

Epilepsy questionnaire for dogs



b
UNIVERSITÄT
BERN

All data will be treated confidentially

1. General questions:

1.1 Owner's name: _____

1.2 Address: _____

1.3 Telephone: _____

1.4 E-mail: _____

1.5 Do you breed dogs yourself? No Yes

1.6 How many dogs do you have? _____

2. Dog's details:

2.1 Calling name: _____

2.2 Does your dog have papers or a pedigree? No Yes

2.3 Name of Kennel Club where your dog is registered _____

2.4 Registered/pedigree Name: _____

2.5.1 Breed: _____

2.5.2 Pedigree number: _____

2.6 Name of Breeder/Kennel (optional): _____

2.7 Date of birth: _____ Birth place: _____ Colour: _____

2.8 Chip No: _____ Gender: _____ Weight: _____

2.9 At what age did the dog come into your household? _____

2.10 Is the dog still alive? No Yes

2.11 If no longer alive, cause of death? (if known) _____

2.12 Age at death: _____

2.13 Is the dog castrated/sterilised? No Yes

For bitches/female dogs:

Before 1st heat After 1st heat After 2nd heat

Later (please specify): _____

2.14 Is it a working dog or active in sports?

- No
- Yes (please specify): _____

2.15 How would you describe your dog's character?

- Lively
- Playful
- Calm
- Depressed
- Nervous
- Shy
- Aggressive
- Other (please specify): _____

2.16 Where does your dog mostly live: Inside Outside

2.17 How many hours per day is your dog with you or with a family member (space of time in which a current seizure could actually be observed)?

- Less than 5 hours/day
- 5-10 hours/day
- 10-15 hours/day
- 15-20 hours/day
- More than 20 hours/day

3. General questions on your dog's Epilepsy

3.1 Age of dog at first seizure (please be very specific): _____

3.2 Date of last seizure: _____

3.3 How many days with epileptic seizure did your dog have in total up to now? _____

3.4 At how many intervals did the seizures occur at first? (first 6 months)

The interval between seizures were:

At least: _____ days; on average: _____ days; at most: _____ days.

3.5 at how many intervals do the seizure occur now? (last 6 months)

The interval between two seizures is:

At least: _____ days; on average: _____ days; at most: _____ days.

3.6 Average length of seizures at the start of the disease? (first 6 months)

- < 1 minute
- 1-2 minutes
- 2-5 minutes
- > 5 minutes (please specify): _____

3.7 what's the severity of the seizures at the start of the disease? (first 6 Months)

- Light
- Medium
- Severe

3.8 Length of seizures at the moment? (last 6 months)

- < 1 minute
- 1-2 minutes
- 2-5 minutes
- > 5 minutes (please specify): _____

3.9 What's the severity of the seizures now? (last 6 months)

- Light
- Medium
- Severe

3.10 Did your dog have multiple seizures in one day (serial seizures)?

- No
- Yes, a total of _____ times up to now

3.11 If yes, how many seizures did the dog have within a 24-hour time period?

- At least: _____ seizures
- On average: _____ seizures
- At most: _____ seizures

3.12 If yes, how many days with multiple (serial) seizures did your dog have per year?

- At least: _____ days/year
- On average: _____ days/year
- At most: _____ days/year

3.13 If yes, did you also notice serial seizures without a complete repetition between the single seizures (= Status epilepticus) ?

- No
- Yes, on _____ days

The time span between the start of the seizure and the time when the dog completely recovered from the seizures was:

- At least: _____
- On average: _____
- At most: _____

3.14 Were there seizures of more than 5 minutes in duration (=Status epilepticus)?

- No
- Yes, on _____ days

Lengths of these seizures:

- At least: _____
- On average: _____
- At most: _____

3.15 Time span between 1st seizure and the 1st Status epilepticus: _____

3.16 Has the dog ever been put under anaesthesia between epileptic seizures?

- No
- Yes, and so far _____ time(s).

3.17 Have you ever noticed triggers which have provoked / accelerated a seizure?

- Stress
- Sexual activity
- Weather conditions
- A certain time of day (please specify): _____
- A certain time of year (please specify): _____
- A certain phase of the moon (please specify): _____
- Other triggering factors (please specify): _____

3.18 If your dog has been castrated, did it reduce the number of seizures?

- Yes, the seizures were clearly less
- Yes, the seizures were somewhat less
- The castration did not have any effect
- No, the seizures became worse after castration

3.19 Is you dogs behaving normally between seizures?

- Yes
- No, what is different than his usual behaviour? _____

3.20 Did the seizures change your dog's normal behaviour?

- No
- Yes, in what way? _____

3.21 Are there family members of your dog who also have Epilepsy?

- Yes
- Unknown
- No

3.22 If yes, do you know their names and family relationship? (optional)

Calling name / dog's official pedigree name / relationship / owner at the time

4. Seizures

a) Period before the seizure (hours to days before the seizure):

4.1 In which situation does the dog usually has seizures?

- When relaxed
- When sleeping
- Awake with normal activity
- With physical effort
- After physical effort
- With psychological effort
- When the dog is missing (you when you're not there)
- After feeding
- When he/she hasn't eaten for a while
- When he/she is sick
- With strong feelings of excitement (aggression, fights, etc.)
- The seizures manifest themselves in random situations and without a clear link to certain moods/feelings

4.2 Can you predict when you dog will have a seizure?

- No (please continue to section b)
- Yes

4.3 Which symptoms / behavioural changes does your dog show before a seizure?

- Dizziness
- Vomiting
- (increased) Salivating
- The dog is restless
- The dog seeks contact with the owner
- The dog becomes aggressive
- Other (please specify): _____

4.4 How long before the seizure can you see these symptoms?

- < 30 minutes
- 30-60 minutes
- 1-2 hours
- 2-6 hours
- 6-12 hours
- 12-24 hours
- 1-2 days
- > 2 days

4.5 How many times can you correctly predict a seizure?

- Never
- 25% of the time
- 50% of the time
- 75% of the time
- Every time

b) Seizure (the seizure phase it the time span during the seizures as well as the period directly before the seizures)

4.6 Have you witnessed a seizure from start to end?

- No
- Yes

4.7 What is your dog doing just before a seizure?

- Sleeping
- Awake
- Walking outside
- Playing
- Exercising with the owner
- Other (please specify): _____

4.8 Can you describe in detail what happens just before a seizure and at the start of the seizure?

4.9 Have you ever tried to call your dog or make contact with your dog just before a seizure?

- No
- Yes

4.10 If yes, please describe the dog's state of consciousness!

- Completely normal (responds normally to speech)
- Abnormal, but not completely absent (responds somewhat to speech or touch)
- Completely absent (do not respond to speech or touch in any way)

4.11 how long does a typical seizure last? (without the period/phase before or after the seizure)

- A typical seizure lasts +/- _____ min
- shortest seizure lasted +/- _____ min
- longest seizures lasted +/- _____ min

4.12 Description of the seizures:

Please estimate the significance of each single symptom during a typical seizure for your dog

(Please complete every field)

In each box you will need to add a number to indicate the correct order in which the individual symptoms occur during a seizure. When one or two symptoms take place at the same time, then use the same number for all of these symptoms.

__ Stiffening of neck & limbs	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Falling down	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Local muscle twitching	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Tremors	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Head twisting	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Cramping of facial muscles	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Urination (peeing)	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Defecation (pooping)	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Temporary respiratory arrest	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Salivating	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Dilation of pupils	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Chewing movements	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Changes in body composure	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Chases its own tail	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Moves around in a circle	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ temporary loss of conscienceless	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Dead eyes	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Seeks closeness to people	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Bumps into surroundings	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ Temporary loss of vision	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ barking	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ fear	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
__ aggressiveness	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never

4.13 Describe the typical course of a seizure for your dog:

4.14 Are all your dog's seizures the same?

- No
- Yes

4.15 Do you have the impression that a part of your dog's body is behaving more different than the rest of the body? (for example: very strong cramps etc.)

- No
- Yes, how? _____

4.16 Have you ever been able to influence the course of a seizure?

- No
- Yes, how? _____

c) Phase/period after the seizure (= minutes to hours after the seizure)

4.17 Do you believe that your dog realizes what has happened after a seizure?

- No
- Yes
- Why? _____

4.18 Are you afraid of your dog's reaction after a seizure?

- No
- Yes, why? _____

4.19 Does your dog respond when you call him after a seizure?

- No
- Yes

4.20 Have you ever given your dog a command after a seizure?

- No
- Yes

4.21 If yes, what happened?

- The dog obeyed in a normal way
- The dog obeyed, but behaved abnormally
- The dog did not obey

4.22 Please describe what happens in the minutes, hours and days just after a seizure and how long after the seizure the individual things happen.

- The dog is tired
- The dog is walking around
- The dog is aggressive
- The dog is drinking
- The dog is eating
- The dog wants to go outside
- The dog doesn't want to get up
- The dog retches or vomits
- Other (please specify):

4.23 How long does it take after a seizure before your dog returns to his normal state?

- < 5 minutes
- 5-15 minutes
- 15-30 minutes
- 30-60 minutes
- 1-2 hours
- 2-6 hours
- > 6 hours
- The dog behaves normally immediately after the seizure

5. Veterinary examinations and your dog's state of health

5.1 Did a veterinarian diagnose your dog with Epilepsy?

- No
 Yes

Name/Address/Telephone no. of the treating veterinarian, if known (optional)

5.2 Which of the following tests have been done on your dog?

- | | | | |
|----------------------------------------------|-----------------------------|------------------------------|----------------------------------|
| Neurologic examination | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Blood work/tests | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Liver function test (bile acid, ammonia) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Electroencephalogram (EEG) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Cerebrospinal fluid test (brain water fluid) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Computed Tomography (CT) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Magnetic Resonance Tomography (MR) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Cardiologic (Heart-) examination | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Other examinations | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |

If yes, which? _____

5.3 Has your dog ever been examined for one of the diseases below?

- | | |
|------------------------------------------------------------|---------------|
| <input type="checkbox"/> Collie Eye Anomaly (CEA) | Result: _____ |
| <input type="checkbox"/> Trapped Neutrophil Syndrome (TNS) | Result: _____ |
| <input type="checkbox"/> Ceroid Lipofuscinosis (CL) | Result: _____ |
| <input type="checkbox"/> MDR-1-Gene defect | Result: _____ |
| <input type="checkbox"/> Hip Dysplasia (HD) | Result: _____ |

5.4 Does your dog have any other health issues next to seizures?

- No
 Yes (please specify): _____

5.5 Has your dogs had any other health disorders next to seizures?

- No
 Yes (please specify): _____

5.6 Does your dog suffer from another disease for which he/she receives medication or therapy?

- No
 Yes, what and when: _____

5.7 Has your dog ever had a serious accident where he lost consciousness or hurt his head?

- No
 Yes, what and when: _____

5.8 Has the dog required any special treatments in his first weeks of life?

- No
 Yes (please specify): _____

5.9 Were there any complication with the birth of your dog?

- No
 Yes (please specify): _____

5.10 Is there any other relevant history?

- No
- Yes (please specify): _____

Questions for females/bitches

5.11 Does your female has any offspring?

- No
- Yes, number of litters: _____

Questions for males/dogs

5.12 Does your male show normal sexual behaviour?

- Yes
- No, in what was is it abnormal? _____

5.13 Does your male have offspring?

- No
- Yes, number of litters: _____

6. Questions on Epilepsy Medication

6.1 Does your dog receive regular medication to counteract the seizures?

- No
- Yes:

6.2 How long between the 1st seizure and the start of the medication?

- _____ days
- _____ weeks
- _____ months
- _____ years
- Therapy started directly after the 1st seizure

6.3 current medication:

- Phenobarbital (Luminal) Dosage: _____ since _____
- Phenobarbital (Luminaletten) Dosage: _____ since _____
- Potassium/Kaliumbromid (Dibro-BE mono) Dosage: _____ since _____
- Other: _____

6.4 Has the medication level even been checked in your dog's blood?

- No
- Yes. Last measurement was: _____
Results:
 - Phenobarbital: _____
 - Potassium bromide _____
 - Other: _____

6.5 Has the medication dosage been changed since the last level check?

- No
- Yes, and as follows: _____

6.6 Did the medication change the frequency of the seizures?

- The seizures have completely stopped
- The seizures have been reduced by half
- The seizures have been reduced, but for a short while
- The seizures have been reduced, but only a little bit
- The frequency of the seizures has not changed at all.

6.7 Has the medication reduce the intensity of the seizures?

- No
- Yes, how? _____

6.8 Did you notice any side effects in your dog after medication?

- No
- the dogs drinks more
- vomiting
- weight increase
- tiredness
- movement disorders
- Other: _____

6.9 Has the medication limited the working capacity / athletic performance of your dog?

- No
- Yes

6.10 Have you given any other medication in the past?

- No
- Yes (please specify): _____

6.11 Over which period of time have you give this medication?

6.12 Have the medication levels been tested in your dog's blood?

Yes No

If so, do you know the values; were they within the effective range?

Yes No

6.13 Did the previous medication change the frequency of the seizures?

- The seizures have completely stopped
- The seizures have been reduced by half
- The seizures have been reduced, but for a short while
- The seizures have been reduced, but only a little bit
- The frequency of the seizures has not changed at all.

6.14 Did the previous medication reduce the intensity of the seizures?

- No
- Yes, in what way? _____

6.15 Did you dog show any side effects when taking the previous medication?

- No
- the dogs drinks more
- vomiting
- weight increase
- tiredness
- movement disorders
- Other, which one? _____

6.16 Do you or did you give your dog any herbal/plant substances, diets or homeopathic or other alternative medication for Epilepsy?

- No
- Yes (please specify): _____

6.17 Have you noticed any results from the alternative medication?

- Yes, for a short while
- Yes, for a long period of time
- No

