

## QUALITY OF LIFE QUESTIONNAIRE

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

Date: \_\_\_\_\_

For each of the following, circle the most appropriate answer:

		<b>Agree Strongly</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Disagree Strongly</b>
1.	In the last 3 months, the frequency of seizures in my dog was acceptable.	1	2	3	4	5
2.	In the last 3 months, the severity of seizures in my dog was acceptable.	1	2	3	4	5
3.	In the last 3 months, the seizures in my dog were well managed overall.	1	2	3	4	5
4.	In the past 3 months, my dog's attitude has been good.	1	2	3	4	5
5.	In the past 3 months, my dog's activity level has been good.	1	2	3	4	5
6.	In the past 3 months, my dog's overall quality of life has been good.	1	2	3	4	5
7.	In the past 3 months, I worried about the frequency of seizures in my dog.	1	2	3	4	5
8.	In the past 3 months, I worried about the severity of seizures in my dog.	1	2	3	4	5
9.	I experience limitations in my work, education, or day to day activities because of my dog's seizures.	1	2	3	4	5
10.	I experience limitations to my social life because of my dog's seizures.	1	2	3	4	5
11.	Overall, caring for my epileptic dog causes limitations on my life.	1	2	3	4	5

Questions continue on other side.

		<b>Never</b>	<b>Rarely</b>	<b>Some- times</b>	<b>Often</b>	<b>Very Often</b>
12.	In the past 3 months, how often did you feel like your dog's epilepsy caused conflict with your work, education, or day to day activities?	1	2	3	4	5
13.	In the past 3 months, how often did you feel that your dog's epilepsy limited your social life?	1	2	3	4	5
14.	In the past 3 months, how often did you feel that your dog's epilepsy limited your independence?	1	2	3	4	5
15.	In the past 3 months, how often has your dog had structured exercise (walks, play, etc.) each day?	1	2	3	4	5

From the following list, please choose the exercise that your dog has engaged in over the last 3 months, and estimate the time engaged in these activities per week.

- | <u>Activity</u>  | <u>Estimated Amount of Time Per Week</u> |
|--|--|
| <input type="checkbox"/> Walk                                | _____minutes                             |
| <input type="checkbox"/> Run                                 | _____minutes                             |
| <input type="checkbox"/> Play with other dog                 | _____minutes                             |
| <input type="checkbox"/> Fetch                               | _____minutes                             |
| <input type="checkbox"/> Hike                                | _____minutes                             |
| <input type="checkbox"/> Agility (or similar training/event) | _____minutes                             |
| <input type="checkbox"/> Other (specify) _____               | _____minutes                             |