

Questionnaire for the activity study

Owner _____

Email address _____

Phone _____

Address _____

Dog's name _____

Sex _____

Birth date _____

Weight _____

The collar was worn for the seven-day period starting from

Time ____ day ____ / ____ /20__

The collar was removed

Time ____ day ____ / ____ /20__

Activity collar

Was the seven-day period a typical week for your dog? NO/YES

If not, what was atypical comparing to your normal routines?

Was the collar disturbing your dog? NO/YES

If yes in which situations did your dog react to the collar and how?

Did you remove the collar during the seven-day measurement days? NO/YES

If yes in which situations and why

The study week

Overall health status during the seven-day period:

Appetite: Normal Decreased Increased

Drinking: Normal Decreased Increased

Urinating: Normal Abnormal

Defecating: Normal Abnormal

Did your dog vomit/regurgitate during the seven-day measurement period? NO/YES

If yes, describe and in what kind of situations?

Did your dog have any pruritus or skin/ear disease during the seven-day measurement period? NO/YES

If yes, describe and in what kind of situations?

Was there coughing during the seven-day measurement period? NO/YES

If Yes, describe

Basic information on your dog's health

Has your dog had any surgical operations? NO/YES

If Yes, what and when?

Does your dog have any restrictions or medical conditions affecting its overall condition or daily living? NO/YES

If yes, describe _____

If yes, are the signs present all the time? NO/YES

If no, when? _____

Is your dog on any medical treatment currently? NO/YES

If Yes, why/what? _____

Does your dog have exercise intolerance in general? NO/YES

If Yes, describe

If Yes, is it worse with warm temperatures: NO/YES

Does your dog have loud breathing sounds/snoring (circle one or multiple)?

In rest, in exercise, in warm/very cold weather, when sleeping, never

Has your dog ever shown cyanosis (= blue discoloration of mucous membranes)? YES/NO

If Yes, when and how often? _____

Does your dog have choking fits? YES/NO

If Yes Daily, Weekly, Occasionally

If Yes describe in what situations? _____

Has your dog ever fainted? YES/NO

If Yes, when and how often? _____

In what position does your dog usually sleep (circle one)?

Head at the level of body, Head elevated, Sitting position, Toy in mouth

Are there other animals in the household? YES/NO

If yes, what? _____

Outdoor habits in everyday life

My dog takes walks with me on a leash

Never Sometimes Often Always

My dog takes walks with me unleashed

Never Sometimes Often Always

My dog has a free access to go outside on its own

Never Sometimes Often Always

Please describe in more detail your dog's outdoor habits in everyday life if previously mentioned options do not give a correct/accurate description of your dog's daily exercise:
