



Canine epilepsy questionnaire

Date: _____

1. General Questions:

Owner's name: _____

Address: _____

Phone: _____

e-mail: _____

2. Dog's information

Call name: _____

Register name: _____

Register number and breed: _____

Name of the breeder: _____

Date of birth: _____

Dog's weight: _____

Gender: _____

Is dog alive ?

Yes

No; Reason of death: _____

Age of death: _____

(We hope you would answer in all of the question, even if the dog is dead)

Is the dog neutered?

Yes, date of neutering? _____

No

Is your dog working dog or active in sports?

Yes; Please specify? _____

No

Do you have other animals?

Yes, Which animals? _____

No

How would you describe your dog's character?

- Lively
 Cheerful
 Calm
 In low spirits
 Nervous
 Shy
 Aggressive
 Other, what? _____

Does your dog live indoors or outdoors? _____

How many hours in a calendar day your dog is in your company or in a company of your family member (the time in which you would be able to observe the possible seizures)?

- Less than 5 hours/calendar day
 5-10 hours/calendar day
 10-15 hours/calendar day
 15-20 hours/calendar day
 yli 20 hours/calendar day

3. General Questions about your dog's epilepsy

Age of seizure onset (Please, be as accurate as you can)

Most recent seizure date: _____

How many seizures has your dog had so far? _____

How often did your dog have seizures in the beginning of the disease?

- _____ times a day
 _____ times a week
 _____ times a month
 _____ times a year

Has the duration and intensity of the seizures (after the beginning of the disease)

- remarkably diminished?
 diminished to some extent?
 remained the same?
 increased?
 remarkably increased?

How long was the time period between the first seizure and beginning of the medication?

- _____ days
 _____ weeks
 _____ months
 _____ years
 Medication began immediately after the first seizure
 The dog has no medication

Are there any triggers you can identify that seem to predispose to the seizures?

- Stress
 Sexual activity
 Weather
 Certain time of day, which? _____
 Certain season of year, which? _____
 No predisposing factors
 Other predisposing factors, which? _____
-

If your dog is neutered, did the neutering diminish the seizures?

- Yes, the seizures diminished clearly
 Yes, the seizures diminished some
 Neutering had no effect
 No, the seizures increased after neutering

Does your dog act completely normally between the seizures?

- Yes
 No; what is the difference to the normal behaviour? _____
-

Have the seizures affected dog's normal behaviour?

- Yes; How? _____
 No

Has your dog ever had more than one seizure in 24 hours?

- Yes
 No

If you answered yes, how many seizures has your dog had in 24 hours?

At least _____ seizures

In average _____ seizures

At most _____ seizures

Does your dog have relatives with epilepsy?

- Yes
 I don't know
 No

Please, list here the epileptic relatives of your dog you are aware of (preferably with register names)

4. Seizures

a) Pre-ictal phase / Prodrome

Period of time: hours to days before the seizure.

In what kind of situations does your dog usually have the seizures?

- In rest
- In asleep
- Awake in normal activity
- In physical stress
- After physical stress
- In mental stress
- When your dog misses you
- After a meal
- After having not eaten for a long time
- When he/she is sick
- In an intense state of feeling (in aggression, fight etc.)
- Seizures happen usually in random situations without any connection to certain states of feeling

Can you predict in advance if your dog is going to have a seizure?

- Yes
- No (*Please, skip to part b*)

What symptoms/changes in normal behaviour does your dog show before the seizure?

- Nausea
 - Vomiting
 - Salivation/drooling
 - Dog is restless
 - The dog seeks for contact to the owner
 - The dog becomes aggressive
 - Other; What? _____
-

How long before the seizure you are able to see these symptoms?

- less than 30 min
- 30-60 min
- 1-2 hours
- 2-6 hours
- 6-12 hours
- 12-24 hours
- 1-2 days
- yli 2 days

How often can predict your dog having a seizure?

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

b) Seizure / Ictal phase

Ictal phase is the time during the seizure and immediately before it starts.

Have you ever observed your dog experiencing a seizure?

- Yes
 No

Have you ever observed a seizure in its entirety from beginning to end?

- Yes
 No

What does your dog do immediately before the seizure?

- Sleeps
 Is awake
 Is having a walk outside
 Plays
 Exercises sports with his owner
 Other; what? _____

Could you describe in detail the time immediately before the seizure starts?

Have you ever tried to call your dog by name or to take contact with him right before the seizure starts?

- Yes
 No

If you answered yes to the previous question, please describe the state of the dog's consciousness?

- Fully normal (*reacts normally to speech*)
 Abnormal, but not fully absent (*reacts to speech or touching in some way*)
 Fully absent (*Is not responding in any way to speech or touching*)

Approximately how long does a single seizure last? (ignore the pre- and post ictal phases)

Usually the seizure lasts approx. _____ minutes
 The shortest seizure lasted approx. _____ minutes
 The longest seizure lasted approx. _____ minutes

Description of the seizure:

Estimate how typical the following options are in a case of your dog's seizures. (Please, answer all questions).

In the box preceding the description of symptom, please number the actual order of symptoms appearing. If more than one symptom occurs simultaneously, you may use the same number.

- | | | | | |
|--|---------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Stiffening of neck and limbs | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Falling | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Muscle fasciculation | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Tremor | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Twisting head | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Twisting facial muscles | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Urination | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Defecation | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Temporary ceace in breathing | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Drooling | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Dilation of pupils | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Change posture | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Chasing tail | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Moving in circles | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Temporary unconsciousness | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Staring | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Trying to get near people | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Bumping into furniture's etc. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Temporary loss of vision | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Fear | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| <input type="checkbox"/> Aggressiveness | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |

Are your dog's seizures all alike?

- Yes
 No

Have you ever had the impression that one part or side of his/her body behaves differently from the rest of his/her body during a seizure? For example twisting more strongly etc.

- Yes; How? _____
 No

Have you been able to influence in the way the seizure proceeds?

- Yes; How? _____
 No
-

c) post-ictal phase**period of time: minutes to hours to days after the seizure****Do you think your dog realizes what has happened after a seizure?** Yes No**Why?** _____**Are you afraid of his/her reactions after a seizure?** Yes No**Why?** _____**Can he/she respond when you call his/her name after a seizure?** Yes No**Have you ever asked him/her to do a task after a seizure?** Yes No**If yes, what happened?** The dog obeys normally The dog obeys, but acts abnormally The dog doesn't obey**Please describe anything you notice in the minutes, hours and days after a seizure, and when this occurs relative to the seizure.** Dog is tired Dog wanders around Dog is aggressive Dog drinks Dog eats Dog wants to go out Dog don't want to get up Dog is vomiting or retching Else, what? _____**How long does your dog take to return to normal after a seizure?** Less than 5 minutes 5-15 minutes 15-30 minutes 30-60 minutes 1-2 hours 2-6 hours yli 6 hours The dog behaves normally right after the seizure

5. Veterinarian's clinical tests and dogs health condition

Has a veterinarian diagnosed your dog with epilepsy?

- Yes
 No

Where any additional clinical tests made when the diagnosis was done?

- | | | |
|--|------------------------------|-----------------------------|
| Blood test | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Electro-encephalogram (EEG) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scan with cerebrospinal fluid (CSF) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Computerized tomography(CT) or magnetic resonance imaging (MRI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other clinical investigations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes; what? _____

Does your dog currently have any other serious health problems besides seizures?

- Yes; what? _____
 No

Other relevant medical history:

- Yes; what? _____
 No

Questions for female dogs

What was your dog's age when she was in heat at the first time? _____

Is she in heat regularly (if she is sterilized, was she regular before that)?

- Yes _____
 No

Has your dog been with pups?

- Yes _____
 No

If yes, how many litters has she had? _____

Questions for male dogs

Does your dog show normal sexual behavior?

- Yes
 No; How is it abnormal? _____
-

Does your dog have offspring?

() Yes, How many litters? _____
 () No

Do you have knowledge of your dog's birth?

() Yes
 () No (*Skip to part epilepsy medication*)

What was your dog's birth weight ? _____

Did your dog need special help from human during the first weeks of his life ?

() Yes _____
 () No

Were there any difficulties related to your dog's birth?

() Yes
 () No; What? _____

Epilepsy medication

Is your dog taking any medication, supplements or other treatments to control the seizures?

() Yes
 () No

When did you start giving the medication? _____

Current medication(s):

Medicine 1: _____ **Medicine 2:** _____

Dosage 1: _____ **Dosage 2:** _____

How often does he get medicine 1?

() Once a day
 () Twice a day
 () Three times a day
 () Four times a day

How often does he get medicine 2?

() Once a day
 () Twice a day
 () Three times a day
 () Four times a day

Does your dog receive the medicine(s) routinely?

() Yes
 () No; Why and on what basis is he getting the medicine? _____

Have the blood levels of the medicine(s) been taken?

() Yes; results: _____
 () I don't know
 () No

How effective has the medication been in controlling the seizures?

() The medication has stopped the seizures completely
 () The medication has reduced the number of seizures in half
 () The medication has reduced the number of seizures a little
 () The medication has not reduced the number of seizures at all

Has the medication eased off the seizures?

() Yes; How? _____
 () No

Does the medication affect your dog’s working abilities?

- Yes
- No

Do you medicate your dog during the seizures?

- Yes, What medicine and what dosage? _____
- No

Have you noticed the medicine to have any side effects?

- I haven’t noticed any side effects
- Sleepiness
- Vomiting
- Increased drinking
- Staggering
- Else, What? _____

Have you been giving any herbal treatments, nutritional supplements, or other therapies for the epilepsy, please list them below.

- Yes
- No

If yes; what treatments and for how long? Have you noticed any results? _____

7. Other

If you have any additional information which you think might be useful, include them below

Please return by email or mail to:

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Thank you for helping with this important research. With your help, we hope to better understand epilepsy in dogs and improve our ability to prevent and treat this devastating disease.