

Appendix S1: Supplementary Material – Quality of life survey

Please indicate your dog's breed below:

Q1 On a scale of 1-5, with 1 being no pain and 5 being severe pain, how would you rate your dog's neck pain when he/she first showed signs of SRMA?

- 1 (no pain)
- 2
- 3
- 4
- 5 (severe pain)

Q2 How quickly did you notice **any improvement** of clinical signs of SRMA (e.g. neck pain, fever, stiff gait) after starting steroid treatment when your dog was first diagnosed?

- 1 day
 - 2 days
 - 3-5 days
 - 5-7 days
 - more than 7 days
-

Q3 Over what time span did your dog return to normal after starting steroid treatment when your dog was first diagnosed with SRMA?

- 1 day
 - 2 days
 - 3-5 days
 - 5-7 days
 - more than 7 days
 - still abnormal
-

Q4 While your dog was being treated with steroids, indicate which of the following clinical signs that you noticed and their severity:

	Not observed	Mild	Moderate	Severe
Increased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased thirst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urinating in inappropriate places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping more than before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness/pacing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panting more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinning of coat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed pot belly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed other infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5 Have you noticed any of the following changes in your dog's temperament since diagnosis of SRMA?
(check all that apply)

- More affectionate
 - Less affectionate
 - Clingy
 - Acting more cautious/timid
 - Showing signs of aggression
 - No change noticed
-

Q6 Has your dog's core vaccinations (rabies, distemper etc.) been up-to-date since diagnosis of SRMA?

- Yes
 - No
 - Don't know
-

Q7 Compared to before your dog was diagnosed with SRMA, how have the following activities changed for your dog since diagnosis?

	Marked decrease	Moderate decrease	No change	Moderate increased	Marked increase
Socialization with other dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socialization with people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Train, work, compete or breed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular walks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running/swimming/hiking/family activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 Has your dog had a relapse of SRMA since diagnosis?

- Yes
- No

Display this question: If Q8 = Yes

Q9 How many relapse episodes?

- 1
- 2
- 3
- 4
- more than 4
-

Display this question: If Q8 = Yes

Q10 How severely affected was your dog during the relapse episode(s) as compared to the first episode?

- Similar as previous
 - Less affected
 - A bit more affected
 - Much more affected
 - Extremely affected
-

Q11 Is your dog currently still receiving treatment for SRMA (e.g. steroids, cyclosporine, cytosar, azathioprine)?

- Yes
 - No
 - Deceased. Please indicate date of death:

-

Display this question: If Q11 = Deceased.

Q12 We are sorry to hear that your dog was deceased. Do you attribute his/her death to be related to SRMA?

- Yes
 - No
-

Display this question: If Q11 = Deceased.

Q13 What was the cause of your dog's death?

Display this question: If Q11 = Yes

Q14 Which of the following medications is your dog being treated with? (check all that apply)

- Prednisone
- Azathioprine
- Cyclosporine
- Cytosar (cytarabine) injections
- Gabapentin
- Omeprazole
- Other: _____

Q15 When was your dog last treated with steroids?

Q16 Please rate your dog's overall quality of life **before diagnosis** of SRMA (1=poor, 10=excellent)

1 (poor)

2

3

4

5

6

7

8

9

10 (excellent)

Q17 Please rate your dog's quality of life **during treatment** of SRMA (1=poor, 10=excellent)

1 (Poor)

2

3

4

5

6

7

8

9

10 (excellent)

Q18 Please rate your dog's quality of life **during remission (no clinical signs)** of SRMA (1=poor, 10=excellent)

Please skip question if you consider your dog to not be in remission.

- 1 (Poor)
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 (excellent)
-

Q19 Please rate your dog's overall quality of life *since diagnosis* of SRMA (1=poor, 10=excellent)

- 1 (Poor)
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 (excellent)
-