Addendum 1: Questionnaire

Sex:

Male \Box Female \Box

Date of birth:....

Pedigree:

Yes \Box No \Box

Video footage of the episode:

Yes □ No □

Diet the dog is currently taking (specify type and brand):

Was the dog suffering from any other condition while the episodes started?

□ Hypersensitivity (allergic) skin condition □ Gastrointestinal problems

□ Traumatic event □ Other:....

Was the dog on any medication while the episodes started:

Yes \Box (specify) No \Box

Is there any family history with the same symptoms:

Yes \Box No \Box

Episode's details

1) Age of onset

a) Dog's age at which you first observed an episode:

b) Date of last known episode:

2) Occurrence of episodes

a) Is there any trigger able to elicit the episodes:

- □ Stress/excitation □ Happens during rest/sleep
- \Box Exercises \Box Noise \Box Other:

b) Which time of the day are the episodes more frequent:

□ Morning (6am-12am) □ Afternoon (12am-5pm) □ Evening (5pm-8pm)

 \Box Night (8pm-6am) \Box Random

c) What is the frequency of the episodes:

 \Box Daily \Box Weekly \Box Monthly \Box Other (describe):

d) In case of daily episodes, what is the frequency:

 \Box 1 time \Box 2 times \Box 3 times \Box 4 times \Box Random

3) Characterization of the episodes

a) Is it possible to predict the episodes?

 \Box Yes \Box No

b) Does the dog appear conscious during the episode:

 \Box Yes \Box No

c) Does the dog appear to be aware of surroundings during the episode:

 \Box Yes \Box No

d) Does the dog attempt to come to you during the episode:

 \Box Yes \Box No

e) Can you get the dogs' attention during the episode (calling/touching):

 \Box Yes \Box No

f) Does the dog exhibit trouble walking during the episode:

 \Box Yes (describe) \Box No

g) Does the dog tend to lie down during the episode:

 \Box Yes (\Box lateral \Box sternal) \Box No (standing)

h) Does the dog show unusual head/body movements during the episode:

 \Box Yes (describe) \Box No

i) Does the dog show salivation/defecation/urination during the episode:

 \Box Yes (describe) \Box No \Box Other (describe):

j) Is the dog normal after/before the episodes:

 \Box Yes \Box No

k) Is the dog normal between the episodes:

 \Box Ye \Box No

1) Which limbs are mainly affected during the episodes:

 \Box Both thoracic limbs \Box Both pelvic limbs \Box All limbs

 \Box Other (describe):

m) What is the average length of an episode:

 $\Box <5 \text{ mins}$ $\Box 5-10 \text{ mins}$ $\Box 10-30 \text{ mins}$ $\Box >30 \text{ mins}$ (describe):