

Idiopathic Epilepsy Questionnaire

Any information provided below will ONLY be used for research that benefits dogs, and relevant (non-personal) information may be shared with collaborators (including veterinary neurologists) as required to progress the research.

Please email completed questionnaires to kcgc-epilepsy@vet.cam.ac.uk

Pet name: Date of birth (dd/mm/yy):

KC Name:

Dog's Breed:

Sex: ☐ Male ☐ Female Neutered: ☐ Yes ☐ No

If you have not yet sent a cheek swab DNA sample from your dog for our research, and would like to receive a cheek swab collection kit, please tick this box: ☐

Owner's Name:

Address:

Postcode:

Telephone:

E-mail:

Do you consent to us contacting the veterinary surgeon who diagnosed your dog's idiopathic epilepsy if we need clarifications or additional information?

☐ Yes ☐ No

Name of veterinary surgeon:

Name of veterinary practice:

Address:

Telephone:

Email:

Personal information WILL NOT be shared with external collaborators and WILL NOT be used for marketing or fundraising purposes. Do you consent to us contacting you should we require additional information or clarification on information provided here?

☐ Yes, contact me by email ☐ Yes, contact me by telephone ☐ No, do not contact me at all

Owner's Signature Date

If possible, could you please provide:

- 1. Video footage of one or more of the seizures (email kcgc-epilepsy@vet.cam.ac.uk)**
- 2. Copy of the neurologist's report supporting the diagnosis of idiopathic epilepsy**

Is your dog still alive? ☐ Yes ☐ No If no, please state the cause of death:

How old was your dog when he/she had the first seizure?

Specify the date of the first seizure if known:

If you cannot remember the precise age or date when your dog had the first seizure, would you be able to tell us whether your dog was:

- ☐ Less than 6 months old
- ☐ Between 6 months and 6 years old
- ☐ More than 6 years old

Has your dog had 2 or more seizures in his/her entire life?

- ☐ Yes ☐ No ☐ Not sure

Please describe in your own words what your dog does just before, during and soon after a seizure:

Are all seizures similar/identical?

- ☐ Yes ☐ No ☐ Not sure If no, please specify what differs:

Does your dog do any of the following during a seizure (please select all that apply)?

- ☐ Become recumbent (lie down)
- ☐ Rhythmic body/leg shaking/running movements
- ☐ Twitches of his/her head muscles
- ☐ Makes chewing movements
- ☐ Becomes unconscious/unaware of where he/she is and who you are
- ☐ Salivates (drools) more than usual
- ☐ Urinates (pee) with no awareness of doing it
- ☐ Defecates (poo) with no awareness of doing it

In the minutes/hours following a seizure does your dog show any of the following (please select all that apply):

- ☐ Disorientation
- ☐ Aggressive behaviour
- ☐ Acting fearful
- ☐ Restlessness
- ☐ Pacing
- ☐ Lethargy
- ☐ Deep sleep
- ☐ Hunger
- ☐ Thirst
- ☐ Wobbly when walking
- ☐ Blindness (bumping into things)
- ☐ Other (please specify):

Is your dog completely normal during the days between seizures?

- ☐ Yes
 ☐ No
 ☐ Not sure
 If no, please specify what is abnormal:

Does a seizure ever occur while your dog is sleeping?

- ☐ Yes
 ☐ No
 ☐ Not sure

Does a seizure ever occur while your dog is exercising?

- ☐ Yes
 ☐ No
 ☐ Not sure

How long do the seizures generally last?

Do you time the seizures with a watch?

- ☐ Yes
 ☐ No

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

- ☐ Yes
 ☐ No
 ☐ Not sure

Which tests have been performed by your vet to identify the cause of the seizures (please tick all appropriate boxes)?

- ☐ No test has ever been performed
- ☐ I am not sure if and which tests have been performed
- ☐ Physical examination
- ☐ Neurologic examination
- ☐ Blood tests
- ☐ Urine test
- ☐ Computed tomography (CT) of the brain
- ☐ Magnetic resonance imaging (MRI) of the brain
- ☐ Cerebrospinal fluid analysis
- ☐ Other (please specify):

Were any of these test results NOT normal?

- ☐ Yes ☐ No ☐ Not sure If yes, please specify which tests were NOT normal:

Can you please provide the dates on which seizures have occurred since the first seizure or at least the past 12 months (feel free to attach a copy of your dog's seizure diary to this questionnaire):

Is your dog being administered any of the following medications? (Please provide a copy of your dog's medication diary if available)

- ☐ Phenobarbitone (Epiphen or Phenoleptil)
- ☐ Potassium bromide (Libromide or Epilease)
- ☐ Imepitoin (Pexion)
- ☐ Levetiracetam (Keppra)
- ☐ Gabapentin (Neurontin)
- ☐ Zonisamide (Zonegran)
- ☐ Pregabalin (Lyrica)
- ☐ Other (please specify):

Do you think the medication(s) has/have helped to decrease seizure number, frequency and severity?

- ☐ Yes ☐ No ☐ Not sure

Please use this section to tell us anything else about your dog's seizures that you think we should know (continued on the next page):

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