

# 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 1<sup>st</sup> 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? \_\_\_\_\_

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**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

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**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?**

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**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:**

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**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)

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### 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

