

Appendix A

Canine Client Survey

**Inclusion Criteria:**

**Dog owners (> 18 years of age) with a non-emergency appointment at the Lloyd Veterinary Medical Center**

*For the purposes of these questions, we would like you to assume that your pet is about to undergo a simple surgical procedure that requires a general anesthetic and use of opioid pain medications. **There is a 2-3 in 4 (50-75%) chance that your pet will be sick (nausea and vomiting) after the pain medication is given.***

1. On a scale of 1 to 5 where 1 is not at all worried and 5 is very worried, how worried are you that your pet will experience nausea due to the pain medication? (Circle one)

1                      2                      3                      4                      5

2. If a new treatment were available that would reduce your pet's likelihood of experiencing nausea to less than ten percent (<10%), would you choose this treatment option?

Definitely Not\_\_\_\_\_ Probably Not\_\_\_\_\_ Probably\_\_\_\_\_ Definitely\_\_\_\_\_

3. On a scale of 1 to 5 where 1 is not at all worried and 5 is very worried, how worried are you that your pet will experience vomiting due to the pain medication? (Circle one)

1                      2                      3                      4                      5

4. If a new treatment were available that would reduce your pet's likelihood of vomiting to zero (0%), would you choose this treatment option?

Definitely Not\_\_\_\_\_ Probably Not\_\_\_\_\_ Probably\_\_\_\_\_ Definitely\_\_\_\_\_

5. If this new treatment, which reduces the likelihood of experiencing nausea and reduces likelihood of vomiting due to pain medication, was recommended by your veterinarian and would cost \$30, which of the following statements best describes your response in this situation?

- I would definitely accept this treatment for my pet
- I would likely accept this treatment for my pet
- I would likely ask my veterinarian about other options
- I would definitely ask my veterinarian for another option
- I would definitely NOT accept this treatment for my pet

6. What is the maximum amount of money you would be prepared to pay for your pet to receive this new treatment? \_\_\_\_\_

7. If you had to drop off your pet 60 minutes earlier at your veterinarian to receive this treatment, how likely would you be to choose this new treatment option?

Very Unlikely\_\_\_\_\_ Unlikely\_\_\_\_\_ Likely\_\_\_\_\_ Very Likely\_\_\_\_\_

8. What is the maximum amount of time you would be prepared to drop your pet off before a surgery in order to receive this treatment? \_\_\_\_\_

9. Has your pet ever had surgery and/or anesthesia before? Yes\_\_\_\_\_ No\_\_\_\_\_

10. Did your pet experience nausea in relation to his/her previous anesthesia/surgery?

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know \_\_\_\_\_

11. Did your pet experience vomiting in relation to the pain medication received after surgery?

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know\_\_\_\_\_

12. What is the nature of your dog's visit to the Lloyd Veterinary Medical Center today?

Routine exam/vaccinations _____	Neurologic problem _____
Medical problem _____	Eye problem _____
Surgical problem _____	Skin problem _____
Other _____	

13. Is your pet being admitted today to the Lloyd Veterinary Medical Center for surgery or a diagnostic procedure that requires anesthesia?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. If you answered Yes to #13, would you choose to have your pet receive this treatment prior to anesthesia?

Yes \_\_\_\_\_ No \_\_\_\_\_

*Now we would like to ask you a few questions about yourself. The answers that you give are absolutely confidential and will not be discussed in association with your name. In order for us to understand your answers, we need to know a little about your background.*

15. Male \_\_\_\_\_ Female \_\_\_\_\_

16. Are you married? Yes\_\_\_\_\_ No\_\_\_\_\_

17. Do you have any children? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Do you have other pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

other dogs Yes \_\_\_\_\_ How many? \_\_\_\_\_

cats Yes \_\_\_\_\_ How many? \_\_\_\_\_

other pets, please list: \_\_\_\_\_

19. What is your age?

18-24 \_\_\_\_\_ 25-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50 \_\_\_\_\_ 51-65 \_\_\_\_\_ Over 65 \_\_\_\_\_

20. What was the last grade of school that you completed?

Grade school or less (grades 0-8) \_\_\_\_\_  
Some high school (9-12) \_\_\_\_\_  
High school graduate (12) \_\_\_\_\_  
Some college or junior college (2 yr degree) \_\_\_\_\_  
College graduate \_\_\_\_\_  
Post graduate work or degree \_\_\_\_\_

21. What is your approximate household income?

Under \$15,000	_____	\$60,000 - \$75,000	_____
\$15,000-\$30,000	_____	\$75,000 - \$100,000	_____
\$30,000-\$45,000	_____	\$100,000 - \$200,000	_____
\$45,000-\$60,000	_____	Over \$200,000	_____

22. Which category best describes your situation?

Full time worker (30 or more hours a week) \_\_\_\_\_  
Part time worker (under 30 hours a week) \_\_\_\_\_  
Working at home \_\_\_\_\_  
Student \_\_\_\_\_  
Not working for other reason \_\_\_\_\_

23. Have you yourself ever experienced nausea and vomiting associated with surgery or anesthesia?

Yes \_\_\_\_\_ NO \_\_\_\_\_

24. Have your children or other pets ever experienced nausea and vomiting associated with surgery or anesthesia?

Children	Yes _____	No _____	Not applicable _____
Other pets	Yes _____	No _____	Not applicable _____

**THAT'S ALL! We really appreciate that you've taken the time to help us with our survey.**