



DM Questionnaire

Please fill out the form below.

Owner name *

First

Last

Breed of dog

Dog's call name *

Dog's registered name

Dog's registration number

Dog's sex *

Dog's date of birth *

 / /

MM

DD

YYYY

Degenerative myelopathy questions:

1. Is your dog still alive? *

Yes

No, (if NO, when did your dog die?)

Date

 / /

MM

DD

YYYY

2. What was the cause of death?

3. Has your dog been diagnosed with Degenerative Myelopathy? *

Yes

No

4. Was Degenerative Myelopathy in your dog diagnosed by a veterinarian? *

Yes

No

5. When did your dog first begin showing signs of DM? (month, year)

6. How long has your dog been showing signs of DM?

1-3 months

4-8 months

9-12 months

13-18 months

19-24 months

25-36 months

more than 36 months

7. Which of the following tests were done to make the diagnosis of DM?

No diagnostic test, clinical symptoms only

Spinal radiographs (X-rays)

Myelogram (contrast X-ray)

CT (CAT) scan

MRI

For any abnormal result, please list findings:

8. Describe the FIRST symptoms of DM in your dog (please click all that apply):

One rear leg weaker than other

Dragging toes

Falling in rear legs

Tremors in rear legs Pain in back


9. Describe the CURRENT symptoms of DM in your dog (if deceased, symptoms at time of death): please click all that apply

 Weakness in one rear leg Loss of muscle in rear legs Weakness in both rear legs Loss of muscle mass over entire body Unable to support weight in rear legs Urinary incontinence Unable to move rear legs Fecal incontinence Weakness in front legs Difficulty swallowing Unable to support weight in all limbs Pain in back Unable to move all limbs Other, please specify

10. When (approximate date) was your dog unable to stand in the hind limbs and needed assistance walking?

/ / 
MM DD YYYY

11. When (approximate date) did your dog have difficulty walking in the front limbs?

/ / 
MM DD YYYY

12. Do you know of relatives of your dog who are diagnosed with Degenerative Myelopathy? Choose an item. *

yes

no

If yes, please check all that apply:

Sire

Sibling

Grandparent

Other

If you did not provide a pedigree copy with the original sample, please send a copy of the pedigree if it is available.

Any other information you feel would be useful for the researchers, please list below.

^

v

Has your dog every had abnormal kidney function?

Yes

No

Not sure

Has your dog ever had his/her kidney function check (for example, check serum BUN or serum creatinine)?

Yes

No

Not sure

If yes, please list any available test results (BUN, creatinine, proteinuria, etc):

^

v