



Boehringer
Ingelheim

Helping Solve the Pain Puzzle

* 1. Which year did you graduate from veterinary school/university?

* 2. Which veterinary school/university did you graduate from?

* 3. Are you a General Practitioner (GP) or Specialist Veterinarian - if a specialist, what speciality?

General Practitioner

Specialist (please specify)

* 4. What is your sex?

Female

Male

* 5. Practice details: In a typical working week what is your percentage of time spent treating dogs compared to cats?

90% dogs / 10% cats

70% dogs / 30% cats

50% dogs / 50% cats

30% dogs / 70% cats

10% dogs / 90% cats

100% cats

* 6. Practice details: The practice that you work in is?

Small animal only

Mixed animal

* 7. In which post code is your practice located?



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8. Please indicate whether any of the following NSAIDs are available in your practice.

Carprofen (eg Rimadyl, Carprieve)

Firocoxib (eg Previcox)

Mavacoxib (eg Trocoxil)

Meloxicam (eg Metacam)

Robenacoxib (eg Onsior)

None

Other (please specify)

9. Please indicate whether any of the following opiates are available in your practice.

- Buprenorphine (eg Temgesic)
- Butorphanol (eg Torbugesic)
- Fentanyl Injection
- Fentanyl Transdermal patch (eg Durogesic Patch)
- Methadone (eg Methodyne)
- Morphine
- None
- Other (please specify)

10. Please indicate whether any of the following local anaesthetics are available in your practice.

- Bupivacaine
- Lignocaine
- None
- Other (please specify)

11. Please indicate whether any of the following adjunct or non-traditional analgesics are available in your practice.

- Medetomidine (eg Domitor)
- Maropitant (eg Cerenia)
- Gabapentin
- Ketamine
- Paracetamol
- Paracetamol/codeine
- Tramadol
- None

Other (please specify)

12. In addition to the analgesic products list questions earlier, what additional adjunct treatments do you stock for animals with chronic osteoarthritis (OA)?

- Pentosan Polysulfate eg. Cartrophen Vet Injection
- Glucosamine/Chondroitin type products
- Green Lipped Mussel products
- Prescription joint diets eg Hill's j/d
- Omega 3 oils
- None
- Other (please specify)

13. Do you routinely use any of the accredited pain scales in practice?

- No
- Yes (please specify which)

14. Who routinely assesses the pain needs of each patient that is in hospital ?

- Veterinarian
- Nurse



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15. Please select which species section(s) you would like to complete

- Dog
- Cat
- Both dog and cat



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The following questions relate to your use of analgesics in the peri-operative period in DOGS: Covering NSAIDs, opiates and local anaesthetic techniques.

Peri-operative is defined as the period from premedication/ induction of anaesthesia until 24 hours after surgery

Pre-operative: Time from premedication to induction of anaesthesia

Intra-operative: Time from induction of anaesthesia to extubation/recovery (dog in sternal recumbancy)

Post-operative: Time from anaesthetic recovery (dog in sternal recumbancy) onward

16. In the peri-operative period, in an individual healthy dog when do you first typically administer the NSAID and/or opiate?

	Pre-operative	Intra-operative	Post-operative	n/a
NSAIDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. When using NSAIDs pre- and/or intra-operative in dogs, which of the following do you routinely do?

- Pre-operative blood tests (eg Complete Blood Count and/or Biochemistry)
- Urinalysis (eg Urine Specific Gravity)
- Blood pressure monitoring
- Intravenous Fluid Therapy
- None

18. When considering which NSAID to give in the peri-operative/post-operative period to dogs how important (on a scale of 0 [not important] to 3 [very important]) do you rate the following factors

	0 - Not Important	1	2	3 - Very Important
Analgesic efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of an injectable preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COX 1/ COX 2 selectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tissue selectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reported safety (side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuation of same NSAID if patient is on long term therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available product literature / information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice purchasing policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with company representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of continuing therapy after discharge (e.g. formulation, palatability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. When considering which opiate to give in the peri-operative/post-operative period to dogs how important (on a scale of 0 [not important] to 3 [very important]) do you rate the following factors?

	0 - Not Important	1	2	3 - Very Important
Analgesic efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How painful the animal is before surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expected pain level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reported safety (side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration of action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record keeping / storage requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience of using the opioid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of continuing therapy after discharge (e.g. formulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Do you routinely use any local anaesthetic (LA) techniques in dogs?

- Yes
- No



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21. If Yes, please select all which you routinely use of the following local anaesthetic (LA) techniques.

- Maxillary or mandibular nerve block for dental procedures
- Infiltration of local anaesthetic around teeth for dental procedures
- Infiltration of local anaesthetic around skin incisions
- Intratesticular local anaesthetic for castration
- Epidural anaesthesia or analgesia for hind limb procedures
- Brachial plexus block for procedures distal to elbow
- Infiltration of local anaesthetic into surgical wounds
- Use of infiltration catheters placed into surgical wounds
- Mid humeral block (RUMM block) for procedures distal to the elbow

The following question relates to your use of drugs for providing analgesia to DOGS

This section has a selection of surgical procedures and medical conditions that you may or may not consider require analgesic administration and are commonly encountered in dogs. Please indicate which drug(s) you would administer for the conditions and procedures, and for how long you would administer them for after surgery

*If you use any of the outlined analgesic options in the pre/intra-operative period and also continue them in the post operative period please select both the pre/intra-operative period and also the length of time you administer it post operatively. If you do not use the analgesic option in the pre/intra-operative period, only choose the the length of time you administer it post operatively if used. **See examples below of how to answer.***

Leave analgesic option blank if not used

Answer example: Give a single NSAID dose post-operative and use an opiate in my premedication only (pre-op/intra-op)

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer example: Give an opiate and NSAID in the pre-operative period, and continue patient on NSAID for 24-48 hours post-operative.

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Procedure or condition: **Forelimb or hindlimb orthopaedic surgery (e.g. fracture repair)**. If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

23. Procedure or condition: **Abdominal surgery other than ovariectomy (OVH)**. If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

24. Procedure or condition: **Ovariohysterectomy (OVH), non-laparoscopic**. If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

25. Procedure or condition: **Castration**. If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

26. Procedure or condition: **Ear flush for otitis externa under GA** If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

27. Procedure or condition: **Dental with extractions.** If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

28. Procedure or condition: **Extracapsular cruciate repair.** If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

29. Procedure or condition: **Simple Lump Removal (5 to 10 cm skin incision).** If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

The following section relates to pain assessment in adult DOGS

30. In your opinion how severe would the pain be in adult dogs undergoing the following procedures or diagnosed with the following diseases? Assume that NO analgesic drug was given for the following situations. Estimate pain severity on a 10-point scale where 1 is no pain and 10 is worst pain imaginable.

	0 - No Pain	1	2	3	4	5	6	7	8	9	10 - Worst Pain
Hindlimb or forelimb orthopaedic surgery e.g. fracture repair	<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"/>
Abdominal surgery other than OVH	<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"/>
Non laparoscopic (open) OVH	<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"/>
Castration	<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"/>
Ear flush for otitis externa under GA	<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"/>
Dental with extractions	<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"/>
Acute Pancreatitis	<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"/>
Simple Lump Removal (5 to 10 cm skin incision)	<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 relation to management of osteoarthritis (OA) in DOGS:

31. For the medical management of OA in dogs which of the following do you typically recommend in mild, moderate and severe OA? If you do not recommend an option, please leave blank

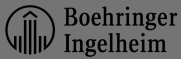
	Mild (Early) OA	Moderate OA	Severe (Advance) OA
NSAIDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pentosan Polysulfate Injection(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutraceutical – Glucosamine Chondroitin formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutraceutical – Green lipped mussel formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Joint Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle management (e.g. exercise restriction, weight management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intra-articular injection of 6 month long-acting solutions (stem cells, peptide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. When considering which NSAID to give to dogs with OA how important (on a scale of 0 [not important] to 3 [very important]) do you rate the following factors

	0 - Not Important	1	2	3 - Very Important
Analgesic efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COX 1/ COX 2 selectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tissue selectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reported safety (side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of administration to patient on long term therapy (e.g. formulation, palatability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available product literature / information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice purchasing policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with company representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and developed brand name product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. When considering which nutraceutical to give to dogs with OA how important (on a scale of 0 [not important] to 3 [very important]) do you rate the following factors

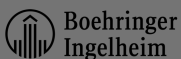
	0 - Not Important	1	2	3 - Very Important
Published efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive owner feedback of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product leaflet indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reported safety (side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of administration to patient on long term therapy (e.g. formulation, palatability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available product literature / information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice purchasing policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with company representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only available from Veterinary Wholesalers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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34. Do you wish to enter and complete the cats section of the survey or continue to finalise the survey?

- Complete cat section
- Go to section on OA case monitoring to complete the survey



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The following questions relate to your use of analgesics in the peri-operative period in CATS: Covering NSAIDs, Opiates and Local Anaesthetic techniques

Peri-operative is defined as the period from premedication/ induction of anaesthesia until 24 hours after surgery

Pre-operative: Time from premedication to induction of anaesthesia

Intra-operative: Time from induction of anaesthesia to extubation/recovery (cat in sternal recumbancy)

Post-operative: Time from anaesthetic recovery (cat in sternal recumbancy) onward

35. In the peri-operative period, in an individual healthy cat when do you first typically administer the NSAID and/or opiate?

	Pre-operative	Intra-operative	Post-operative	n/a
NSAIDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. When using NSAIDs which of the following do you do in the pre-operative and/or intra-operative period.

- Preoperative blood tests (Complete Blood Count and/or Biochemistry)
- Urinalysis (Urine Specific Gravity)
- Blood pressure monitoring
- Intravenous Fluid Therapy
- None

37. When considering which NSAID to give in the peri-operative/post-operative period to cats how important (on a scale of 0 [not important] to 3 [very important]) do you rate the following factors

	0 - Not Important	1	2	3 - Very Important
Analgesic efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of an injectable preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COX 1/ COX 2 selectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tissue selectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reported safety (side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuation of same NSAID if patient is on long term therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available product literature / information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice purchasing policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with company representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of continuing therapy after discharge (e.g. formulation, palatability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. When considering which opioid to give in the peri-operative/post-operative period to cats how important (on a scale of 0 [not important] to 3 [very important]) do you rate the following factors?

	0 - Not Important	1	2	3 - Very Important
Analgesic efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How painful the animal is before surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expected pain level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reported safety (side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration of action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record keeping / storage requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience of using the opioid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of continuing therapy after discharge (e.g. formulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Do you routinely use any local anaesthetic (LA) techniques in cats?

- Yes
- No



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40. If Yes, please select all which you routinely use of the following local anaesthetic (LA) techniques.

- Maxillary or mandibular nerve block for dental procedures
- Infiltration of local anaesthetic around teeth for dental procedures
- Infiltration of local anaesthetic around skin incisions
- Intratesticular local anaesthetic for castration
- Epidural anaesthesia or analgesia for hind limb procedures
- Brachial plexus block for procedures distal to elbow
- Infiltration of local anaesthetic into surgical wounds
- Use of infiltration catheters placed into surgical wounds
- Mid humeral block (RUMM block) for procedures distal to the elbow

The following question relates to your use of drugs for providing analgesia to CATS

This section has a selection of surgical procedures and medical conditions that you may or may not consider require analgesic administration and are commonly encountered in cats. Please indicate which drug(s) you would administer for the conditions and procedures, and for how long you would administer them for after surgery

If you use any of the outlined analgesic options in the pre/intra-operative period and also continue them in the post operative period please select both the pre/intra-operative period and also the length of time you administer it post operatively. If you do not use the analgesic option in the pre/intra-operative period, only choose the the length of time you administer it post operatively if used. **See examples below of how to answer.**

Leave analgesic option blank if not used

Answer example: Give a single NSAID dose post-operative and use an opiate in my premedication only (pre-op/intra-op)

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer example: Give an opiate and NSAID in the pre-operative period, and continue patient on NSAID for 24-48 hours post-operative.

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Procedure or condition: **Forelimb or hindlimb orthopaedic surgery (e.g. fracture repair)** in cats. If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

42. Procedure or condition: **Ruptured diaphragm.** If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

43. Procedure or condition: **Abdominal surgery other than ovariohysterectomy (OVH)**. If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

44. Procedure or condition: **Ovariohysterectomy (OVH), non-laparoscopic**. If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

45. Procedure or condition: **Dental with extractions**. If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

46. Procedure or condition: **Lump removal - 5cm skin incision**. If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

47. Procedure or condition: **Relief of urethral obstruction**. If used, for how long would you continue each class of analgesic drug below after the end of surgery

	Pre-op/Intra-op	Post-operative < 24 hours	Post-operative for 24 - 48 hours	Post-operative for 48 - 72 hours	Post-operative for 3 - 7 days	Post-operative for >7 days
NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjunctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other drug(s) used

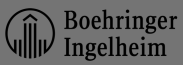


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The following section relates to pain assessment in adult CATS.

48. In your opinion how severe would the pain be in adult cats undergoing the following procedures or diagnosed with the following diseases? Assume that NO analgesic drug was given for the following situations. Estimate pain severity on a 10-point scale where 1 is no pain and 10 is worst pain imaginable.

	0 - No Pain	1	2	3	4	5	6	7	8	9	10 - Worst Pain
Hindlimb or forelimb orthopaedic surgery e.g. fracture repair	<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"/>
Ruptured diaphragm repair	<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"/>
Abdominal surgery other than OVH	<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"/>
OVH, non-laparoscopic	<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"/>
Castration	<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"/>
Dental with extractions	<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"/>
Lump removal - 5cm skin incision	<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"/>
Relief of urethral obstruction	<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"/>



Helping Solve the Pain Puzzle

In relation to management of osteoarthritis (OA) in CATS:

49. For the medical management of OA in cats which of the following do you typically recommend in mild, moderate and severe OA? If you do not recommend an option, please leave blank

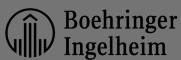
	Mild (Early) OA	Moderate OA	Severe (Advance) OA
NSAIDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pentosan Polysulfate Injection(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutraceutical – Glucosamine Chondroitin formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutraceutical – Green lipped mussel formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Joint Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle management (e.g. exercise restriction, weight management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intra-articular injection of 6 month long-acting solutions (stem cells, peptide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. When considering which NSAID to give to cats with OA how important (on a scale of 0 [not important] to 3 [very important]) do you rate the following factors

	0 - Not Important	1	2	3 - Very Important
Analgesic efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COX 1/ COX 2 selectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tissue selectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reported safety (side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of administration to patient on long term therapy (e.g. formulation, palatability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available product literature / information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice purchasing policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with company representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and developed brand name product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. When considering which nutraceutical to give to cats with OA how important (on a scale of 0 [not important] to 3 [very important]) do you rate the following factors

	0 - Not Important	1	2	3 - Very Important
Published efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive owner feedback of response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product leaflet indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reported safety (side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of administration to patient on long term therapy (e.g. formulation, palatability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available product literature / information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice purchasing policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with company representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only available from Veterinary Wholesalers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Question about OA patient monitoring

52. When prescribing NSAIDs for a DOG and/or CAT with OA for the first time, do you recommend routine screening blood/urine tests?

	DOG	CAT
Never	<input type="checkbox"/>	<input type="checkbox"/>
Yes, always for all	<input type="checkbox"/>	<input type="checkbox"/>
Yes, only if suspicious of pre-existing disease	<input type="checkbox"/>	<input type="checkbox"/>
Yes, only if geriatric	<input type="checkbox"/>	<input type="checkbox"/>

Yes, only under these circumstances (please specify)

53. When a DOG and/or CAT with OA is prescribed an NSAID for medical management how frequently do you recommend recheck consultations?

	Never	Monthly	Every 3 months	Every 6 months	Every 12 months
DOG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dosing treatment to effect:

54. When a DOG and/or CAT with OA is prescribed an NSAID for medical management how frequently do you dose to effect (eg titrate the dose in response to therapy)?

	Never	Sometimes	Often/Always
DOG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>