

# Questionnaire Regarding Tetanus in Dogs and its Link to the Development of Sleep Disorders

## Your details:

Name: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Contact email address: \_\_\_\_\_

## Your dog's details:

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: Male  Female  Neutered: Yes  No

Date of birth: \_\_\_\_\_

My dog is still alive  My dog was euthanased/died

If your dog has been euthanased/died, please state the cause of death if known:

\_\_\_\_\_

Date of death: \_\_\_\_\_

## Your usual vet's details:

Do you give your permission for us to contact your usual veterinarian/the veterinarian who referred your dog to obtain your dog's clinical history? Yes  No

Name of veterinarian: \_\_\_\_\_

Name of the veterinary practice: \_\_\_\_\_

Address of the veterinary practice: \_\_\_\_\_

\_\_\_\_\_

Telephone number of the veterinary practice: \_\_\_\_\_

## Questions regarding your dog's general health **before developing tetanus**

1. Did your dog have any pre-existing illness(es)? Yes  No

If yes, what?

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2. Had your dog ever experienced a seizure before developing tetanus? Yes  No

3. When sleeping, did your dog have the tendency to "dream" with:

Paw twitching? Yes  No

Running? Yes  No

Barking/vocalising? Yes  No

Other (please describe) \_\_\_\_\_

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My dog did not tend to "dream"

If your dog tended to dream, do you feel this was to a greater degree than other dogs you have owned or are aware of? Yes  No  I don't know

## Questions regarding your dog's illness with tetanus

4. Did your dog have an obvious wound? Yes  No

**If yes:** Where was the wound?

Paw  Leg  Head  In the mouth  Elsewhere over the body

How long was the wound present before you noticed the signs of tetanus?

Less than 1 day  2-3 days  Less than 1 week  1-2 weeks  More than 2 weeks

Was the wound treated by a vet? Yes  No

5. What was the first sign(s) of tetanus that you noticed?

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6. How long was your dog showing clinical signs before tetanus was diagnosed?

Less than 1 day  2-3 days  Less than 1 week  1-2 weeks  More than 2 weeks

7. Did your dog develop **seizures** during or following recovery from tetanus? Yes  No

**If yes:** What did the seizures look like?

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Did/Do the seizures always look the same? Yes  No

How often did/does your dog seizure?

One or less per year  One every six months  One every three months   
One every two months  One every month  One every two weeks   
One a week  More than one a week

What was the maximum number of seizures that your dog experienced within one 24 hour period?

1  2  3  4  5+

Did/Does your dog receive treatment for the seizures? Yes  No

**If yes:** What medications did/do you use?

phenobarbitone (Epiphen)   
potassium bromide (Epilease, Libromide)   
levetiracetam (Keppra)   
gabapentin   
imepitoin (Pexion)

Other: \_\_\_\_\_

Did the seizures completely resolve?

With treatment  Without treatment/after treatment was stopped  The seizures did not resolve

Have you been able to stop the medication? Yes  No

8. During or following recovery from tetanus, did your dog:

- Dream** more frequently? Yes  No
- Bark/vocalise more often during sleep? Yes  No
- Show more obvious movements when dreaming? Yes  No

If **yes**, did your dog show:

- Paw twitching? Yes  No
- Running movements? Yes  No
- Biting/snapping? Yes  No

Other (please describe) \_\_\_\_\_  
\_\_\_\_\_

If you answered “yes” to any of Question 8, please answer the following questions relating to these “dreams”.

If you answered “no” to all of Question 8, please go to Question 24 (Questions relating to Other Long-term Complications of Tetanus).

### Questions relating to Increased “Dream” Activity

9. How long after your dog was discharged from the referral centre did you notice the change in frequency/severity of the “dreams”?

- |                          |                          |                        |                          |                       |                          |
|--------------------------|--------------------------|------------------------|--------------------------|-----------------------|--------------------------|
| The first day/night      | <input type="checkbox"/> | Within a few days      | <input type="checkbox"/> | Within the first week | <input type="checkbox"/> |
| After 1-2 weeks          | <input type="checkbox"/> | Within the first month | <input type="checkbox"/> | Within 2 months       | <input type="checkbox"/> |
| After more than 2 months | <input type="checkbox"/> | I’m not sure           | <input type="checkbox"/> |                       |                          |

10. What did/do the “dreams” look like?

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11. Did/do the “dreams” always look the same? Yes  No

If **no**, please describe how they differ

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12. How often did/does your dog "dream" like this?

Every time they sleep	<input type="checkbox"/>	At least once a day	<input type="checkbox"/>	Several times a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	Several times a month	<input type="checkbox"/>	Once a month	<input type="checkbox"/>
I don't know	<input type="checkbox"/>	Other _____			

13. How severe would you consider the movements your dog made/makes?

Mild (e.g. paw twitching, soft vocalisation, facial twitching)	<input type="checkbox"/>
Moderate (e.g. obvious but gentle running, louder vocalisation, obvious facial movement)	<input type="checkbox"/>
Marked (e.g. extreme running movements, loud vocalisation, marked facial movement)	<input type="checkbox"/>

14. Could/can you wake your dog from these "dreams"? Yes  No  I never tried

15. How often do you feel you needed/need to wake your dog?

Never	<input type="checkbox"/>	Once or twice	<input type="checkbox"/>	Every now and then	<input type="checkbox"/>	Quite often	<input type="checkbox"/>
Very often	<input type="checkbox"/>	Every time	<input type="checkbox"/>	Other _____			

16. If woken during a "dream" was/is your dog:

Immediately normal	<input type="checkbox"/>	Initially disorientated/confused	<input type="checkbox"/>	Relaxed	<input type="checkbox"/>
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Other (please describe) \_\_\_\_\_

17. Has your dog ever caused trauma to itself or a person/another animal as a result of a "dream"?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please describe

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18. Has your dog ever damaged furnishings as a result of a "dream"? Yes  No

If yes, please describe

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19. What impact did/do the "dreams" have on your dog's quality of life?

None	<input type="checkbox"/>	Minimal	<input type="checkbox"/>	Mildly worse quality of life	<input type="checkbox"/>
Moderately worse quality of life	<input type="checkbox"/>	Markedly worse quality of life <input type="checkbox"/>			

20. What impact did/do the "dreams" have on your and your family's quality of life?

None                       Minimal                       Mildly worse quality of life   
Moderately worse quality of life                       Markedly worse quality of life

21. Did your dog receive any treatment for the "dreams"?      Yes                       No

If yes: What medication(s) did you use?

phenobarbitone (Epiphen)   
potassium bromide (Epilease, Libromide)   
levetiracetam (Keppra)   
melatonin

Other: \_\_\_\_\_

What effect did the medication have?      None

Improved the <i>severity</i>	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Markedly <input type="checkbox"/>
Improved the <u>frequency</u>	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Markedly <input type="checkbox"/>
Worsened the <i>severity</i>	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Markedly <input type="checkbox"/>
Worsened the <u>frequency</u>	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Markedly <input type="checkbox"/>

Did the medication cause any of the following?      None of the following

Sedation <input type="checkbox"/>	Lethargy <input type="checkbox"/>	Tripping over/stumbling <input type="checkbox"/>
Wobbliness <input type="checkbox"/>	Inco-ordination <input type="checkbox"/>	Increased appetite <input type="checkbox"/>

If the above side-effects were seen did they:

Worsen your dog's quality of life?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cause you to stop giving the medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

22. Over time, did the "dreams":

Worsen in <u>frequency</u> ? <input type="checkbox"/>	Worsen in <b>severity</b> ? <input type="checkbox"/>
Improve in <u>frequency</u> ? <input type="checkbox"/>	Improve in <b>severity</b> ? <input type="checkbox"/>
No change was noted in <u>frequency</u> <input type="checkbox"/>	No change was noted in <b>severity</b> <input type="checkbox"/>

If the dreams have **worsened** in frequency, how long did it take to reach its worst?

A few days <input type="checkbox"/>	A week <input type="checkbox"/>	1-2 weeks <input type="checkbox"/>	Less than 1 month <input type="checkbox"/>
1-2 months <input type="checkbox"/>	2-6 months <input type="checkbox"/>	More than 6 months <input type="checkbox"/>	I'm not sure <input type="checkbox"/>

If the dreams have **improved** in frequency, how long did it take to reach its best?

A few days   
1-2 months       A week   
2-6 months       1-2 weeks   
More than 6 months       Less than 1 month   
I'm not sure

If the dreams have **worsened** in severity, how long did it take to reach its worst?

A few days   
1-2 months       A week   
2-6 months       1-2 weeks   
More than 6 months       Less than 1 month   
I'm not sure

If the dreams have **improved** in severity, how long did it take to reach its best?

A few days   
1-2 months       A week   
2-6 months       1-2 weeks   
More than 6 months       Less than 1 month   
I'm not sure

23. Did/have the "dreams" return to normal? Yes       No

If yes, how long did this take?

A few days   
1-2 months       A week   
2-6 months       1-2 weeks   
More than 6 months       Less than 1 month   
I'm not sure

### Questions relating to Other Long-term Complications of Tetanus

24. After your dog was discharged from the referral centre, did your dog:

Appear normal       Show temporary abnormalities       Show **permanent** abnormalities

25. For any temporary abnormalities please answer the following:

Which abnormalities did your dog show and how long did it take to return to normal?

Stiff posture      Yes       No   
Days       Weeks       <3 months       <6 months       <1 year       >1 year

Stiff gait      Yes       No   
Days       Weeks       <3 months       <6 months       <1 year       >1 year

Abnormal facial expression      Yes       No   
Days       Weeks       <3 months       <6 months       <1 year       >1 year

Other (please describe) \_\_\_\_\_

Days       Weeks       <3 months       <6 months       <1 year       >1 year

Please provide any further information regarding these abnormalities should you wish to do so

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**26.** For any *permanent* abnormalities please answer the following:

What abnormalities did/does your dog show?

Stiff posture                      Yes                       No

Stiff gait                              Yes                       No

Abnormal facial expression      Yes                       No

Other (please describe) \_\_\_\_\_

Please provide any further information regarding these abnormalities should you wish to do so

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**This is the end of the questionnaire.**

Should we have any further questions are you happy for us to contact you again?

Yes                       No

Is there anything else you wish us to know?

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