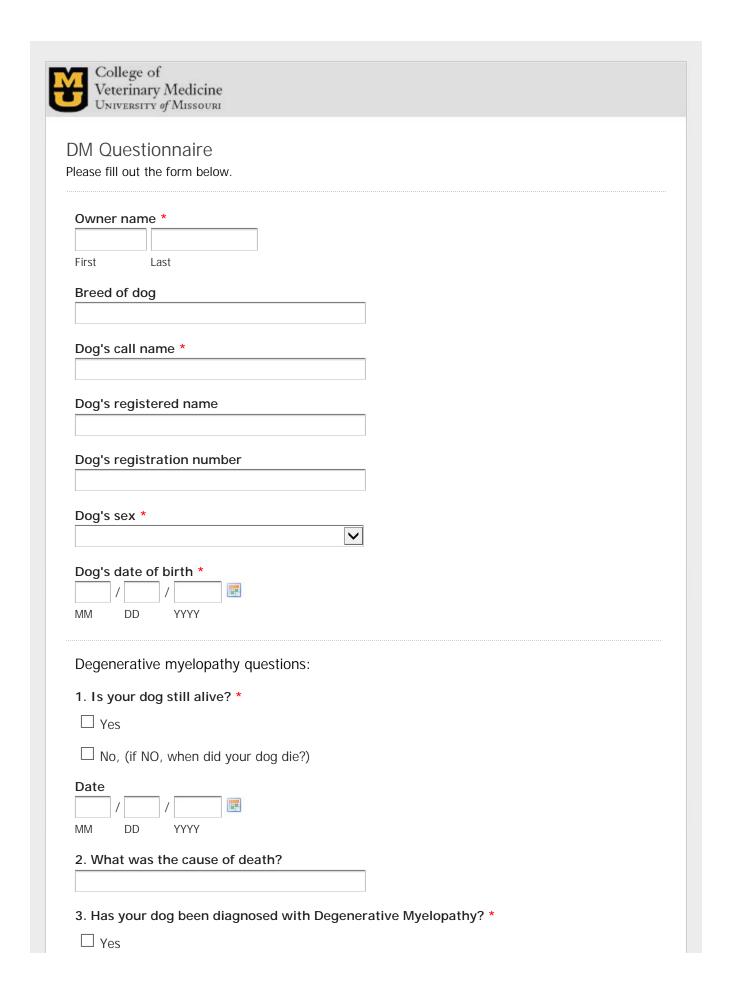
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5. When did your dog first begin showing signs of DM? (month, year)	
(menting eight on billing eight on billing eight	
6. How long has your dog been showing signs of DM?	
O 1-3 months	
O 4-8 months	
O 9-12 months	
○ 13-18 months	
O 19-24 months	
O 25-36 months	
O more than 36 months	
7. Which of the following tests were done to make the diagnosis of DM?	
\square 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:	
	^
	~

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☐ Tremors	s in rear legs
☐ Pain in b	pack
	the CURRENT symptoms of DM in your dog (if deceased, symptoms at time of ase click all that apply
☐ Weakne	ss in one rear leg
☐ Loss of I	muscle in rear legs
☐ Weakne	ss in both rear legs
☐ Loss of I	muscle mass over entire body
☐ Unable t	to support weight in rear legs
☐ Urinary	incontinence
☐ Unable t	to move rear legs
☐ Fecal inc	continence
☐ Weakne	ss in front legs
☐ Difficulty	y swallowing
☐ Unable t	to support weight in all limbs
☐ Pain in b	pack
☐ Unable t	to move all limbs
☐ Other, p	please specify
10. When (a assistance v	approximate date) was your dog unable to stand in the hind limbs and needed walking? /
11. When (a	approximate date) did your dog have difficulty walking in the front limbs? /
	know of relatives of your dog who are diagnosed with Degenerative ? Choose an item. *
O yes	
O no	
If yes, pleas	se check all that apply:
☐ Sire	
☐ Sibling	

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the pedigree if it is avail	pedigree copy with the original sample, please send a copy of lable.
Any other information yo	ou feel would be useful for the researchers, please list below.
Llac your dog overy had	ahnarmal kidnay function?
Yes	abnormal kidney function?
O No	
O Not sure	
- Not said	
	is/her kidney function check (for example, check serum BUN or
	is/her kidney function check (for example, check serum BUN or
serum creatinine)?	is/her kidney function check (for example, check serum BUN or
serum creatinine)? O Yes	is/her kidney function check (for example, check serum BUN or
Serum creatinine)? O Yes No Not sure	is/her kidney function check (for example, check serum BUN or ailable test results (BUN, creatinine, proteinuria, etc):
Serum creatinine)? O Yes No Not sure	
Serum creatinine)? O Yes No Not sure	
Serum creatinine)? O Yes No Not sure	
Serum creatinine)? O Yes No Not sure	
Serum creatinine)? O Yes No Not sure	