Equine Therapy for at least 4 weeks. To help you answer the questions, follow the answer key in blue. Feel free to ask any questions while answering this questionnaire.

Participant diagnosis: _____

Questions	Poor	Fair	Good	Very good	Excellent
How would you rate the participant's ability to control his/her head and neck?					
How would you rate the participant's core strength?					
How would you describe the participant's ability to move?					
How would you describe the participant's ability to use his/her hands?					
How would you rate the participant's ability to maintain eye contact?					
How would you rate the participant's ability to verbalize/communicate with others?					
How would you rate the participant's ability to relate to others?					

How would you rate the participant's desire to socialize with others?					
How would you rate the participant's ability to cope with environmental stimulation?					
How much assistance does the participants need to complete these activities?	Maximum	Moderate	minimum	Almost independent	Independent
a) Eating					
b) Dressing					
c) Bathing					
d) Toileting					
e) Transferring					
How would you describe the participant's tone?	Very low	Low	Normal	Tight	Very tight
How long can the participant engage in daily activities without showing signs of getting tired?	Very little amount of time	Little time amount of time	Typical amount of time	Long time amount of time	Very long amount of time
How much redirection or cues does the participants needs to stay on task?	Constant	Great amount	Moderate amount	Minimal amount	None

