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? ______ / __ / ____

**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/inoculations in the past year? (check all that apply)

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

<table>
<thead>
<tr>
<th>Parasite Type</th>
<th>Preventative or Curative</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Intestinal Worms</td>
<td>Preventative / Curative</td>
<td>Drops / Bath / Collar</td>
</tr>
<tr>
<td>[ ] Fleas</td>
<td>Preventative / Curative</td>
<td>Drops / Bath / Collar</td>
</tr>
<tr>
<td>[ ] Ticks</td>
<td>Preventative / Curative</td>
<td>Drops / Bath / Collar</td>
</tr>
<tr>
<td>[ ] Heartworm</td>
<td>Preventative / Curative</td>
<td>Drops / Bath / Collar</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>symptom</th>
<th>Check only one option</th>
<th>Was this a new development in 2014?</th>
<th>Was a veterinarian consulted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents in the house</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Blood in feces</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Blood in urine</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Coughing</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Difficulty urinating</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Ear infection</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Fear or anxiety</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Fly snapping</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Fur chewing</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Hair loss</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Lack of energy</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Lameness</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Symptom</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Loss of appetite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash or bumps on skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scratching or itching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tail chasing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Blood Test Performed</th>
<th>Positive or Abnormal</th>
<th>Negative or Normal</th>
<th>Other</th>
<th>Not Sure</th>
<th>Ask My Veterinarian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heartworm test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lyme Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-anesthetic panel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine health check</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Panel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Infection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell counts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test liver function</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test kidney function</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test performed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test pancreas function</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test thyroid function</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test adrenal function</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for Addison's disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for Cushing's disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine Test Performed</td>
</tr>
<tr>
<td>Preventative care</td>
</tr>
<tr>
<td>Check for cancer cells</td>
</tr>
<tr>
<td>Check protein levels</td>
</tr>
<tr>
<td>Check protein/creatinine ratio</td>
</tr>
<tr>
<td>Check uric acid levels</td>
</tr>
<tr>
<td>Check for crystals/sediment</td>
</tr>
<tr>
<td>Check hormone levels</td>
</tr>
</tbody>
</table>

6
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 that apply)

[ ] Radiograph (x-ray) [ ] Sonogram (ultra-sound)
[ ] MRI [ ] CT scan
[ ] None (skip to question 14) [ ] Not sure (skip to question 14)

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

[ ] Ate something other than food [ ] Had an injury
[ ] Had stomach or intestinal disorder [ ] Had an unexplained lump
[ ] Identify joint laxity / OFA certification [ ] Pregnancy
[ ] Preventative care [ ] 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: ________________________________________________________________

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
[ ] Cushion’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
[ ] Eye exam
[ ] Physical exam
[ ] Ultrasound (sonogram)
[ ] Other: ________________________________________________________________

[ ] Endoscopy
[ ] MRI / CT scan
[ ] Radiograph (x-ray)
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 - ACTIVITIES

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

[ ] Conformation dog shows  [ ] Obedience trials
[ ] Agility  [ ] Service dog activities
[ ] Therapy dog activities  [ ] Hunting/field trials
[ ] Herding trials  [ ] Weight pulling/drafting
[ ] Protection dog training  [ ] Fly ball/disc dog
[ ] Search and rescue  [ ] None
[ ] 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 -