This survey collects information about the circumstances surrounding *[baseline_arm_1][st_dog_name]*'s death. We understand that you may find this to be a sensitive subject, and we appreciate your willingness to share your experiences with us.

In addition to the information we collected about your dog's health and life experiences through our other surveys, the details surrounding your dog's death can help inform our understanding of the aging process and identify key targets to improve the quality and length of life for future generations of dogs.

As you complete this survey, you might find that the specific questions don't fully capture your experience. Many of the questions give you the option of responding "I'm not sure" or "unknown." In addition, there will be an opportunity at the end of the survey for you to tell us more in your own words.

Are you willing to complete this survey about the circumstances surrounding *[baseline_arm_1][st_dog_name]*'s death?

[eol_willing_to_complete]

1 ○ Yes, I am willing to complete this survey. **0** ○ No, I do not wish to complete this survey.

We are so grateful to you and your dog for being part of this important work. Thank you for sharing your dog's story with us.

It's never easy to lose a beloved companion. Our team sends our deepest condolences. We hope that you find some comfort in knowing that your participation in the Dog Aging Project has helped us learn how to enhance and extend the quality of life for future generations of dogs.

End of survey

Dog Aging Project | **End of Life**

The last time we collected health history information from your dog was on *[baseline_arm_1][st_hles_hs_date]*. Thinking back, between that date and when your dog died, was your dog diagnosed with health conditions in any of the following categories? <u>Please select all that apply.</u>

If you would like to see a glossary that explains the categories listed below in more detail, please refer to our <u>Participant FAQs</u> at dogagingproject.zendesk.com and search on "health status."

☐ Infectious or parasitic disease **[eol_new_condition_infectious_disease]**

☐ Ingestion of toxic or controlled substance **[eol_new_condition_toxin_consumption]**

☐ Trauma **[eol_new_condition_trauma]**

☐ Cancer or tumors **[eol_new_condition_cancer]**

☐ Eye disorders **[eol_new_condition_eye]**

☐ Ear, nose, and throat disorders **[eol_new_condition_ear]**

☐ Dental or oral disease **[eol_new_condition_oral]**

☐ Skin disorders **[eol_new_condition_skin]**

☐ Cardiac disorders **[eol_new_condition_cardiac]**

☐ Respiratory disorders **[eol_new_condition_respiratory]**

☐ Gastrointestinal disorders **[eol_new_condition_gastrointestinal]**

☐ Liver or pancreas disorders **[eol_new_condition_liver]**

☐ Kidney or urinary disorders **[eol_new_condition_kidney]**

☐ Reproductive system disorders **[eol_new_condition_reproductive]**

☐ Orthopedic disorders **[eol_new_condition_orthopedic]**

☐ Neurologic disorders **[eol_new_condition_neurological]**

☐ Endocrine disorders **[eol_new_condition_endocrine]**

☐ Hematopoietic (blood or lymphatic) disease **[eol_new_condition_hematologic]**

☐ Immune-mediated disease **[eol_new_condition_immune]**

☐ Other disease or disorder **[eol_new_condition_other]**

☐ No new diagnoses **[eol_new_condition_none]**

Infectious or parasitic disease *[complete if eol_new_condition_infectious_disease was selected]*

If known, please indicate the month and year the infectious or parasitic disease diagnosis was made:

Month: _____ **[eol_new_condition_infectious_disease_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_infectious_disease_year], 1990-2021, 9999=unknown**

If known, please describe the specific infectious or parasitic disease diagnosis:
[eol_new_condition_infectious_disease_specify]
_____

Ingestion of toxic or controlled substances *[complete if eol_new_condition_toxin_consumption was selected]*

If known, please indicate the month and year the toxic or controlled substance was ingested:

Month: _____ **[eol_new_condition_toxin_consumption_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_toxin_consumption_year], 1990-2021, 9999=unknown**

If known, please describe the specific toxic or controlled substance ingested:

[eol_new_condition_toxin_consumption_specify]
_____

Trauma *[complete if eol_new_condition_trauma was selected]*

If known, please indicate the month and year the trauma diagnosis was made:

Month: _____ **[eol_new_condition_trauma_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_trauma_year], 1990-2021, 9999=unknown**

If known, please describe the specific trauma diagnosis:

[eol_new_condition_trauma_specify]
_____

Cancer or tumors *[complete if eol_new_condition_cancer was selected]*

If known, please indicate the month and year the cancer or tumor diagnosis was made:

Month: _____ **[eol_new_condition_cancer_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_cancer_year], 1990-2021, 9999=unknown**

If known, please describe the specific cancer or tumor diagnosis:

[eol_new_condition_cancer_specify]
_____

Eye disorders *[complete if eol_new_condition_eye was selected]*

If known, please indicate the month and year the eye disorder diagnosis was made:

Month: _____ **[eol_new_condition_eye_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_eye_year], 1990-2021, 9999=unknown**

If known, please describe the specific eye disorder diagnosis:

[eol_new_condition_eye_specify]
_____

Ear, nose, and throat disorders *[complete if eol_new_condition_ear was selected]*

If known, please indicate the month and year the ear, nose, and/or throat disorder diagnosis was made:

Month: _____ **[eol_new_condition_ear_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_ear_year], 1990-2021, 9999=unknown**

If known, please describe the specific ear, nose, and/or throat disorder diagnosis:

[eol_new_condition_ear_specify]
_____

Dental or oral disease *[complete if eol_new_condition_oral was selected]*

If known, please indicate the month and year the dental or oral disease diagnosis was made:

Month: _____ **[eol_new_condition_oral_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_oral_year], 1990-2021, 9999=unknown**

If known, please describe the specific dental or oral disease diagnosis:

[eol_new_condition_oral_specify]
_____

Skin disorders *[complete if eol_new_condition_skin was selected]*

If known, please indicate the month and year the skin disorder diagnosis was made:

Month: _____ **[eol_new_condition_skin_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_skin_year], 1990-2021, 9999=unknown**

If known, please describe the specific skin disorder diagnosis:

[eol_new_condition_skin_specify]
_____

Cardiac disorders *[complete if eol_new_condition_cardiac was selected]*

If known, please indicate the month and year the cardiac disorder diagnosis was made:

Month: _____ **[eol_new_condition_cardiac_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_cardiac_year], 1990-2021, 9999=unknown**

If known, please describe the specific cardiac disorder diagnosis:

[eol_new_condition_cardiac_specify]
_____

Respiratory disorders *[complete if eol_new_condition_respiratory was selected]*

If known, please indicate the month and year the respiratory disorder diagnosis was made:

Month: _____ **[eol_new_condition_respiratory_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_respiratory_year], 1990-2021, 9999=unknown**

If known, please describe the specific respiratory disorder diagnosis:

[eol_new_condition_respiratory_specify]
_____

Gastrointestinal disorders *[complete if eol_new_condition_gastrointestinal was selected]*

If known, please indicate the month and year the gastrointestinal disorder diagnosis was made:

Month: _____ **[eol_new_condition_gastrointestinal_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_gastrointestinal_year], 1990-2021, 9999=unknown**

If known, please describe the specific gastrointestinal disorder diagnosis:

[eol_new_condition_gastrointestinal_specify]
_____

Liver or pancreas disorders *[complete if eol_new_condition_liver was selected]*

If known, please indicate the month and year the liver or pancreas disorder diagnosis was made:

Month: _____ **[eol_new_condition_liver_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_liver_year], 1990-2021, 9999=unknown**

If known, please describe the specific liver or pancreas disorder diagnosis:

[eol_new_condition_liver_specify]
_____

Kidney or urinary disorders *[complete if eol_new_condition_kidney was selected]*

If known, please indicate the month and year the kidney or urinary disorder diagnosis was made:

Month: _____ **[eol_new_condition_kidney_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_kidney_year], 1990-2021, 9999=unknown**

If known, please describe the specific kidney or urinary disorder diagnosis:

[eol_new_condition_kidney_specify]
_____

Reproductive system disorders *[complete if eol_new_condition_reproductive was selected]*

If known, please indicate the month and year the reproductive disorder diagnosis was made:

Month: _____ **[eol_new_condition_reproductive_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_reproductive_year], 1990-2021, 9999=unknown**

If known, please describe the specific reproductive disorder diagnosis:

[eol_new_condition_reproductive_specify]
_____

Orthopedic disorders *[complete if eol_new_condition_orthopedic was selected]*

If known, please indicate the month and year the orthopedic disorder diagnosis was made:

Month: _____ **[eol_new_condition_orthopedic_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_orthopedic_year], 1990-2021, 9999=unknown**

If known, please describe the specific orthopedic disorder diagnosis:

[eol_new_condition_orthopedic_specify]
_____

Neurologic disorders *[complete if eol_new_condition_neurological was selected]*

If known, please indicate the month and year the neurologic disorder diagnosis was made:

Month: _____ **[eol_new_condition_neurological_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_neurological_year], 1990-2021, 9999=unknown**

If known, please describe the specific neurologic disorder diagnosis:

[eol_new_condition_neurological_specify]
_____

Endocrine disorders *[complete if eol_new_condition_endocrine was selected]*

If known, please indicate the month and year the endocrine disorder diagnosis was made:

Month: _____ **[eol_new_condition_endocrine_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_endocrine_year], 1990-2021, 9999=unknown**

If known, please describe the specific endocrine disorder diagnosis:

[eol_new_condition_endocrine_specify]
_____

Hematopoietic (blood or lymphatic) disease *[complete if eol_new_condition_hematologic was selected]*

If known, please indicate the month and year the hematopoietic (blood or lymphatic) disease diagnosis was made:

Month: _____ **[eol_new_condition_hematologic_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_hematologic_year], 1990-2021, 9999=unknown**

If known, please describe the specific hematopoietic (blood or lymphatic) disease diagnosis:

[eol_new_condition_hematologic_specify]
_____

Immune-mediated diseases *[complete if eol_new_condition_immune was selected]*

If known, please indicate the month and year the immune-mediated disease diagnosis was made:

Month: _____ **[eol_new_condition_immune_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_immune_year], 1990-2021, 9999=unknown**

If known, please describe the specific immune-mediated disease diagnosis:

[eol_new_condition_immune_specify]
_____

Other diseases or disorders *[complete if eol_new_condition_other was selected]*

If known, please indicate the month and year the other disease or disorder diagnosis was made:

Month: _____ **[eol_new_condition_other_month], 1-12, 99=unknown**

Year: _____ **[eol_new_condition_other_year], 1990-2021, 9999=unknown**

If known, please describe the specific other disease or disorder diagnosis:

[eol_new_condition_other_specify]
_____

Do you know the exact date of your dog's death?? **[eol_exact_death_date_known]**

1 ○ Yes, I know the exact date.

0 ○ No, I would need to estimate the date.

Please indicate the date of your dog's death. If you know the month but not the exact day, do your best to estimate or simply select the 15th of the month.

_____ **[eol_death_date, calendar select tool, MM-DD-YYYY]**

Thinking back on the last two weeks of your dog's life, did they exhibit any of the following characteristics related to the aging process, or general old age? Please select all that apply. **Variable format: eol_recent_aging_char_...**

☐ Blindness or poor vision **[...blind]**

☐ Deafness or poor hearing **[...deaf]**

☐ Weight loss **[...weightloss]**

☐ Poor mobility due to weakness or collapse in legs and/or joints **[...mobility_weak]**

☐ Poor mobility due to pain or stiffness in legs and/or joints **[...mobility_pain]**

☐ Pain in other parts of the body **[...other_pain]**

☐ Decreased ability to keep clean (smells like urine; greasy, matted, rough-looking hair) **[...cleanliness]**

☐ Disorientation or confusion (staring blankly at the wall or floor; getting stuck behind objects and unable to get around, etc.) **[...confusion]**

☐ Change in normal interaction with people or other pets (decreased social interaction, increased attention seeking, aggression, etc.) **[...interaction_change]**

☐ Sleep disturbances (sleeping during the day and restless at night) **[...sleep]**

☐ Housesoiling (urinating or defecating in areas previously kept clean) **[...housesoiling]**

☐ Anxiety or fear of people, places, situations, etc. **[...anxiety]**

☐ Decreased interest in eating and drinking **[...eat_drink]**

☐ Decreased time spent active **[...inactivity]**

☐ Increased repetitive activity (pacing up and down, walking in circles, wandering with no direction or purpose) **[...repetitive_activity]**

☐ Learning difficulties or memory loss (slow or unable to learn new tasks or tricks or perform previously learned tasks or tricks) **[...memory]**

☐ Failure to recognize familiar people or other pets **[...recognition]**

☐ Occurrence of, or worsening of, any characteristics of old age, specifically in the late afternoon or early evening ("sundowning") **[...sundowning]**

☐ Other characteristics of old age not listed here **[...other]**

☐ No characteristics of old age **[...none]**

Please describe the characteristics of old age that you observed in your dog: **[...other_description]**

Thinking back on the last two weeks of your dog's life, did they exhibit any of the following medical symptoms or signs? Please select all that apply. **Variable format: eol_recent_symptom_...**

- ☐ Lethargy (very low energy) **[...lethargy]**
- ☐ Vomiting **[...vomiting]**
- ☐ Diarrhea **[...diarrhea]**
- ☐ Decreased appetite **[...appetite]**
- ☐ Weight loss **[...weight]**
- ☐ Coughing **[...coughing]**
- ☐ Sneezing **[...sneezing]**
- ☐ Difficulty breathing **[...breathing]**
- ☐ Bleeding or bruising easily **[...bleeding_bruising]**

- ☐ Drinking a lot of water **[...drink_lot]**
- ☐ Drinking very little water **[...drink_little]**
- ☐ Urinating a lot **[...urinating]**
- ☐ Incontinence (urine or stool) **[...incontinence]**
- ☐ Chronic or persistent skin wounds or sores **[...sores]**
- ☐ Seizures **[...seizures]**
- ☐ Swollen abdomen (belly) **[...swollen_abdomen]**
- ☐ Other medical symptoms not listed here **[...other]**
- ☐ No symptoms **[...none]**

> Please describe the other medical symptoms you observed in your dog: **[...other_description]**

In the two weeks before your dog's death, how would you describe their quality of life? **[eol_recent_qol]**

1 ○ Always bad days

2 ○ Almost entirely bad days

3 ○ More bad days than good days

4 ○ Equal number of good days and bad days

5 ○ More good days than bad days

6 ○ Almost entirely good days

7 ○ Always good days

At what point in your dog's lifetime do you think that their quality of life first began to decline? If you do not think their quality of life declined prior to death, please select "No decline." **[eol_qol_declined]**

0 ○ No decline ———————→ **Skip next question**

1 ○ Hours to days prior to death

2 ○ One or more weeks prior to death

3 ○ One or more months prior to death

4 ○ One year prior to death

5 ○ Two or more years prior to death

If you noticed a decline in your dog's quality of life, what contributed most significantly to this decline? If more than one of the following was present, choose the one that seemed most important to you. <u>Please select only one.</u>

[eol_qol_declined_reason]

1 ○ Physical changes related to old age (poor vision, poor mobility, etc.)

2 ○ Behavioral changes related to old age (disorientation, anxiety, etc.)

3 ○ Health-related problems (illness, injury, etc.)

98 ○ Other ⟶ Please describe the factors that contributed most to decline in quality of life: **[eol_qol_declined_reason_other_description]**

Was your dog's health evaluated by or discussed with (either in person or by phone) a veterinarian within 2 weeks of the date of their death (including the day of death)? **[eol_recent_vet_discuss]**

1 ○ Yes ⟶ Did your dog stay at a veterinary clinic or hospital to receive any type of treatment in the 2 weeks prior to their date of death? **[eol_recent_vet_stay]**

0 ○ No

9 ○ I'm not sure

1 ○ Yes ⟶ How long did your dog stay in the veterinary clinic or hospital?
[eol_recent_vet_stay_length]

0 ○ No

9 ○ I'm not sure

1 ○ 1 or more days but not overnight

2 ○ 1 or more days in a row, including overnight

3 ○ Continuously for 1 week or longer

9 ○ I'm not sure

Did your dog undergo sedation, anesthesia, or surgery for any reason within 2 weeks of their date of death? **[eol_recent_sedation]**

1 ○ Yes

0 ○ No

9 ○ I'm not sure

Given the treatment option you chose (including no treatment), what was your understanding of your dog's prognosis (probability of cure or successful long-term management)?
[eol_understand_prognosis]

1 ○ Almost certainly will die within the next month

2 ○ Likely will die within the next month

3 ○ 50:50 chance of living beyond a month

4 ○ Likely will live beyond a month

5 ○ Almost certainly will live beyond a month

6 ○ I didn't understand or it was not discussed or it was not applicable

Indicate the location of your dog's death. <u>Please select only one.</u>   **[eol_death_location]**

1 ○ Your home or property

2 ○ The home or property of a friend or relative

3 ○ Location away from home (such as a park or road) while with you or a caretaker

4 ○ Location away from home (such as a park or road) while unsupervised

5 ○ Veterinary clinic or hospital

6 ○ Boarding or grooming facility (including those located at a veterinary clinic or hospital as long your dog was there for boarding or grooming not veterinary care)

99 ○ Unknown

98 ○ Other ⟶ Please describe the location of your dog's death: **[eol_death_location_other_description]**

Was anyone present at your dog's death?   **[eol_death_witness]**

1 ○ Yes ⟶ Who was present at your dog's death? <u>Please select all that apply.</u>

☐ Yourself   **[eol_death_witness_who_you]**

☐ Family member, friend, or someone you know well   **[eol_death_witness_who_family]**

☐ An acquaintance, neighbor, or someone you don't know well   **[eol_death_witness_who_acquaintance]**

☐ Veterinarian or veterinary staff   **[eol_death_witness_who_vet]**

☐ Boarding or grooming facility staff   **[eol_death_witness_who_boarder]**

☐ Other   **[eol_death_witness_who_other]**

⟶ Please explain who was present at your dog's death: **[eol_death_witness_who_other_description]**

0 ○ No

98 ○ Unknown

Was your dog euthanized (put to sleep or put down)? **[eol_euthan]**

1 ○ Yes ⟶

0 ○ No

Who performed the euthanasia? **[eol_euthan_who]**

1 ○ A veterinarian or veterinary technician at your primary care veterinary clinic or hospital (the place you usually get your dog's primary medical care)

2 ○ A veterinarian or veterinary technician at a different veterinary clinic or hospital from where you usually get your dog's primary medical care (such as an emergency or specialty clinic)

98 ○ Someone else ⟶ Please explain who performed the euthanasia: _____

[eol_euthan_who_other_description]

Euthanasia is a personal decision and many factors play a role. Which of the following was the most significant contributing factor in your decision to choose euthanasia? Please select only one.

[eol_euthan_main_reason]

1 ○ Poor quality of life

2 ○ Pain and/or suffering

3 ○ Poor prognosis (low likelihood of cure or successful long-term management)

4 ○ Unmanageable medical problems

5 ○ Unmanageable behavior problems

6 ○ Fear of harm (illness or injury) to another animal or person (such as due to a contagious disease or aggressive behavior)

7 ○ Incompatible with your housing situation, home layout, or physical environment

8 ○ Costs of care

98 ○ Other ⟶ Please describe the most significant contributing factor in your decision to euthanize: **[eol_euthan_main_reason_other_description]**

(continued)

(continued)

Which additional factors contributed in any way (large or small) to your decision to choose euthanasia? <u>Please select all that apply.</u>   **Variable format: eol_euthon_add_reason_...**

☐ Poor quality of life   **[...quality_of_life]**

☐ Pain and/or suffering   **[...pain]**

☐ Poor prognosis (low likelihood of cure or successful long-term management)   **[...prognosis]**

☐ Unmanageable medical problems   **[...medic_prob]**

☐ Unmanageable behavior problems   **[...behavior_prob]**

☐ Fear of harm (illness or injury) to another animal or person (such as due to a contagious disease or aggressive behavior)   **[...harm_to_another]**

☐ Incompatible with your housing situation, home layout, or physical environment   **[...incompatible]**

☐ Costs of care   **[...cost]**

☐ Other ⟶ Please describe the contributing factors: **[eol_euthan_add_reason_other_description]**
   [...other]

☐ No other important factors   **[...none]**

Many dogs can have more than one factor that leads to death. From your perspective, <u>which one of the following categories best describes your dog's cause of death</u> (whether or not euthanasia was performed)? If more than one of the following was present, choose the one that seemed most important to you. We will ask you to give us more detail about this choice in subsequent questions. <u>Please select only one.</u>   **[eol_cause_of_death_primary]**

1 ○ Old age

2 ○ Illness or disease

3 ○ Trauma or injury

4 ○ Toxin

5 ○ Related to sedation, anesthesia, or surgery

6 ○ Behavior problems

7 ○ Sudden death with no apparent cause

8 ○ Personal factors (unable to provide for your dog due to your own health problems or loss of your job, etc.)

98 ○ Other ⟶ Please describe your dog's cause of death: **[eol_cause_of_death_primary_other_description]**

Many dogs can have more than one factor that leads to death. In addition to the answer you chose in the previous question, which of the following categories best describes the <u>second most important contributor to your dog's cause of death</u> (whether or not euthanasia was performed)? It is okay to choose the same category a second time if there is another important factor in that same category. <u>Please select only one.</u> **[eol_cause_of_death_secondary]**

1   ○   Old age

2   ○   Illness or disease

3   ○   Trauma or injury

4   ○   Toxin

5   ○   Related to sedation, anesthesia, or surgery

6   ○   Behavior problems

7   ○   Sudden death with no apparent cause

8   ○   Personal factors (unable to provide for your dog due to your own health problems or loss of your job, etc.)

0   ○   No other important contributor

98 ○   Other ⟶   Please describe the second most important contributor to your dog's death:
       [eol_cause_of_death_secondary_other_description]

If primary cause of death was "Old age":

Which of these characteristics of old age was the most significant cause of your dog's death (whether or not euthanasia was performed)? Please select only one response.   **[eol_old_age_primary]**

1 ○ Blindness or poor vision

2 ○ Deafness or poor hearing

3 ○ Weight loss

4 ○ Poor mobility due to weakness or collapse in legs and/or joints

5 ○ Poor mobility due to pain or stiffness in legs and/or joints

6 ○ Pain in other parts of the body

7 ○ Decreased ability to keep clean (smells like urine; greasy, matted, rough-looking hair)

8 ○ Disorientation or confusion (staring blankly at the wall or floor; getting stuck behind objects and unable to get around, etc.)

9 ○ Change in normal interaction with people or other pets (decreased social interaction, increased attention seeking, aggression, etc.)

10 ○ Sleep disturbances (sleeping during the day and restless at night)

11 ○ Housesoiling (urinating or defecating in areas previously kept clean)

12 ○ Anxiety or fear of people, places, situations, etc.

13 ○ Decreased interest in eating and drinking

14 ○ Decreased time spent active

15 ○ Increased repetitive activity (pacing up and down, walking in circles, wandering with no direction or purpose)

16 ○ Learning difficulties or memory loss (slow or unable to learn new tasks or tricks or perform previously learned tasks or tricks)

17 ○ Failure to recognize familiar people or other pets

18 ○ Occurrence of, or worsening of, any characteristics of old age, specifically in the late afternoon or early evening ("sundowning")

98 ○ Other characteristics of old age not listed here

19 ○ No specific characteristic of old age but rather advanced numerical or chronological age itself

20 ○ No specific characteristic of old age but rather natural death of unknown or unconfirmed cause

Please describe the characteristics of old age that resulted in your dog's death: **[eol_old_age_primary_other_description]** _____

If primary cause of death was "Illness or disease":

What type of fatal illness was the cause of your dog's death (whether or not euthanasia was performed)? If more than one of the following was present, choose the one that seemed most important to you. <u>Please select only one.</u>

[eol_illness_type]

1 ○ Cancer or tumors

2 ○ Infection (e.g. parvo or sepsis or parasites)

3 ○ Other illness (e.g. heart or kidney disease)

99 ○ Unknown

If fatal illness was "Cancer or tumors":

If possible, please indicate which body system(s) was involved in your dog's cancer. <u>Please select all that apply.</u>

Variable format: eol_illness_cancer_...

☐ Adrenal gland **[...adrenal]**

☐ Anal sac **[...anal_sac]**

☐ Bladder or urethra **[...bladder_urethra]**

☐ Blood **[...blood]**

☐ Bone or joint **[...bone_joint]**

☐ Brain **[...brain]**

☐ Mammary (breast) tissue **[...mammary]**

☐ Cardiac (heart) tissue **[...cardiac]**

☐ Ear **[...ear]**

☐ Esophagus **[...esophagus]**

☐ Eye **[...eye]**

☐ Gallbladder or bile duct **[...gallbladder]**

☐ Gastrointestinal tract (stomach and/or intestine) **[...gastro]**

☐ Kidney **[...kidney]**

☐ Liver **[...liver]**

☐ Lung **[...lung]**

☐ Lymph nodes **[...lymph_nodes]**

☐ Muscle or other soft tissue **[...muscle]**

☐ Nose or nasal passage **[...nose]**

☐ Nerve sheath **[...nerve_sheath]**

☐ Oral (mouth) cavity **[...oral]**

☐ Ovary or uterus **[...ovary_uterus]**

☐ Pancreas **[...pancreas]**

☐ Perianal area **[...perianal]**

☐ Pituitary gland **[...pituitary]**

☐ Prostate **[...prostate]**

☐ Rectum **[...rectum]**

☐ Skin of trunk, body, or head **[...skin_trunk_body_head]**

☐ Skin of limb or foot **[...skin_limb_foot]**

☐ Spinal cord **[...spinal_cord]**

☐ Spleen **[...spleen]**

☐ Testicle **[...testicle]**

☐ Thyroid **[...thyroid]**

☐ Venereal (vagina, labia, penis, prepuce) **[...venereal]**

☐ Unidentified cancer in thorax (chest) **[...unidentified_thorax]**

☐ Unidentified cancer in abdomen (belly) **[...unidentified_abdomen]**

☐ Unknown **[...unknown]**

☐ Other **[...other]**

Please describe the body system involved in the cancer: **[...other_description]**

Do you know the name of the specific cancer that led to your dog's death? **[eol_illness_cancer_name_known]**

1 ○ Yes ⟶ Please provide the name of the specific cancer: **[eol_illness_cancer_name_description]**

0 ○ No

If fatal illness was "Infection":

If possible, please indicate which infection your dog had. If more than one of the following was present, choose the one that seemed most important to you. <u>Please select only one.</u> **[eol_illness_infection]**

1 ○ Anaplasmosis

2 ○ Aspergillosis

3 ○ Babesiosis

4 ○ Bartonella

5 ○ Blastomycosis ("Blasto")

6 ○ Bordetella and/or parainfluenza ("Kennel cough")

7 ○ Brucellosis

8 ○ Campylobacteriosis

9 ○ Chagas disease ("Trypanosomiasis", T. cruzi)

10 ○ Coccidioidomycosis ("Valley fever")

11 ○ Cryptococcus

12 ○ Distemper

13 ○ Ehrlichiosis

14 ○ Fever of unknown origin

15 ○ Gastrointestinal parasites

16 ○ Granuloma

17 ○ Heartworm infection (Dirofilaria immitis)

18 ○ Hepatozoonosis

19 ○ Heterobilharzia ("Schistosomiasis")

20 ○ Histoplasmosis ("Histo")

21 ○ Influenza ("Canine influenza" or "Dog flu")

22 ○ Leishmaniasis

23 ○ Leptospirosis ("Lepto")

24 ○ Lyme disease (Borrelia burgdorferi)

25 ○ MRSA/MRSP (Methicillin-resistant Staph. aureus or Staph. pseudintermedius)

26 ○ Mycobacterium

27 ○ Neospora

28 ○ Parvovirus ("Parvo")

29 ○ Plague (Yersinia pestis)

30 ○ Pythium

31 ○ Rabies

32 ○ Rocky Mountain Spotted Fever (Rickettsia rickettsii or "RMSF")

33 ○ Salmonellosis

34 ○ Salmon poisoning (Neorickettsia helminthoeca)

35 ○ Systemic infection ("sepsis" or "septicemia")

36 ○ Toxoplasma ("Toxo")

37 ○ Tularemia ("Rabbit fever")

99 ○ Unknown

98 ○ Other

Please describe: **[eol_illness_infection_other_description]**

If fatal illness was "Infection":

If possible, please indicate which body system was involved in the infection. If more than one of the following was present, choose the one that seemed most important to you. <u>Please select only one.</u>   **[eol_illness_infection_system]**

*If you would like to see a glossary that explains the categories listed below in more detail, please refer to our <u>Participant FAQs</u> at dogagingproject.zendesk.com and search on "health status."

1 ○ Eye(s)

2 ○ Ear, nose, and throat

3 ○ Teeth or mouth

4 ○ Skin

5 ○ Cardiac system

6 ○ Respiratory system

7 ○ Gastrointestinal system

8 ○ Liver or pancreas

9 ○ Kidney or urinary system

10 ○ Reproductive system

11 ○ Orthopedic system

12 ○ Neurologic system

13 ○ Endocrine system

14 ○ Hematopoietic (blood or lymphatic) system

15 ○ Immune system

16 ○ General or multiple systems

99 ○ Unknown

98 ○ Other ⟶ Please describe the body system involved in the infection: **[eol_infection_system_other_drescriotion]**

If fatal illness was "Other":

If possible, please indicate which body system was involved in your dog's illness. If more than one of the following was present, choose the one that seemed most important to you. <u>Please select only one.</u> [eol_illness_other]

If you would like to see a glossary that explains the categories listed below in more detail, please refer to our <u>Participant FAQs</u> at dogagingproject.zendesk.com and search on "health status."

1 ○ Eye(s)

2 ○ Ear, nose, and throat

3 ○ Teeth or mouth

4 ○ Skin

5 ○ Cardiac system

6 ○ Respiratory system

7 ○ Gastrointestinal system

8 ○ Liver or pancreas

9 ○ Kidney or urinary system

10 ○ Reproductive system

11 ○ Orthopedic system

12 ○ Neurologic system

13 ○ Endocrine system

14 ○ Hematopoietic (blood or lymphatic) system

15 ○ Immune system

16 ○ General or multiple systems

99 ○ Unknown

98 ○ Other ⟶ Please describe the body system involved in the illness: [eol_illness_other_other_description]

Do you know the specific medical diagnosis that led to your dog's death? [eol_illness_other_diagnosis]

1 ○ Yes ⟶ Please provide the specific diagnosis: [eol_illness_other_diagnosis_description]

2 ○ No

If primary cause of death was "Illness or disease":

At what point in your dog's lifetime did you first become aware of the illness that would ultimately be the cause of their death? [eol_illness_awareness_timeframe]

0 ○ Not until after death

1 ○ Days prior to death

2 ○ Weeks prior to death

3 ○ Months prior to death

4 ○ One year prior to death

5 ○ Two or more years prior to death

Was your dog being treated for this illness at the time of their death? Select the description that was most applicable or significant to you. Please select only one. [eol_illness_treatment]

1 ○ Yes, primary treatment was for the illness.

2 ○ Yes, primary treatment was for comfort (palliative).

3 ○ No, treatment was given before but was unsuccessful and was stopped.

4 ○ No, effective or curative treatment does not exist for this illness.

5 ○ No, treatment was not available, accessible, or feasible.

6 ○ No, treatment risks outweighed the potential benefits, or treatment was not expected to significantly improve quality of life or survival.

7 ○ No, I was reluctant or unable to subject dog to diagnostics or treatment due to stress, age, or other health, physical, or behavioral conditions.

8 ○ No, my dog died before diagnostics and/or treatment could be initiated.

98 ○ Other ⟶ Please explain: [eol_illness_treatment_other_description]

If primary cause of death was "Trauma or injury":

What type of trauma was the cause of your dog's death (whether or not euthanasia was performed)? If more than one of the following was present, choose the one that seemed most important to you. Please select only one. [eol_trauma]

1 ○ Anaphylaxis (fatal allergic reaction)

2 ○ Bite wound from dog

3 ○ Bite wound from other animal

4 ○ Fall from height (such as down stairs or off of a balcony)

5 ○ Fractured bone

6 ○ Head trauma due to any cause

7 ○ Heatstroke

8 ○ Hit by car or other vehicle

9 ○ Kicked by horse or other large animal

10 ○ Laceration (cut)

11 ○ Penetrating wound (such as a stick)

12 ○ Snakebite

99 ○ Unknown

98 ○ Other

Please describe the other trauma: [eol_trauma_other_description] _____

If primary cause of death was "Toxin":

What type of toxin was the cause of your dog's death (whether or not euthanasia was performed)? Please select only one. [eol_toxin]

1 ○ Chocolate

2 ○ Ethylene glycol (antifreeze)

3 ○ Grapes or raisins

4 ○ Ingestion of human medications

5 ○ Ingestion of recreational drugs

6 ○ Mouse or rat bait or poison

7 ○ Overdose of medications prescribed to the dog or another animal

99 ○ Unknown

98 ○ Other → Please describe the other toxin: [eol_toxin_other_description]

If secondary cause of death was "Old age":

Which of these characteristics of old age was the most significant reason you listed old age as the second most important contributor to your dog's cause of death (whether or not euthanasia was performed)? Please select only one response. **[eol_old_age_secondary]**

1 ○ Blindness or very poor vision

2 ○ Deafness or very poor hearing

3 ○ Weight loss

4 ○ Poor mobility due to weakness or collapse in legs and/or joints

5 ○ Poor mobility due to pain or stiffness in legs and/or joints

6 ○ Pain in other parts of the body

7 ○ Decreased ability to keep clean (smells like urine; greasy, matted, rough-looking hair)

8 ○ Disorientation or confusion (staring blankly at the wall or floor; getting stuck behind objects and unable to get around, etc.)

9 ○ Change in normal interaction with people or other pets (decreased social interaction, increased attention seeking, aggression, etc.)

10 ○ Sleep disturbances (sleeping during the day and restless at night)

11 ○ Housesoiling (urinating or defecating in areas previously kept clean)

12 ○ Anxiety or fear of people, places, situations, etc.

13 ○ Decreased interest in eating and drinking

14 ○ Decreased time spent active

15 ○ Increased repetitive activity (pacing up and down, walking in circles, wandering with no direction or purpose)

16 ○ Learning difficulties or memory loss (slow or unable to learn new tasks or tricks or perform previously learned tasks or tricks)

17 ○ Failure to recognize familiar people or other pets

18 ○ Occurrence of, or worsening of, any characteristics of old age, specifically in the late afternoon or early evening ("sundowning")

98 ○ Other characteristics of old age not listed here

19 ○ No specific characteristic of old age but rather advanced numerical or chronological age itself

20 ○ No specific characteristic of old age but rather natural death of unknown or unconfirmed cause

Please describe the characteristic of old age that resulted in your dog's death: **[eol_old_age_secondary_other_description]**

All participants:

If there is anything else that you would like us to know about the circumstances surrounding your dog's death, please share it here: **[eol_notes_description]** _____

If VEMR was previously uploaded:

If *[baseline_arm_1][st_dog_name]* has any additional veterinary electronic medical records since the last time you provided them on *[baseline_arm_1][st_vemr_date_last_upload]*, would you be willing to obtain and upload those additional medical records? **[eol_add_vemr]**

1 ○ Yes

0 ○ No

Thank you so much for taking the time to complete this survey and for sharing *[baseline_arm_1][st_dog_name]*'s story with us. It's never easy to lose a beloved companion, and our team is honored to have been able to learn from your experiences. We hope that you find some comfort in knowing that your participation in the Dog Aging Project has helped us learn how to enhance and extend the quality of life for future generations of dogs. Please click Submit below to finalize your answers and close this task.