

Part 1. Basic information

1.1 Basic information	
Surname, Name	
Your dog's name	
Breed	
Your dog's date of birth	
Veterinarian in charge	
Do you give the permission to contact your veterinarian in charge concerning laboratory findings/blood values/diagnostical findings?	
<input type="radio"/> Yes	<input type="radio"/> No

1.2 Did you get your dog from a breeder?	
<input type="radio"/> Yes	<input type="radio"/> No
	Where did you get your dog from?

1.3 Has your dog always been living with you?	
<input type="radio"/> Yes	<input type="radio"/> No
	How old was your dog approximately when you got it?

1.4 Is your dog still alive?	
<input type="radio"/> Yes	<input type="radio"/> No
	When did your dog die/was your dog euthanized?
	Was your dog euthanized?
	What was the cause of death/euthanasia of your dog?

1.5 How do you feed your dog? (dry food/canned food/self-cooked/barf feeding, which brand)?

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.....

1.6 How did you feed your dog during its first year of life?

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.....

1.7 Is your dog routinely vaccinated?

Yes

No

When was the last vaccination?

.....

1.8 Is your dog routinely dewormed?

Yes

No

How often do you deworm your dog and when was the last deworming?

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1.9 Is your dog preventively treated against ectoparasites (fleas, ticks) on a regular basis?

Yes

No

How often do you treat your dog against ectoparasites and when was the last treatment?

.....

Part 2. Questions concerning a possible chronic gastrointestinal disease

Chronic gastrointestinal problems are defined as episodes with symptoms lasting more than three weeks or recurrent episodes of gastrointestinal problems that last each time more than three days or do not improve without therapy.

The questions 2.2 to 2.10 refer to these episodes of chronic gastrointestinal problems. If the severity of the symptoms varies, please refer your answers to the time of the worst symptoms ever occurring.

2.1 Does/Did your dog suffer from chronic gastrointestinal problems?	
<input type="radio"/> Yes	<input type="radio"/> No
At what age did the symptoms occur the first time?	
How often does your dog suffer from gastrointestinal problems?	
<input type="radio"/> always	
<input type="radio"/> recurrent	
mean duration of the episodes:	
frequency of the episodes:	
<input type="radio"/> once from until	

2.2 How would you describe the activity of your dog?
<input type="radio"/> normal
<input type="radio"/> slightly decreased
<input type="radio"/> moderately decreased
<input type="radio"/> severely decreased

2.3 How would you describe the appetite of your dog?
<input type="radio"/> normal
<input type="radio"/> slightly decreased
<input type="radio"/> moderately decreased
<input type="radio"/> severely decreased
<input type="radio"/> increased

2.4 How often does/did your dog vomit?
<input type="radio"/> 1 x/week
<input type="radio"/> 2-3 x/week
<input type="radio"/> > 3 x/week
<input type="radio"/> < 1 x/month

2.5 How would you describe the stool consistency of your dog?
<input type="radio"/> normal
<input type="radio"/> slightly soft
<input type="radio"/> very soft
<input type="radio"/> watery

2.6 How often does/did your dog defecate?
<input type="radio"/> normal
<input type="radio"/> 2-3 x/day or with mucus/blood
<input type="radio"/> 4-5 x/day
<input type="radio"/> > 5 x/day

2.7 Does/Did your dog show a weight loss?
<input type="radio"/> No
<input type="radio"/> < 5 %
<input type="radio"/> 5-10 %
<input type="radio"/> > 10 %

2.8 Has the albumin level of your dog been tested?		
<input type="radio"/> Yes: <input type="radio"/> > 20 g/L <input type="radio"/> 15-19 g/L <input type="radio"/> 12-14 g/L <input type="radio"/> < 12 g/L	<input type="radio"/> Unknown	<input type="radio"/> No

2.9 Does/Did your dog suffer from ascites (free fluid in the abdomen) or oedemas (fluid retention)?
<input type="radio"/> No
<input type="radio"/> slight
<input type="radio"/> moderate
<input type="radio"/> severe

2.10 Does/Did your dog suffer from itching additionally to the gastrointestinal problems?
<input type="radio"/> No
<input type="radio"/> occasional
<input type="radio"/> every day
<input type="radio"/> dog regularly wakes up because of itching

2.11 Has your dog ever been examined by ultrasound or endoscopy?	
<input type="radio"/> Yes (<input type="radio"/> ultrasound <input type="radio"/> endoscopy <input type="radio"/> both)	<input type="radio"/> No
What is the diagnosis?	

2.12 Is your dog currently under therapy or has it been under therapy before?	
<input type="radio"/> Yes	<input type="radio"/> No
Did the symptoms subsequently improve/disappear?	
<input type="radio"/> Yes <input type="radio"/> No	
What medication does/did your dog get?	

2.13 Have you ever performed an elimination diet for your dog? (Elimination diet is the exclusive feeding of only one source of protein (meat) and one source of carbohydrates that your dog has never eaten before in its life (commercially available diets, e.g. horse meat/parsnip, or self-cooked), for a period of at least 8 weeks, for ruling out or proofing of a food allergy)	
<input type="radio"/> Yes	<input type="radio"/> No
What did your dog get as elimination diet?	
Has it lead to an improvement? <input type="radio"/> Yes <input type="radio"/> No	

Part 3. Questions concerning a possible skin disease

3.1 Does/did your dog suffer from a skin disease?	
<input type="radio"/> Yes	<input type="radio"/> No
How was it diagnosed?	
What symptoms does/did your dog have?	
At what age did the symptoms occur the first time?	
Did the symptoms start before the third year of life? <input type="radio"/> Yes <input type="radio"/> No	
Does/Did the complaints occur seasonal? <input type="radio"/> Yes <input type="radio"/> No	
At which time of year are the symptoms the worst?	
Are/Were the front legs of your dog affected? <input type="radio"/> Yes <input type="radio"/> No	
Are/Were the ear pinnae of your dog affected? <input type="radio"/> Yes <input type="radio"/> No	
Are/Were the ear margins of your dog affected? <input type="radio"/> Yes <input type="radio"/> No	
Is/Was the back part of your dog affected? <input type="radio"/> Yes <input type="radio"/> No	

3.2 Does/Did your dog have itching?
<input type="radio"/> No
<input type="radio"/> occasional
<input type="radio"/> every day
<input type="radio"/> dog regularly wakes up because of itching

3.3 Does/Did your dog suffer from chronic or recurrent yeast or bacterial infections? (<input type="radio"/> yeast infections <input type="radio"/> bacterial infections <input type="radio"/> both)		
<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> No

3.4 Is/Was your dog mostly indoor?	
<input type="radio"/> Yes	<input type="radio"/> No

3.5 Have you ever performed an elimination diet for your dog?	
<input type="radio"/> Yes	<input type="radio"/> No
What did your dog get as elimination diet?	
Has it lead to an improvement? <input type="radio"/> Yes <input type="radio"/> No	

3.6 Have you ever performed an allergy test (skin test or blood test)?	
<input type="radio"/> Yes (<input type="radio"/> skin test <input type="radio"/> blood test <input type="radio"/> both)	<input type="radio"/> No
What is the diagnosis?	

3.7 Is your dog currently under therapy or has it been under therapy before?	
<input type="radio"/> Yes	<input type="radio"/> No
Did the symptoms subsequently improve/disappear? <input type="radio"/> Yes <input type="radio"/> No	
What medication does/did your dog get?	

3.8 Did the itching disappear/improve during treatment with glucocorticoids (cortisone)?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Never got

Part 4. Questions concerning a possible heart disease

4.1 Does/Did your dog suffer from a heart disease?	
<input type="radio"/> Yes	<input type="radio"/> No
How was it diagnosed? (auscultation, ECG, ultrasound)	
What symptoms does/did your dog have?	
At what age did the symptoms occur the first time?	

4.2 Has an ultrasound of the heart been ever performed?	
<input type="radio"/> Yes	<input type="radio"/> No
When and where was it performed?	
What is the diagnosis?	

4.3 Is your dog currently under therapy or has it been under therapy before?	
<input type="radio"/> Yes	<input type="radio"/> No
Did the symptoms subsequently improve/disappear? <input type="radio"/> Yes <input type="radio"/> No	
What medication does/did your dog get?	

