

Dear Canine Family,

We really appreciate that you are taking time to complete the questionnaire about your dog's well-being and health-related quality of life. This will help assess your dog's quality of life. You may choose to use this as a tool at home or to share it with us and we can all work together to make decisions to best help your dog. All your answers will be treated with the strictest confidence. Please observe the instructions below: Only one owner, the person with whom the dog relates most should answer the questions and they should do so on their own. Read each question carefully, if you do not know the answer, please indicate so, by writing "don't know".

YOUR DOG'S CURRENT QUALITY OF LIFE

How much is your dog bothered by his/her illness?

- a. Not at all b. Somewhat c. Moderately
- d. A lot e. Extremely

Does your dog still enjoy his/her favorite activity?

- a. Always b. Often c. Sometimes
- d. Seldom e. Never

Have you noticed any changes in your dog's sleeping/resting patterns?

- a. None b. Minimal c. Moderate
- d. A lot e. Extreme

Your dog's behavior toward you is:

- a. Friendly, easily excited b. Friendly, alert
- c. Mostly friendly, appropriate d. Passive, indifferent e. Aggressive

Your dog's appetite is:

- a. Excellent b. Very good c. Good
- d. Fair e. Poor

Your dog's playfulness and activity level is:

- a. Excellent b. Very good c. Good
- d. Fair e. Poor

Your dog has signs of illness occur:

- a. Never b. Seldom c. Sometimes
- d. Often e. Always

Your dog experiences discomfort:

- a. Never b. Seldom, c. Sometimes
- d. Often e. Always

Your dog's seeks and enjoys human interaction:

- a. Always b. Often c. Sometimes
d. Seldom e. Never

You feel your dog is happy:

- a. Always b. Often c. Sometimes
d. Seldom e. Never

How often does your dog experience ANY signs of anxiety and discomfort - shivering, increased salivation, panting, whimpering, howling, pacing, barking and growling.

- a. Never b. Seldom c. Sometimes
d. Often e. Always

How often does your dog experience mobility problems - stiffness, limping, difficulty standing up, increased resting.

- a. Never b. Seldom c. Sometimes
d. Often e. Always

ABOUT YOU DURING THIS STRESSFUL PERIOD IN YOUR LIFE

How worried are you about your dog's illness?

- a. Not at all b. Somewhat c. Moderately
d. A lot e. Extremely

Please rank how much your animal's current condition limits your regular activities:

- a. Not at all b. Somewhat c. Moderately
d. A lot e. Extremely

Please rank how affected you are with time concerns regarding home care and veterinary visits for your pet:

- a. Not at all b. Somewhat c. Moderately
d. A lot e. Extremely

Please rank how affected you are by financial concerns in caring for your pet:

- a. Not at all b. Somewhat c. Moderately
d. A lot e. Extremely

Please rank how affected you are by perceptions of others' in the care you are seeking for your pet:

- a. Not at all b. Somewhat c. Moderately
d. A lot e. Extremely