

Appendix 1.



North West Veterinary Dermatology Services

Date: _____

Patient ID: _____

Introduction:

Below is a 10-item questionnaire pertaining to your pet's history of skin and ear disease. This questionnaire will be used for my ACVD residency research project. No information specific to your pet or yourself will be used or published in this study. All participants have the right to join on a voluntary basis. Please note that there will be no preferential treatment or change to the recommendations made for your pet whether you choose to participate in this study or not. Please read the questions carefully and answer **all questions** to the best of your ability. Please do not communicate with the other owner/caretaker of your pet until the questionnaire has been fully filled out by both individuals.

Owner/caretaker specific questions:

1. Are you the owner/caretaker spending the greatest amount of time with the animal?
(Please circle one)
Yes No
2. Is this your first pet where you are considered a primary caretaker/owner? (Please circle one)
Yes No
3. Do you and the other caretaker/owner live in the same household? (Please circle one)
Yes No

4. Have you previously had a pet who suffered from skin disease? (Please circle one)

Yes No Unsure I have never had a pet before

Pet specific Questions

1. What is your primary reason for your pet visiting our clinic today? (Please circle only one)

- a. Itchy skin/ears
- b. Inflamed Skin
- c. Skin Infections
- d. Skin Mass
- e. Ear Infections
- f. Ear mass
- g. Hair Loss
- h. Other (Please List) _____

2. How long have your pet's skin/ear problems been present? (Please circle only one)

- a. Less than 3 months
- b. At least 3 months but less than 6 months
- c. At least 6 months but less than a year
- d. At least 1 year but less than 2 years
- e. At least 2 years but less than 3 years
- f. At least 3 years but less than 5 years
- g. 5 years or longer

3. Which of the following statements best describes the seasonality of your pet's symptoms if left untreated? (Please circle only one)

- a. My pet is affected year round with no change in the severity of symptoms
- b. My pet is affected year round with an increase in the severity of symptoms during the winter months
- c. My pet is affected year round with an increase in the severity of symptoms during warm weather months (spring, summer, fall or any combination of these seasons)
- d. My pet is only affected during the winter months
- e. My pet is only affected during the warm weather months (spring, summer, fall or any combination of these seasons)
- f. My pet's symptoms are periodic but do not appear to be seasonal
- g. I do not know

4. On which part(s) of its body did your pet's skin/ear problems first appear? (Circle all responses that apply)

- a. Face
- b. Ears
- c. Neck
- d. Chest
- e. Armpits
- f. Front Limbs
- g. Hind Limbs
- h. Paws
- i. Belly/Abdomen/Groin
- j. Back
- k. Anus
- l. Tail

5. To which other areas has the problem spread? (Circle all responses that apply)

- a. Face
- b. Ears
- c. Neck
- d. Chest
- e. Armpits
- f. Front Limbs
- g. Hind Limbs
- h. Paws
- i. Belly/Abdomen/Groin
- j. Back
- k. Anus
- l. Tail
- m. The problem has not spread

6. Please rate your pet's current level of itch using the provided scale (Please circle one).

0 1 2 3 4 5 6 7 8 9 10

7. Which food proteins has your pet consumed in the past (Circle all responses that apply)?

- a. Chicken
- b. Duck
- c. Turkey
- d. Beef
- e. Pork
- f. Rabbit
- g. Kangaroo
- h. Lamb
- i. Salmon/Fish
- j. Venison/other game meats

- k. Soy
 - l. Other (specify): _____
 - m. I don't know
8. My pet suffers from regular gastrointestinal upset which may include vomiting, diarrhea and/or soft stool. (Please circle only one)
- a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
9. I suspect my pet's skin disease is aggravated or intensifies depending on which food he/she consumes. (Please circle only one)
- a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
10. My pet has been prescribed any of the following medications to treat their skin disease.
(Circle all responses that apply)
- a. Oral or injectable steroids (dexamethasone, prednisone/prednisolone, Vanectyl P, Medrol)
 - b. Oral Atopica (cyclosporine)
 - c. Oral Apoquel (oclacitinib)
 - d. Cytopoint injections (lokivetmab)
 - e. Oral or injectable antihistamines
 - f. None of these
 - g. I am not sure

Thank you for taking the time to fill out the questionnaire!