

SOFT COATED WHEATEN TERRIER LIFETIME STUDY HEALTH QUESTIONNAIRE

Greetings from the Dog Genome Project. It is that time again, when we ask you to please complete the National Institutes of Health/National Human Genome Research Institute (NIH/NHGRI) Soft Coated Wheaten Terrier Lifetime Study health questionnaire. We are glad that you have continued your participation! Please read each question carefully and answer to the best of your ability. Most of the questions pertain only to the time since the last questionnaire, primarily the year 2014. Try to answer as many questions as you can and skip questions only if instructed to do so within the questionnaire. If you have more than one dog participating in the study, you will receive a separate survey for each one.

If this dog is no longer in your care, please let us know by emailing dog_genome@mail.nih.gov. If possible, include the current owner's contact information and we will ask them if they would like to continue in the study. If your participating dog has passed away since our last questionnaire, the Ostrander Lab would like to offer our condolences and thank you for participating in the SCWT Lifetime Study. Please, continue to complete this questionnaire so that we have as much information about your dog as possible to include in the study. Any information you can provide in this survey would be of utmost benefit to our analysis.

The health questionnaire will take approximately 10-20 minutes to complete depending on the number of health issues you have to report. Please have veterinary records handy to access details. If you do not know the details of a test or diagnosis, you can refer us to the veterinarian listed below by giving us the approximate date of the visit in the information box.

Thank you for participating the Soft Coated Wheaten Terrier Lifetime Study!

Fax: (301) 594-0023

Email: dog_genome@mail.nih.gov

Samples Manger
CGB/NHGRI/NIH
50 South Drive, Room 5347
Bethesda, MD 20892

If you have any questions please contact us by email or by phone at 301-451-9390.

Veterinary Information Release:

a) Veterinarian's name: _____

b) Name of Vet clinic/hospital: _____

c) Veterinarian's phone number: (____) _____ - _____

d) Veterinarian's Address: _____

City: _____ State: _____ Zip Code: _____

I give my consent for members of the Ostrander lab to contact the veterinarian listed above in order to obtain health records for the dog named above. These records are to remain in the Ostrander lab and will not be distributed or otherwise revealed outside of the laboratory and will be used only for canine health research purposes. Any results published will be anonymized and will not contain identifying information of dog participant or dog owner.

Signature: _____ Date: _____

Dog Information:

1. What is your dog's registered name (use call name and last name if not registered):

2. What is your dog's date of birth (mm/dd/yy): _____/_____/_____

Owner Information:

1. First: _____ Last: _____

2. Street Address: _____

City: _____ State: _____ Zip Code: _____

3. Email Address: _____

PLEASE NOTE: If question is asterisk (*), it is required that you answer that question.

SECTION 1 - LIFE SPAN

1. *Has your dog passed away?

Yes No (Skip to question number 4)

2. If your dog has passed away, what was the cause of death?

Accident Disease Euthanasia Unknown cause

Please provide a very brief description of the cause of death?

3. If your dog has passed away, what was your dog's date of death? $\frac{_ _}{m m} / \frac{_ _}{d d} / \frac{_ _ _ _}{y y y y}$

SECTION 2 - STANDARD CARE

15. * Did your dog visit a veterinarian for a regular wellness check in the past year?
(Check one option only)

Yes No Not Sure

If not sure please explain: _____

16. Did your dog receive any of the following vaccinations/innoculations in the past year?
(check all that apply)

Rabies (1yr) Lyme Distemper
 Rabies (3yr) Parvo virus Corona

- Bordatella Leptospirosis Giardia
 Canine Influenza
 Other – please list _____

6. Did your dog ever receive any of the following treatments for parasites in the past year? (check all that apply and circle type if applicable)

Parasite Type	Preventative or Curative (circle)	Treatment (circle)
<input type="checkbox"/> Intestinal Worms	Preventative / Curative	Drops / Bath / Collar
<input type="checkbox"/> Fleas	Preventative / Curative	Drops / Bath / Collar
<input type="checkbox"/> Ticks	Preventative / Curative	Drops / Bath / Collar
<input type="checkbox"/> Heartworm	Preventative / Curative	Drops / Bath / Collar

7. * How often does your dog show any of the following symptoms or conditions? Please note if this a new development and if it required veterinarian attention.

	Check only one option				Was this a new development in 2014?	Was a veterinarian consulted?
	Never	Rarely	Occasionally	Often		
Accidents in the house					Yes/No	Yes/No
Blood in feces					Yes/No	Yes/No
Blood in urine					Yes/No	Yes/No
Coughing					Yes/No	Yes/No
Diarrhea					Yes/No	Yes/No
Difficulty urinating					Yes/No	Yes/No
Ear infection					Yes/No	Yes/No
Fear or anxiety					Yes/No	Yes/No
Fever					Yes/No	Yes/No
Fly snapping					Yes/No	Yes/No
Fur chewing					Yes/No	Yes/No
Hair loss					Yes/No	Yes/No
Lack of energy					Yes/No	Yes/No
Lameness					Yes/No	Yes/No

Loss of appetite					Yes/No	Yes/No
Loss of balance					Yes/No	Yes/No
Rash or bumps on skin					Yes/No	Yes/No
Scratching or itching					Yes/No	Yes/No
Seizure					Yes/No	Yes/No
Tail chasing					Yes/No	Yes/No
Vomiting					Yes/No	Yes/No
Other					Yes/No	Yes/No

SECTION 3 - PREVENTATIVE CARE AND TESTS

8. * Did your dog ever have a blood test in the past year? (If no, skip to question number 10)

Yes No Not Sure

9. If yes, was the blood test for one of the following reasons? (check all that apply)

Blood Test Performed	Results				
	Positive or Abnormal	Negative or Normal	Other	Not Sure	Ask My Veterinarian
Heartworm test					
Pregnancy test					
Lyme Test					
Pre-anesthetic panel					
Routine health check					
Senior Panel					
Identify Infection					
Cell counts					
Test liver function					
Test kidney function					

Test pancreas function					
Test thyroid function					
Test adrenal function					
Test for Addison's disease					
Test for Cushing's disease					
Test for cancer					
Test for diabetes					

If none of these blood tests apply, please describe blood test performed:

Please describe any abnormal or positive findings listed above:

If you do not know the details and you provided veterinary contact information, enter "Vet" along with the month and year of test.

10. * Did your dog ever have a urine test in the past year?

Yes No **(If no, skip to question 12)** Not Sure

11. If yes, was the urine test for one of the following reasons? (check all that apply)

Urine Test Performed	Test Results				
	Positive or Abnormal	Negative or Normal	Other	Not Sure	Ask My Veterinarian
Preventative care					
Check for cancer cells					
Check protein levels					
Check protein/creatinine ratio					
Check uric acid levels					
Check for crystals/sediment					
Check hormone levels					

Check glucose levels					
Check kidney function					
Check for infection					

If none of these urine tests apply, please describe urine test performed:

Please describe any abnormal or positive findings listed above:

If you do not know the details and you provided veterinary contact information, enter "Vet" along with the month and year of test.

12. * Did your dog ever have any of the following imaging tests in the past year? (check all the apply)

- | | |
|--|--|
| <input type="checkbox"/> Radiograph (x-ray) | <input type="checkbox"/> Sonogram (ultra-sound) |
| <input type="checkbox"/> MRI | <input type="checkbox"/> CT scan |
| <input type="checkbox"/> None (skip to question 14) | <input type="checkbox"/> Not sure (skip to question 14) |

13. What was the reason for imaging? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Ate something other than food | <input type="checkbox"/> Had an injury |
| <input type="checkbox"/> Had stomach or intestinal disorder | <input type="checkbox"/> Had an unexplained lump |
| <input type="checkbox"/> Identify joint laxity / OFA certification | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Preventative care | |
| <input type="checkbox"/> Other | |

If you chose "Preventative Care" or "Other," please give a brief description:

What part of the body was imaged? _____

What was found? *If you do not know the details and you provided veterinary contact information, enter "Vet" along with the month and year of test.*

14. * Has your dog ever had an EKG (electrocardiogram) or echocardiogram?

- Yes No

15. If yes, what were the findings?

- Normal Abnormal

Please describe any abnormal results? _____

15. *Has your dog ever had an eye exam in the past year?

Yes No (**skip to question number 16**)

If yes, was the exam performed for CERF registry?

Yes No

What were the results? _____

16. * Did your dog have any professional dental done in the past year? (check all that apply)

Cleaning Tooth extraction None

Other-explain _____

Please describe any non-standard findings or treatments from dental evaluations:

SECTION 4 - CHRONIC DISEASES OR CONDITIONS:

21. * Has your dog been diagnosed with any of the following conditions (check all that apply):

Addison's disease (hypoadrenocorticism or adrenal insufficiency)

Arthritis (Osteo)

Arthritis (non specific)

Arthritis (Rheumatoid)

Loss of vision Please describe _____

Cataract

Cushing's disease

Diabetes

Epilepsy

Hearing loss Please describe _____

Hypothyroid

Lameness Please describe _____

Protein Losing Enteropathy

Protein Losing Nephropathy

Renal dysplasia

Other Please describe _____

None (**skip to question 25**)

18. How was the diagnosis made? (check all that apply)

Blood test – as described in section 3.1.

Urinalysis – as described in section 3.2.

BAER test

Endoscopy

Eye exam

MRI / CT scan

Physical exam

Radiograph (x-ray)

Ultrasound (sonogram)

Other: _____

If you do not know the details and you provided veterinary contact information, enter "Vet" along with the month and year of diagnosis.

19. Is your dog receiving veterinary treatment for any of these conditions?

Yes No

If yes, please describe:

20. Is your dog receiving any holistic or naturopathic therapies for any of these conditions?

Yes No

If yes, please describe:

21. * Does your dog have any allergies?

Yes No – skip to question number 24

If your dog has allergies, list the specific allergens.

22. How were the allergies diagnosed?

23. What treatment, if any, is your dog receiving for his/her allergies? How often is it given? Is it effective at controlling the allergies?

SECTION 5 - TUMORS AND CANCER

24. * Has your dog been diagnosed with any form of cancer? (please check all that apply)

- Hemangiosarcoma
- Gastic Cancer
- Fibrosarcoma
- Kidney cancer (renal carcinoma)
- Leukemia
- Lymphoma / Lymphosarcoma
- Lung cancer
- Malignant histiocytosis or histiocytic sarcoma
- Mammary cancer
- Melanoma

- Transitional Cell Carcinoma
- Osteosarcoma
- Prostate cancer
- Squamous Cell Carcinoma
- Adenoma
- Unidentified tumor
- Soft tissue sarcoma
- Other: _____
- None (**skip to question number 28**)

25. In what part of the body was the tumor found? _____

26. How was the cancer diagnosis made? (check all that apply)

- Blood test
- Cystoscopy
- Cytology
- Histopathology
- Needle biopsy
- Physical exam
- Radiograph
- Surgical biopsy
- Ultrasound
- Urinalysis
- Other: _____

If you do not know the details and you provided veterinary contact information, enter "Vet" along with the month and year of diagnosis.

27. What treatment was given to your dog after diagnosis? (check all that apply)

- Surgical removal of tumor
- Chemotherapy
- Radiation therapy
- Naturopathic or holistic therapy
- Entered into clinical trial for novel treatment
- No treatment
- Other: _____

Please describe specific treatments such as prescriptions, diets, clinical trial names, etc:

28. * Has your dog developed any lumps or benign (non-cancerous) tumors? (Check all that apply)

- Basal cell tumor
- Hemangioma
- Histiocytoma
- Lipoma

- Trichoblastoma (tumor of the hair follicle or bulb)
- Sebaceous cyst
- Unidentified growth/lump
- Other: _____
- None (**skip to question number 31**)

29. Where was the lump found? How many were there?

30. How was the diagnosis made?

- Physical exam
- Surgical biopsy and histopathology
- Needle biopsy and cytology

If you do not know the details and you provided veterinary contact information, enter "Vet" along with the month and year of diagnosis.

31. What treatment, if any, did your dog receive for his/her benign tumor or lump?

SECTION 6 - INFECTIOUS DISEASES

32. * Has your dog been diagnosed with any of the following infections or infectious diseases?
(check all that apply)

- Anaplasma
- Canine influenza
- Ehrlichia
- Giardia
- Kennel cough
- Leptospirosis
- Lyme disease
- Meningitis
- Parvo
- Rabies
- Skin infection / Dermatitis (i.e. hot spots)
- Other: _____
- Unidentified infection
- None (**skip to question number 35**)

Additional comments:

33. How was the disease diagnosed?

If you do not know the details and you provided veterinary contact information, enter "Vet" along with the month and year of diagnosis.

34. What symptoms did your dog display before diagnosis?

35. What treatment was given to your dog after diagnosis? Was the treatment effective?

SECTION 7 – ACCIDENTS

36. * Has your dog been in an accident that required veterinary care?

Yes No (**skip to question number 41**)

37. If yes, please describe the accident

38. What injuries did your dog receive if any?

39. How were the injuries treated?

40. Has the accident changed your dog's usual daily activity? Please explain:

SECTION 8 – REPRODUCTION

41. * Is your dog altered (spayed/neutered)?

Yes No (**skip to question number 43**)

42. * Did you attempt to breed your dog prior to spaying/neutering?

Yes No

43. * What is the sex of your dog?

Male (**proceed to section a.**) Female (**proceed to section b.**)

a. Male

Is your dog altered? Yes No

Has your dog donated sperm for cryopreservation? Yes No

Has your dog been bred? Yes No

Have you attempted a breeding that failed? Yes No

If yes, give year and suspected reason:

b. Female

Have you attempted a breeding that failed? Yes No

If yes, give year and suspected reason:

Has your dog been bred? Yes No

Did you use: Artificial insemination In vitro fertilization Neither

Was a litter produced? Yes No

Was the birth method? Natural Cesarean

Did your dog experience any difficulties with the birth or pregnancy?
 Yes No

If yes, please describe:

Did your dog experience problems with lactation? Yes No

If yes, give year and suspected reason:

Did your dog experience problems raising/tending her pups? Yes No

If yes, give year and suspected reason:

How many live births? (numerical value) _____

How many lived past 6 weeks? (numerical value) _____

SECTION 9 - ACTIVITES

44. * Has your dog participated in any of the following activities? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Conformation dog shows | <input type="checkbox"/> Obedience trials |
| <input type="checkbox"/> Agility | <input type="checkbox"/> Service dog activities |
| <input type="checkbox"/> Therapy dog activities | <input type="checkbox"/> Hunting/field trials |
| <input type="checkbox"/> Herding trials | <input type="checkbox"/> Weight pulling/drafting |
| <input type="checkbox"/> Protection dog training | <input type="checkbox"/> Fly ball/disc dog |
| <input type="checkbox"/> Search and rescue | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | |

45. Has your dog won any titles or honors? Please list, including the year of the award

Thank you so much for your participation!

-The End-