

This section of the Annual Follow-Up collects information about medical conditions that have occurred in the past year. This includes brand new injuries and conditions as well as conditions that your dog may have had for a while but have only been discovered or diagnosed in the past twelve months.

For all new injuries and conditions, you'll have the opportunity to provide details about date of diagnosis and veterinary care. It might be helpful to request a copy of your dog's electronic medical records from the last year prior to completing this section. We will ask you at the end of the Annual Follow-Up to upload these records if possible.

If you would like to refer back to the health information you provided to the Dog Aging Project in previous years, return to your portal and navigate to the Completed tab. PDFs of your previous answers to the Health Status survey are located in the Completed Task list.

If your dog has not had any changes to health status in the last year, you will have the opportunity to tell us and skip the rest of the survey questions. Please note that dogs will NOT be excluded from the study due to the diagnosis of any specific disease. Owners should be prepared to give the approximate dates of diagnoses of any disease.

All questions are required unless stated otherwise. Please answer to the best of your ability.

Would you say in general your dog's health is: *dog_owner*
[afus_hs_general_health]

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor
- 6 ☐ Very poor

In the past year, has your dog received treatment or medical management of ongoing health conditions diagnosed BEFORE [date_of_HLES_Baseline]? *dog_owner*
[afus_hs_ongoing_condition_treatment_yn]

- 1 ☐ Yes →
- 0 ☐ No

For which previously diagnosed health conditions has your dog been receiving ongoing treatment or medical management? Please select all that apply. *dog_owner (all variables in this section)*
Response format: *[afus_hs_ongoing_condition_...]*

- | | |
|---|--|
| <input type="checkbox"/> Infectious or parasitic disease <i>[...infectious_disease]</i> | <input type="checkbox"/> Gastrointestinal disorders <i>[...gastrointestinal]</i> |
| <input type="checkbox"/> Ingestion of toxic or controlled substance <i>[...toxin_consumption]</i> | <input type="checkbox"/> Liver or pancreas disorders <i>[...liver]</i> |
| <input type="checkbox"/> Trauma <i>[...trauma]</i> | <input type="checkbox"/> Kidney or urinary disorders <i>[...kidney]</i> |
| <input type="checkbox"/> Cancer or tumors <i>[...cancer]</i> | <input type="checkbox"/> Reproductive system disorders <i>[...reproductive]</i> |
| <input type="checkbox"/> Eye disorders <i>[...eye]</i> | <input type="checkbox"/> Orthopedic disorders <i>[...orthopedic]</i> |
| <input type="checkbox"/> Ear, nose, and throat disorders <i>[...ear]</i> | <input type="checkbox"/> Neurologic disorders <i>[...neurologic]</i> |
| <input type="checkbox"/> Dental or oral disease <i>[...oral]</i> | <input type="checkbox"/> Endocrine disorders <i>[...endocrine]</i> |
| <input type="checkbox"/> Skin disorders <i>[...skin]</i> | <input type="checkbox"/> Hematopoietic (blood or lymphatic) disease <i>[...hematologic]</i> |
| <input type="checkbox"/> Cardiac disorders <i>[...cardiac]</i> | <input type="checkbox"/> Immune-mediated disease <i>[...immune]</i> |
| <input type="checkbox"/> Respiratory disorders <i>[...respiratory]</i> | <input type="checkbox"/> Other disease or disorder: <i>[...other_description]</i>
<i>[...other]</i> |



Since [date_of_HLES_Baseline], has your dog seen a veterinarian for any medical (non-routine) reason, or been diagnosed with any NEW conditions? *dog_owner*

[afus_hs_new_condition_diagnosed_last_year]

1 ☐ Yes →

0 ☐ No

Were the conditions diagnosed in the past three months?

1 ☐ Yes *dog_owner*
[afus_hs_new_condition_diagnosed_last_three_months]

0 ☐ No

Does your dog have any ongoing medical conditions that were diagnosed since [date_of_HLES_Baseline]? *dog_owner*

[afus_hs_chronic_condition_diagnosed_last_year]

1 ☐ Yes →

0 ☐ No

In the past three months, has your dog had any changes to the status of, or medications for, these conditions?

1 ☐ Yes *dog_owner*
[afus_hs_chronic_condition_diagnosed_last_three_months]

0 ☐ No

In the past three months, has your dog been hospitalized for more than 24 hours? *dog_owner*

[afus_hs_recent_hospitalization_yn]

1 ☐ Yes →

0 ☐ No

Reason for hospitalization (select all that apply):

☐ Spay or neuter *dog_owner* (all variables in this section)
[...spay_neuter] Response format: [afus_hs_recent_hospitalization_why,...]

☐ Dentistry [...dentistry]

☐ Boarding [...boarding]

☐ Other: [...other_description]
[...other]



Since [date_of_HLES_Baseline], was your dog diagnosed with a congenital disorder (defect present at birth)?

[afus_hs_new_condition_is_congenital]

True ☐ Yes

False ☐ No —————> Skip to “Since [date_of_HLES_Baseline], has your dog been diagnosed with any of the following conditions in any body system?”

health_condition - [afus_hs_new_condition_type]

Did your dog’s congenital disorder affect the eyes, such as those listed below?

dog_owner

[afus_hs_new_condition_eye]

- Blindness
- Cataracts
- Glaucoma
- Keratoconjunctivitis sicca (KCS)
- Persistent pupillary membrane (PPM)
- Missing one or both eyes

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete eye disorders section below

☐ No —————> Skip to ear disorders section

Which congenital eye disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Blindness [afus_hs_new_condition]
- ☐ Cataracts [afus_hs_new_condition]
- ☐ Glaucoma [afus_hs_new_condition]
- ☐ Keratoconjunctivitis sicca (KCS) [afus_hs_new_condition]
- ☐ Persistent pupillary membrane (PPM) [afus_hs_new_condition]
- ☐ Missing one or both eyes [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]

[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the ears, such as those listed below?

dog_owner

[afus_hs_new_condition_ear]

- Deafness

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

- ☐ Yes —————> Complete ear disorders section below
- ☐ No —————> Skip to mouth or oral cavity disorders section

Which congenital ear disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Deafness **[afus_hs_new_condition]**
- ☐ Other: **[afus_hs_new_condition_other_description]**
↖ **[afus_hs_new_condition]**

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the mouth or oral cavity, such as those listed below?

- Cleft lip
- Missing teeth
- Cleft palate

dog_owner

[afus_hs_new_condition_oral]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete mouth or oral cavity disorders section below

☐ No —————> Skip to skin disorders section

Which congenital mouth or oral cavity disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Cleft lip **[afus_hs_new_condition]**
- ☐ Cleft palate **[afus_hs_new_condition]**
- ☐ Missing teeth **[afus_hs_new_condition]**
- ☐ Other: **[afus_hs_new_condition_other_description]**
[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the skin, such as those listed below?

dog_owner

[afus_hs_new_condition_skin]

- Dermoid cysts
- Spina bifida
- Umbilical hernia

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

- ☐ Yes —————> Complete skin disorders section below
- ☐ No —————> Skip to heart (cardiac) disorders section

Which congenital skin disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Dermoid cysts **[afus_hs_new_condition]**
- ☐ Spina bifida **[afus_hs_new_condition]**
- ☐ Umbilical hernia **[afus_hs_new_condition]**
- ☐ Other: **[afus_hs_new_condition_other_description]**
[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the heart, such as those listed below?

dog_owner

[afus_hs_new_condition_cardiac]

- Aortic/Subaortic stenosis
- Atrial septal defects
- Mitral dysplasia
- Murmur
- Patent ductus arteriosus (PDA)
- Persistent right aortic arch
- Pulmonic stenosis
- Tricuspid dysplasia
- Ventricular septal defects

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete heart (cardiac) disorders section below

☐ No —————> Skip to respiratory tract disorders section

Which congenital heart (cardiac) disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Aortic/Subaortic stenosis **[afus_hs_new_condition]**
- ☐ Atrial septal defects **[afus_hs_new_condition]**
- ☐ Mitral dysplasia **[afus_hs_new_condition]**
- ☐ Murmur **[afus_hs_new_condition]**
- ☐ Patent ductus arteriosus (PDA) **[afus_hs_new_condition]**
- ☐ Persistent right aortic arch **[afus_hs_new_condition]**
- ☐ Pulmonic stenosis **[afus_hs_new_condition]**
- ☐ Tricuspid dysplasia **[afus_hs_new_condition]**
- ☐ Ventricular septal defects **[afus_hs_new_condition]**
- ☐ Other: **[afus_hs_new_condition_other_description]**
[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the respiratory tract, such as those listed below?

- Stenotic/narrow nares (narrowing)
- Tracheal stenosis

- ☐ Yes —————> Complete respiratory tract disorders section below
- ☐ No —————> Skip to gastrointestinal disorders section

Which congenital respiratory tract disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Stenotic/narrow nares [afus_hs_new_condition]
- ☐ Tracheal stenosis (narrowing) [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

dog_owner

[afus_hs_new_condition_respiratory]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the gastrointestinal tract, such as those listed below?

- *Atresia ani*
- *Megaesophagus*
- *Esophageal achalasia*
- *Umbilical hernia*

dog_owner

[afus_hs_new_condition_gastrointestinal]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> *Complete gastrointestinal disorders section below*

☐ No —————> *Skip to liver disorders section*

Which congenital gastrointestinal disorder(s) was your dog born with? *(select all that apply)*

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Atresia ani **[afus_hs_new_condition]**
- ☐ Esophageal achalasia **[afus_hs_new_condition]**
- ☐ Megaesophagus **[afus_hs_new_condition]**
- ☐ Umbilical hernia **[afus_hs_new_condition]**
- ☐ Other: **[afus_hs_new_condition_other_description]**
[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the liver, such as those listed below?

dog_owner

[afus_hs_new_condition_liver]

- Portosystemic shunt

- ☐ Yes —————> Complete liver disorders section below
- ☐ No —————> Skip to kidney or urinary tract disorders section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

Which congenital liver disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Portosystemic shunt [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1 ☐ Required only surgery
- 2 ☐ Required only hospitalization
- 3 ☐ Required BOTH surgery and hospitalization
- 4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1 ☐ Yes
- 0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the kidneys or urinary tract, such as those listed below?

- Born with one kidney
- Ectopic ureter
- Patent urachus
- Renal cysts
- Renal dysplasia

dog_owner

[afus_hs_new_condition_kidney]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete kidney or urinary tract disorders section below

☐ No —————> Skip to reproductive system disorders section

Which congenital kidney or urinary tract disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Born with one kidney **[afus_hs_new_condition]**
- ☐ Ectopic ureter **[afus_hs_new_condition]**
- ☐ Patent urachus **[afus_hs_new_condition]**
- ☐ Renal cysts **[afus_hs_new_condition]**
- ☐ Renal dysplasia **[afus_hs_new_condition]**
- ☐ Other: **[afus_hs_new_condition_other_description]**
[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the reproductive system, such as those listed below?

- Hermaphroditism
- Hypospadias
- Phimosis
- Cryptorchid

- ☐ Yes —————> Complete reproductive system disorders section below
- ☐ No —————> Skip to bones of body or limbs disorders section

dog_owner

[afus_hs_new_condition_reproductive]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

Which congenital reproductive system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Cryptorchid **[afus_hs_new_condition]**
- ☐ Hermaphroditism **[afus_hs_new_condition]**
- ☐ Hypospadias **[afus_hs_new_condition]**
- ☐ Phimosis **[afus_hs_new_condition]**
- ☐ Other: **[afus_hs_new_condition_other_description]**
[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the bones of body or limbs, such as those listed below?

- Missing a limb or part of a limb
- Valgus deformity
- Varus deformity

dog_owner

[afus_hs_new_condition_orthopedic]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

- ☐ Yes —————> Complete bones of body or limbs disorders section below
- ☐ No —————> Skip to brain/neurologic disorders section

Which congenital bones of body or limbs disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Missing a limb or part of a limb **[afus_hs_new_condition]**
- ☐ Valgus deformity **[afus_hs_new_condition]**
- ☐ Varus deformity **[afus_hs_new_condition]**
- ☐ Other: **[afus_hs_new_condition_other_description]**
[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the brain or neurologic system, such as those listed below?

- Cerebellar hypoplasia
- Hydrocephalus

- ☐ Yes → Complete brain/neurologic disorders section below
- ☐ No → Skip to endocrine system disorders section

dog_owner

[afus_hs_new_condition_neurological]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

Which congenital brain or neurologic system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- ☐ Cerebellar hypoplasia [afus_hs_new_condition]
- ☐ Hydrocephalus [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the endocrine system, such as those listed below?

- Congenital hypothyroidism
- Juvenile hypoglycemia
- Pituitary dwarfism

- ☐ Yes → Complete endocrine system disorders section below
- ☐ No → Skip to blood or lymphatic system disorders section

dog_owner

[afus_hs_new_condition_endocrine]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

Which congenital endocrine system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Congenital hypothyroidism [afus_hs_new_condition]
- ☐ Juvenile hypoglycemia [afus_hs_new_condition]
- ☐ Pituitary dwarfism [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect the blood or lymphatic system, such as those listed below?

- Congenital dyserythropoiesis
- Macrothrombocytopenia
- Microcytosis or macrocytosis
- Pelger-Huet anomaly
- Phosphofructokinase (PFK) deficiency
- Pyruvate kinase (PK) deficiency

dog_owner

[afus_hs_new_condition_hematologic]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete blood or lymphatic system disorders section below

☐ No —————> Skip to other congenital disorders section

Which congenital blood or lymphatic system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Congenital dyserythropoiesis [afus_hs_new_condition]
- ☐ Macrothrombocytopenia [afus_hs_new_condition]
- ☐ Microcytosis or macrocytosis [afus_hs_new_condition]
- ☐ Pelger-Huet anomaly [afus_hs_new_condition]
- ☐ Phosphofructokinase (PFK) deficiency [afus_hs_new_condition]
- ☐ Pyruvate kinase (PK) deficiency [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]

↖ [afus_hs_new_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [afus_hs_new_condition_type]

Did your dog's congenital disorder affect another body system?

- ☐ Yes —————> *Complete other congenital disorders section below*
- ☐ No —————> *Skip to infectious or parasitic disease section*

dog_owner

[afus_hs_new_condition_other]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

What other kind of congenital disorder(s) was your dog born with?

[afus_hs_new_condition_other_description]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Since [date_of_HLES_Baseline], has your dog been diagnosed with any of the following conditions in any body system?
health_condition - [afus_hs_new_condition_type]

Infectious or parasitic disease

This would include infectious or parasitic diseases like any of the following, or others not listed here:

- Anaplasmosis
- Aspergillosis
- Babesiosis
- Blastomycosis
- Bordetella and/or parainfluenza ("kennel cough")
- Brucellosis
- Campylobacteriosis
- Chagas disease (trypanosomiasis)
- Coccidia
- Coccidioidomycosis
- Cryptococcus
- Dermatophytosis ("ringworm")
- Distemper
- Ehrlichiosis
- Fever of unknown origin
- Gastrointestinal parasites
- Giardia
- Granuloma
- Heartworm infection
- Histoplasmosis
- Hepatozoonosis
- Hookworms
- Influenza
- Isospora
- Leishmaniasis
- Leptospirosis
- Lyme disease
- MRSA/MRSP
- Mycobacterium
- Parvovirus
- Plague (Yersinia pestis)
- Pythium
- Rocky Mountain Spotted Fever (RMSF)
- Roundworms
- Salmonellosis
- Salmon poisoning
- Tapeworms
- Toxoplasma
- Tularemia
- Whipworms

- ☐ Yes —————> *Complete infectious or parasitic disease section below*
- ☐ No —————> *Skip to ingestion of toxic or controlled substance section*

dog_owner
[afus_hs_new_condition_infectious_disease]

0 - No disorder(s)

2 - Only non-congenital disorder(s)



Since [date_of_HLES_Baseline], what infectious or parasitic disease(s) has your dog been diagnosed with (select all that apply)?

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Anaplasmosis [afus_hs_new_condition]
- ☐ Aspergillosis [afus_hs_new_condition]
- ☐ Babesiosis [afus_hs_new_condition]
- ☐ Blastomycosis [afus_hs_new_condition]
- ☐ Bordetella and/or parainfluenza ("kennel cough") [afus_hs_new_condition]
- ☐ Brucellosis [afus_hs_new_condition]
- ☐ Campylobacteriosis [afus_hs_new_condition]
- ☐ Chagas disease (trypanosomiasis) [afus_hs_new_condition]
- ☐ Coccidia [afus_hs_new_condition]
- ☐ Coccidioidomycosis [afus_hs_new_condition]
- ☐ Cryptococcus [afus_hs_new_condition]
- ☐ Dermatophytosis ("ringworm") [afus_hs_new_condition]
- ☐ Distemper [afus_hs_new_condition]
- ☐ Ehrlichiosis [afus_hs_new_condition]
- ☐ Fever of unknown origin [afus_hs_new_condition]
- ☐ Gastrointestinal parasites [afus_hs_new_condition]
- ☐ Giardia [afus_hs_new_condition]
- ☐ Granuloma [afus_hs_new_condition]
- ☐ Heartworm infection [afus_hs_new_condition]
- ☐ Histoplasmosis [afus_hs_new_condition]
- ☐ Hepatozoonosis [afus_hs_new_condition]
- ☐ Hookworms [afus_hs_new_condition]
- ☐ Influenza [afus_hs_new_condition]
- ☐ Isospora [afus_hs_new_condition]
- ☐ Leishmaniasis [afus_hs_new_condition]
- ☐ Leptospirosis [afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1 ☐ Required only surgery
- 2 ☐ Required only hospitalization
- 3 ☐ Required BOTH surgery and hospitalization
- 4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1 ☐ Yes
- 0 ☐ No



Infectious or parasitic disease (continued)

Since [date_of_HLES_Baseline], Which infectious or parasitic disease(s) has your dog been diagnosed with?

(select all that apply)

health_condition (all variables in this section)

- ☐ Lyme disease [afus_hs_new_condition]
- ☐ MRSA/MRSP [afus_hs_new_condition]
- ☐ Mycobacterium [afus_hs_new_condition]
- ☐ Parvovirus [afus_hs_new_condition]
- ☐ Plague (Yersinia pestis) [afus_hs_new_condition]
- ☐ Pythium [afus_hs_new_condition]
- ☐ Rocky Mountain Spotted Fever (RMSF) [afus_hs_new_condition]
- ☐ Roundworms [afus_hs_new_condition]
- ☐ Salmonellosis [afus_hs_new_condition]
- ☐ Salmon poisoning [afus_hs_new_condition]
- ☐ Tapeworms [afus_hs_new_condition]
- ☐ Toxoplasma [afus_hs_new_condition]
- ☐ Tularemia [afus_hs_new_condition]
- ☐ Whipworms [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Since [date_of_HLES_Baseline], has your dog ever been diagnosed with any of the following conditions in any body system?

health_condition - [afus_hs_new_condition_type]

Ingestion of toxic or controlled substance

This would include ingestion of toxic or controlled substances like any of the following, or others not listed here:

- Chocolate
- Ethylene glycol (antifreeze)
- Grapes or raisins
- Ingestion of human medications
- Ingestion of recreational drugs
- Mouse or rat bait/poison
- Overdose of medications prescribed to the dog

dog_owner

[afus_hs_new_condition_toxin_consumption]

0 - No disorder(s)

2 - Only non-congenital disorder(s)

☐ Yes —————> Complete ingestion of toxic or controlled substance section below

☐ No —————> Skip to trauma section

Since [date_of_HLES_Baseline], what toxic or controlled substance(s) has your dog ingested? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Chocolate **[afus_hs_new_condition]**
- ☐ Ethylene glycol (antifreeze) **[afus_hs_new_condition]**
- ☐ Grapes or raisins **[afus_hs_new_condition]**
- ☐ Ingestion of human medications **[afus_hs_new_condition]**

└—————> What human medication(s) has your dog ingested?

[afus_hs_new_condition_other_description]

- ☐ Ingestion of recreational drugs **[afus_hs_new_condition]**

└—————> What recreational drug(s) has your dog ingested?

[afus_hs_new_condition_other_description]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Ingestion of toxic or controlled substance (continued)

Since [date_of_HLES_Baseline], what toxic or controlled substance(s) has your dog ingested? (select all that apply)
health_condition (all variables in this section)

☐ Mouse or rat bait/poison

→ What mouse or rat bait/poison has your dog ingested? (select all that apply)

- ☐ Bromethalin (or one that causes seizures)
[afus_hs_new_condition]
- ☐ Cholecalciferol (or one that causes kidney failure)
[afus_hs_new_condition]
- ☐ Warfarin (or one that causes bleeding)
[afus_hs_new_condition]
- ☐ Don't know *[afus_hs_new_condition]*

☐ Overdose of medications prescribed to the dog
[afus_hs_new_condition]

→ What medication(s) prescribed to the dog has your dog overdosed on?
[afus_hs_new_condition_other_description]

☐ Other: *[afus_hs_new_condition_other_description]*
[afus_hs_new_condition]

The following questions will appear after each condition is selected.
health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: *[afus_hs_new_condition_diagnosis_month]*

Year: *[afus_hs_new_condition_diagnosis_year]*

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Since [date_of_HLES_Baseline], has your dog ever been diagnosed with any of the following conditions in any body system?

health_condition - [afus_hs_new_condition_type]

Trauma

dog_owner

[afus_hs_new_condition_trauma]

This would include trauma like any of the following, or others not listed here:

0 - No disorder(s)

2 - Only non-congenital disorder(s)

- Bite wound from dog
- Bite wound from other animal
- Fall from height (such as down stairs or off balcony)
- Fractured bone
- Head trauma due to any cause
- Hit by car or other vehicle
- Kicked by horse or other large animal
- Laceration
- Penetrating wound (such as a stick)
- Proptosis (eye out of socket)
- Snakebite
- Tail injury
- Torn or broken toenail

☐ Yes —————> Complete trauma section below

☐ No —————> Skip to cancer/tumors section

Since [date_of_HLES_Baseline], what trauma(s) has your dog experienced? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Bite wound from dog [afus_hs_new_condition]
- ☐ Bite wound from other animal [afus_hs_new_condition]
- ☐ Fall from height (such as down stairs or off balcony) [afus_hs_new_condition]
- ☐ Fractured bone

What bone(s) has your dog fractured? (select all that apply)

- ☐ Long bone in limb (femur or humerus) [afus_hs_new_condition]
- ☐ Other bone in limb [afus_hs_new_condition]
- ☐ Spine [afus_hs_new_condition]
- ☐ Rib(s) [afus_hs_new_condition]
- ☐ Flat bone of head or face [afus_hs_new_condition]

- ☐ Head trauma due to any cause [afus_hs_new_condition]
- ☐ Hit by car or other vehicle [afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Trauma (continued)

Since [date_of_HLES_Baseline], what trauma(s) has your dog experienced? (select all that apply)

health_condition (all variables in this section)

- ☐ Kicked by horse or other large animal
[afus_hs_new_condition]
- ☐ Laceration [afus_hs_new_condition]
- ☐ Penetrating wound (such as a stick)
[afus_hs_new_condition]
- ☐ Proptosis (eye out of socket) [afus_hs_new_condition]
- ☐ Snakebite [afus_hs_new_condition]
- ☐ Tail injury [afus_hs_new_condition]
- ☐ Torn or broken toenail [afus_hs_new_condition]
- ☐ Heatstroke [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1 ☐ Required only surgery
- 2 ☐ Required only hospitalization
- 3 ☐ Required BOTH surgery and hospitalization
- 4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1 ☐ Yes
- 0 ☐ No



Since [date_of_HLES_Baseline], has your dog ever been diagnosed with any of the following conditions in any body system?

Cancer or Tumors

This would include cancer or tumors like any of the following, or others not listed here:

- Adrenal gland
- Anal sac
- Bladder or urethra
- Blood
- Bone or joint
- Brain
- Mammary (breast) tissue
- Cardiac (heart) tissue
- Ear
- Esophagus
- Eye
- Gallbladder or bile duct
- Gastrointestinal tract (stomach and/or intestine)
- Kidney
- Liver
- Lung
- Lymph nodes
- Muscle or other soft tissue
- Nose or nasal passage
- Nerve sheath
- Oral (mouth) cavity
- Ovary or uterus
- Pancreas
- Perianal area
- Pituitary gland
- Prostate
- Rectum
- Skin of trunk, body, or head
- Skin of limb or foot
- Spinal cord
- Spleen
- Testicle
- Thyroid
- Venereal (vagina, labia, penis, prepuce)

- ☐ Yes →
- ☐ No → Skip to eye disorders section

dog_owner

[afus_hs_new_condition_cancer]

0 - No disorder(s)

2 - Only non-congenital disorder(s)

cancer_condition (all variables in this section)

When was your dog FIRST diagnosed with cancer?

Month: **[afus_hs_new_initial_diagnosis_month]**

Year: **[afus_hs_new_initial_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No

Complete cancer/tumors section below



cancer_condition (all variables in this section)

Response format: [afus_hs_new_cancer_locations_...]

- ☐ Adrenal gland [...adrenal_gland]
 - ☐ Anal sac [...anal_sac]
 - ☐ Bladder or urethra [...bladder_or_urethra]
 - ☐ Blood [...blood]
 - ☐ Bone or joint [...bone_or_joint]
 - ☐ Brain [...brain]
 - ☐ Mammary (breast) tissue [...mammary_tissue]
 - ☐ Cardiac (heart) tissue [...cardiac_tissue]
 - ☐ Ear [...ear]
 - ☐ Esophagus [...esophagus]
 - ☐ Eye [...eye]
 - ☐ Gallbladder or bile duct [...gallbladder_or_bile_duct]
 - ☐ Gastrointestinal tract (stomach and/or intestine) [...gastrointestinal_tract]
 - ☐ Kidney [...kidney]
 - ☐ Liver [...liver]
 - ☐ Lung [...lung]
 - ☐ Lymph nodes [...lymph_nodes]
 - ☐ Muscle or other soft tissue [...muscle_or_soft_tissue]
 - ☐ Nose or nasal passage [...nose_or_nasal_passage]
 - ☐ Nerve sheath [...nerve_sheath]
 - ☐ Oral (mouth) cavity [...oral_cavity]
 - ☐ Ovary or uterus [...ovary_or_uterus]
 - ☐ Pancreas [...pancreas]
 - ☐ Perianal area [...perianal_area]
 - ☐ Pituitary gland [...pituitary_gland]
 - ☐ Prostate [...prostate]
 - ☐ Rectum [...rectum]
 - ☐ Skin of trunk, body, or head [...skin_of_trunk_body_head]
 - ☐ Skin of limb or foot [...skin_of_limb_or_foot]
 - ☐ Spinal cord [...spinal_cord]
 - ☐ Spleen [...spleen]
 - ☐ Testicle [...testicle]
 - ☐ Thyroid [...thyroid]
 - ☐ Venereal (vagina, labia, penis, prepuce) [...venereal]
 - ☐ Other location of cancer: [...other_description]
 ☐ [...other]
 - ☐ Don't know [...unknown]



Follow-up: Health Status

Cancer/tumors (continued)

cancer_condition (all variables in this section)

Please select which type(s) of cancer was diagnosed. *(select all that apply)* Response format: [afus_hs_new_cancer_types_...]

- ☐ Adenoma (not listed elsewhere) [...adenoma]
 - ☐ Adenocarcinoma (not listed elsewhere) [...adenocarcinoma]
 - ☐ Basal cell tumor [...basal_cell_tumor]
 - ☐ Carcinoma (not listed elsewhere) [...carcinoma]
 - ☐ Chondrosarcoma [...chondrosarcoma]
 - ☐ Cystadenoma [...cystadenoma]
 - ☐ Epidermoid cyst [...epidermoid_cyst]
 - ☐ Epulides [...epulides]
 - ☐ Fibrosarcoma [...fibrosarcoma]
 - ☐ Rhabdomyosarcoma [...rhabdomyosarcoma]
 - ☐ Sarcoma (not listed elsewhere) [...sarcoma]
 - ☐ Sebaceous adenoma [...sebaceous_adenoma]
 - ☐ Soft tissue sarcoma [...soft_tissue_sarcoma]
 - ☐ Squamous cell carcinoma [...squamous_cell_carcinoma]
 - ☐ Thymoma [...thymoma]
 - ☐ Transitional cell carcinoma [...transitional_cell_carcinoma]
 - ☐ Other type of cancer: [...other_description]
[...other]
 - ☐ Don't know [...unknown]

What type(s) of leukemia was diagnosed? (select all that apply)

- ☐ Acute lymphoblastic leukemia (ALL) [afus_hs_new_leukemia_types_acute]
- ☐ Chronic lymphocytic leukemia (CLL) [afus_hs_new_leukemia_types_chronic]
- ☐ Other: [afus_hs_new_leukemia_types_other_description]
[afus_hs_new_leukemia_types_other]
- ☐ Don't know [afus_hs_new_leukemia_types_unknown]

What type(s) of lymphoma/lymphosarcoma was diagnosed? (select all that apply)

- ☐ B cell [afus_hs_new_lymphoma_lymphosarcoma_types_b_cell]
- ☐ T cell [afus_hs_new_lymphoma_lymphosarcoma_types_t_cell]
- ☐ T zone [afus_hs_new_lymphoma_lymphosarcoma_types_t_zone]
- ☐ Other: [afus_hs_new_lymphoma_lymphosarcoma_types_other_description]
[afus_hs_new_lymphoma_lymphosarcoma_types_other]
- ☐ Don't know [afus_hs_new_lymphoma_lymphosarcoma_types_unknown]



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems? *(select all that apply)*

health_condition - [afus_hs_new_condition_type]

Eye disorders

This would include eye disorders like any of the following, or others not listed here:

- Adult-onset cataracts
- Blindness (acquired)
- Third eyelid prolapse (cherry eye)
- Conjunctivitis
- Corneal ulcer
- Distichia
- Dry eye (KCS)
- Ectropion (eyelid rolled out)
- Entropion (eyelid rolled in)
- Glaucoma
- Imperforate lacrimal punctum
- Iris cyst
- Juvenile cataracts
- Nuclear sclerosis (whitening of the eye)
- Pigmentary uveitis
- Progressive retinal atrophy or degeneration
- Retinal detachment
- Uveitis

- ☐ Yes —————> *Complete eye disorders section below*
- ☐ No —————> *Skip to ear-nose-throat section*

dog_owner

[afus_hs_new_condition_eye]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)



Eye disorders (continued)

Since [date_of_HLES_Baseline], what eye disorder(s) has your dog been diagnosed with? *(select all that apply)*

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Adult-onset cataracts [afus_hs_new_condition]
- ☐ Blindness (acquired) [afus_hs_new_condition]
 - ↳ Is the cause of the blindness known? [afus_hs_new_eye_condition_cause]
 - ☐ Yes
 - 99** ☐ No
- ☐ Third eyelid prolapse (cherry eye) [afus_hs_new_condition]
- ☐ Conjunctivitis [afus_hs_new_condition]
- ☐ Corneal ulcer [afus_hs_new_condition]
- ☐ Distichia [afus_hs_new_condition]
- ☐ Dry eye (KCS) [afus_hs_new_condition]
- ☐ Ectropion (eyelid rolled out) [afus_hs_new_condition]
- ☐ Entropion (eyelid rolled in) [afus_hs_new_condition]
- ☐ Glaucoma [afus_hs_new_condition]
- ☐ Imperforate lacrimal punctum [afus_hs_new_condition]
- ☐ Iris cyst [afus_hs_new_condition]
- ☐ Juvenile cataracts [afus_hs_new_condition]
- ☐ Nuclear sclerosis (whitening of the eye) [afus_hs_new_condition]
- ☐ Pigmentary uveitis [afus_hs_new_condition]
- ☐ Progressive retinal atrophy or degeneration [afus_hs_new_condition]
- ☐ Retinal detachment [afus_hs_new_condition]
- ☐ Uveitis [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

What is the cause of the blindness?

[afus_hs_new_eye_condition_cause]

- 1** ☐ SARDS
- 2** ☐ Progressive retinal atrophy or degeneration
- 3** ☐ Retinal detachment
- 4** ☐ Collie eye anomaly
- 5** ☐ Cataracts
- 6** ☐ Enucleation
- 98** ☐ Other: [afus_hs_new_condition_cause_other_description]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Ear, nose, and throat disorders

This would include ear, nose, and throat disorders like any of the following, or others not listed here:

- Chronic or recurrent ear infections
- Deafness (acquired)
- Ear mites
- Epistaxis (nose bleeds)
- Hearing loss (incompletely deaf)
- Hematoma
- Pharyngitis
- Rhinitis
- Tonsillitis

dog_owner

[afus_hs_new_condition_ear]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete ear, nose, and throat disorders section below

☐ No —————> Skip to dental/oral disease section

Since [date_of_HLES_Baseline], what ear, nose, and throat disorder(s) has your dog been diagnosed with?
(select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Chronic or recurrent ear infections [afus_hs_new_condition]
- ☐ Deafness (acquired) [afus_hs_new_condition]
- ☐ Ear mites [afus_hs_new_condition]
- ☐ Epistaxis (nose bleeds) [afus_hs_new_condition]
- ☐ Hearing loss (incompletely deaf) [afus_hs_new_condition]
- ☐ Hematoma [afus_hs_new_condition]
- ☐ Pharyngitis [afus_hs_new_condition]
- ☐ Rhinitis [afus_hs_new_condition]
- ☐ Tonsillitis [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Dental or oral disease

dog_owner

[afus_hs_new_condition_oral]

This would include dental or oral diseases like any of the following, or others not listed here:

- Dental calculus (yellow build-up on teeth)
- Extracted teeth
- Fractured teeth
- Gingivitis (red, puffy gums)
- Masticatory myositis
- Oronasal fistula
- Overbite
- Retained deciduous (baby) teeth
- Sialoceles
- Underbite

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete dental or oral disease section below

☐ No —————> Skip to skin disorders section

Since [date_of_HLES_Baseline], what dental or oral disease(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than

health_condition (all variables in this section)

- ☐ Dental calculus (yellow build-up on teeth) [afus_hs_new_condition]
- ☐ Extracted teeth [afus_hs_new_condition]
- ☐ Fractured teeth [afus_hs_new_condition]
- ☐ Gingivitis (red, puffy gums) [afus_hs_new_condition]
- ☐ Masticatory myositis [afus_hs_new_condition]
- ☐ Oronasal fistula [afus_hs_new_condition]
- ☐ Overbite [afus_hs_new_condition]
- ☐ Retained deciduous (baby) teeth [afus_hs_new_condition]
- ☐ Sialoceles [afus_hs_new_condition]
- ☐ Underbite [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Skin disorders

This would include skin disorders like any of the following, or others not listed here:

- Alopecia (hair loss)
- Atopic dermatitis (atopy)
- Chronic or recurrent hot spots
- Chronic or recurrent skin infections
- Contact dermatitis
- Discoid lupus erythematosus (DLE)
- Flea allergy dermatitis
- Fleas
- Food or medicine allergies that affect the skin
- Ichthyosis
- Lick granuloma
- Non-specific dermatosis
- Panepidermal pustular pemphigus (PPP)
- Paraneoplastic pemphigus (PNP)
- Pemphigus erythematosus (PE)
- Pemphigus foliaceus (PF)
- Pemphigus vulgaris (PV)
- Pododermatitis
- Polymyositis
- Pruritis (itchy skin)
- Pyoderma or bacterial dermatitis
- Sarcoptic mange
- Seasonal allergies
- Sebaceous adenitis
- Sebaceous cysts
- Seborrhea or seborrheic dermatitis (greasy skin)
- Systemic demodectic mange
- Systemic lupus erythematosus (SLE)
- Ticks

☐ Yes —————> Complete skin disorders section below

☐ No —————> Skip to cardiac disorders section

dog_owner

[afus_hs_new_condition_skin]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)



Since [date_of_HLES_Baseline], which skin disorder(s) has your dog been diagnosed with? (*select all that apply*)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Alopecia (hair loss) [afus_hs_new_condition]
- ☐ Atopic dermatitis (atopy) [afus_hs_new_condition]
- ☐ Chronic or recurrent hot spots [afus_hs_new_condition]
- ☐ Chronic or recurrent skin infections [afus_hs_new_condition]
- ☐ Contact dermatitis [afus_hs_new_condition]
- ☐ Discoid lupus erythematosus (DLE) [afus_hs_new_condition]
- ☐ Flea allergy dermatitis [afus_hs_new_condition]
- ☐ Fleas [afus_hs_new_condition]
- ☐ Food or medicine allergies that affect the skin [afus_hs_new_condition]
- ☐ Ichthyosis [afus_hs_new_condition]
- ☐ Lick granuloma [afus_hs_new_condition]
- ☐ Non-specific dermatosis [afus_hs_new_condition]
- ☐ Panepidermal pustular pemphigus (PPP) [afus_hs_new_condition]
- ☐ Paraneoplastic pemphigus (PNP) [afus_hs_new_condition]
- ☐ Pemphigus erythematosus (PE) [afus_hs_new_condition]
- ☐ Pemphigus foliaceus (PF) [afus_hs_new_condition]
- ☐ Pemphigus vulgaris (PV) [afus_hs_new_condition]
- ☐ Pododermatitis [afus_hs_new_condition]
- ☐ Polymyositis [afus_hs_new_condition]
- ☐ Pruritis (itchy skin) [afus_hs_new_condition]
- ☐ Pyoderma or bacterial dermatitis [afus_hs_new_condition]
- ☐ Sarcoptic mange [afus_hs_new_condition]
- ☐ Seasonal allergies [afus_hs_new_condition]
- ☐ Sebaceous adenitis [afus_hs_new_condition]
- ☐ Sebaceous cysts [afus_hs_new_condition]
- ☐ Seborrhea or seborrheic dermatitis (greasy skin) [afus_hs_new_condition]
- ☐ Systemic demodectic mange [afus_hs_new_condition]
- ☐ Systemic lupus erythematosus (SLE) [afus_hs_new_condition]
- ☐ Ticks [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1 ☐ Required only surgery
- 2 ☐ Required only hospitalization
- 3 ☐ Required BOTH surgery and hospitalization
- 4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1 ☐ Yes
- 0 ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Cardiac disorders

This would include cardiac disorders like any of the following, or others not listed here:

- Arrhythmia
- Cardiomyopathy
- Congestive heart failure
- Endocarditis
- Hypertension (high blood pressure)
- Murmur
- Pericardial effusion
- Pulmonary hypertension
- Pulmonic stenosis
- Subaortic stenosis
- Valve disease

dog_owner

[afus_hs_new_condition_cardiac]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete cardiac disorders section below

☐ No —————> Skip to respiratory disorders section

Since [date_of_HLES_Baseline], what cardiac disorder(s) has your dog been diagnosed with? (*select all that apply*)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (*all variables in this section*)

- ☐ Arrhythmia [afus_hs_new_condition]
- ☐ Cardiomyopathy [afus_hs_new_condition]
- ☐ Congestive heart failure [afus_hs_new_condition]
- ☐ Endocarditis [afus_hs_new_condition]
- ☐ Hypertension (high blood pressure) [afus_hs_new_condition]
- ☐ Murmur [afus_hs_new_condition]
- ☐ Pericardial effusion [afus_hs_new_condition]
- ☐ Pulmonary hypertension [afus_hs_new_condition]
- ☐ Pulmonic stenosis [afus_hs_new_condition]
- ☐ Subaortic stenosis [afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (*all variables in this section*)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Cardiac disorders (continued)

Since [date_of_HLES_Baseline], what cardiac disorder(s) has your dog been diagnosed with? *(select all that apply)*

health_condition (all variables in this section)

☐ Valve disease [afus_hs_new_condition]

→ Please specify the valve disease your dog was diagnosed with.

[afus_hs_new_condition_other_description]

☐ Other: [afus_hs_new_condition_other_description]
← [afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Respiratory disorders

dog_owner

[afus_hs_new_condition_respiratory]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

This would include respiratory disorders like any of the following, or others not listed here:

- Acquired or acute respiratory distress syndrome (ARDS)
- Chronic or recurrent bronchitis
- Chronic or recurrent cough
- Chronic or recurrent rhinitis
- Elongated soft palate
- Laryngeal paralysis
- Lung lobe torsion
- Pneumonia
- Pulmonary bullae
- Stenotic/narrow nares
- Tracheal collapse
- Tracheal stenosis (narrowing)

☐ Yes —————> Complete respiratory disorders section below

☐ No —————> Skip to gastrointestinal disorders section

Since [date_of_HLES_Baseline], what respiratory disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Acquired or acute respiratory distress syndrome (ARDS) **[afus_hs_new_condition]**
- ☐ Chronic or recurrent bronchitis **[afus_hs_new_condition]**
- ☐ Chronic or recurrent cough **[afus_hs_new_condition]**
- ☐ Chronic or recurrent rhinitis **[afus_hs_new_condition]**
- ☐ Elongated soft palate **[afus_hs_new_condition]**
- ☐ Laryngeal paralysis **[afus_hs_new_condition]**
- ☐ Lung lobe torsion **[afus_hs_new_condition]**
- ☐ Pneumonia **[afus_hs_new_condition]**
- ☐ Pulmonary bullae **[afus_hs_new_condition]**
- ☐ Stenotic/narrow nares **[afus_hs_new_condition]**
- ☐ Tracheal collapse **[afus_hs_new_condition]**
- ☐ Tracheal stenosis (narrowing) **[afus_hs_new_condition]**
- ☐ Other: **[afus_hs_new_condition_other_description]**
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Gastrointestinal disorders

This would include gastrointestinal disorders like any of the following, or others not listed here:

- Anal sac impaction
- Biliary vomiting syndrome
- Bloat with torsion (GDV)
- Chronic or recurrent diarrhea
- Chronic or recurrent vomiting
- Constipation
- Fecal incontinence
- Food or medicine allergies
- Foreign body ingestion or blockage
- Hemorrhagic gastroenteritis (HGE) or stress colitis (acute)
- Idiopathic canine colitis (chronic)
- Irritable bowel syndrome (IBS) or inflammatory bowel disease (IBD)
- Lymphangiectasia
- Malabsorptive disorder
- Megaesophagus
- Other allergies
- Protein-losing enteropathy (PLE)
- Pyloric stenosis

dog_owner

[afus_hs_new_condition_gastrointestinal]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete gastrointestinal section below

☐ No —————> Skip to liver or pancreas disorders section

Since [date_of_HLES_Baseline], which gastrointestinal disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Anal sac impaction **[afus_hs_new_condition]**
- ☐ Biliary vomiting syndrome **[afus_hs_new_condition]**
- ☐ Bloat with torsion (GDV) **[afus_hs_new_condition]**
- ☐ Chronic or recurrent diarrhea **[afus_hs_new_condition]**
- ☐ Chronic or recurrent vomiting **[afus_hs_new_condition]**
- ☐ Constipation **[afus_hs_new_condition]**
- ☐ Fecal incontinence **[afus_hs_new_condition]**
- ☐ Food or medicine allergies **[afus_hs_new_condition]**
- ☐ Foreign body ingestion or blockage **[afus_hs_new_condition]**
- ☐ Hemorrhagic gastroenteritis (HGE) or stress colitis (acute) **[afus_hs_new_condition]**

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Gastrointestinal disorders (continued)

Since [date_of_HLES_Baseline], which gastrointestinal disorder(s) has your dog been diagnosed with? (select all that apply)

health_condition (all variables in this section)

- ☐ Idiopathic canine colitis (chronic) [afus_hs_new_condition]
- ☐ Irritable bowel syndrome (IBS) or inflammatory bowel disease (IBD) [afus_hs_new_condition]
- ☐ Lymphangiectasia [afus_hs_new_condition]
- ☐ Malabsorptive disorder [afus_hs_new_condition]
- ☐ Megaesophagus [afus_hs_new_condition]
- ☐ Other allergies [afus_hs_new_condition]
- ☐ Protein-losing enteropathy (PLE) [afus_hs_new_condition]
- ☐ Pyloric stenosis [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Liver or pancreas disorders

dog_owner

[afus_hs_new_condition_liver]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

This would include liver or pancreas disorders like any of the following, or others not listed here:

- Biliary obstruction
- Chronic inflammatory liver disease
- Exocrine pancreatic insufficiency (EPI)
- Gall bladder mucocele
- Gall bladder rupture
- Gall bladder surgery
- Microvascular dysplasia (portal vein hypoplasia)
- Pancreatitis
- Portosystemic shunt (acquired)

☐ Yes —————> Complete liver or pancreas disorders section below

☐ No —————> Skip to kidney or urinary disorders section

Since [date_of_HLES_Baseline], what liver or pancreas disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Biliary obstruction [afus_hs_new_condition]
- ☐ Chronic inflammatory liver disease [afus_hs_new_condition]
- ☐ Exocrine pancreatic insufficiency (EPI) [afus_hs_new_condition]
- ☐ Gall bladder mucocele [afus_hs_new_condition]
- ☐ Gall bladder rupture [afus_hs_new_condition]
- ☐ Gall bladder surgery [afus_hs_new_condition]
- ☐ Microvascular dysplasia (portal vein hypoplasia) [afus_hs_new_condition]
- ☐ Pancreatitis [afus_hs_new_condition]
- ☐ Portosystemic shunt (acquired) [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Kidney or urinary disorders

This would include kidney or urinary disorders like any of the following, or others not listed here:

- Acute kidney failure
- Bladder prolapse
- Chronic kidney disease
- Ectopic ureter
- Pyelonephritis (kidney infection)
- Kidney stones
- Proteinuria
- Renal dysplasia
- Tubular disorder (such as Fanconi syndrome)
- Urethral prolapse
- Urinary crystals or stones in bladder or urethra
- Urinary incontinence
- Urinary tract infection (chronic or recurrent)

dog_owner

[afus_hs_new_condition_kidney]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete kidney or urinary disorders section below

☐ No —————> Skip to reproductive system disorders section

Since [date_of_HLES_Baseline], what kidney or urinary disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Acute kidney failure **[afus_hs_new_condition]**
- ☐ Bladder prolapse **[afus_hs_new_condition]**
- ☐ Chronic kidney disease **[afus_hs_new_condition]**
- ☐ Ectopic ureter **[afus_hs_new_condition]**
- ☐ Pyelonephritis (kidney infection) **[afus_hs_new_condition]**
- ☐ Kidney stones **[afus_hs_new_condition]**
- ☐ Proteinuria **[afus_hs_new_condition]**
- ☐ Renal dysplasia **[afus_hs_new_condition]**
- ☐ Tubular disorder (such as Fanconi syndrome) **[afus_hs_new_condition]**
- ☐ Urethral prolapse **[afus_hs_new_condition]**
- ☐ Urinary crystals or stones in bladder or urethra **[afus_hs_new_condition]**

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Kidney or urinary disorders (continued)

Since [date_of_HLES_Baseline], what kidney or urinary disorder(s) has your dog been diagnosed with? (select all that apply)

health_condition (all variables in this section)

☐ Urinary incontinence [afus_hs_new_condition]

↳ Is the cause of incontinence known? **Withheld**

- ☐ Yes → What is the cause of incontinence?
☐ No

[afus_hs_new_condition_cause_other_description]

☐ Urinary tract infection (chronic or recurrent) [afus_hs_new_condition]

☐ Other: [afus_hs_new_condition_other_description]

↖ [afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
2 ☐ Required only hospitalization
3 ☐ Required BOTH surgery and hospitalization
4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
0 ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Reproductive system disorders

This would include reproductive system disorders like any of the following, or others not listed here:

- Benign prostatic hyperplasia
- Dystocia
- Irregular heat cycle
- Mastitis
- Papilloma (genital warts)
- Paraphimosis
- Prostatitis
- Preputial infection
- Pseudopregnancy
- Pyometra
- Recessed vulva
- Testicular atrophy
- Vaginitis

dog_owner

[afus_hs_new_condition_reproductive]

☐ Yes —————> Complete reproductive system disorders section below

☐ No —————> Skip to orthopedic disorders section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

Since [date_of_HLES_Baseline], what reproductive system disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Benign prostatic hyperplasia [afus_hs_new_condition]
- ☐ Dystocia [afus_hs_new_condition]
- ☐ Irregular heat cycle [afus_hs_new_condition]
- ☐ Mastitis [afus_hs_new_condition]
- ☐ Papilloma (genital warts) [afus_hs_new_condition]
- ☐ Paraphimosis [afus_hs_new_condition]
- ☐ Prostatitis [afus_hs_new_condition]
- ☐ Preputial infection [afus_hs_new_condition]
- ☐ Pseudopregnancy [afus_hs_new_condition]
- ☐ Pyometra [afus_hs_new_condition]
- ☐ Recessed vulva [afus_hs_new_condition]
- ☐ Testicular atrophy [afus_hs_new_condition]
- ☐ Vaginitis [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Orthopedic disorders

This would include orthopedic disorders like any of the following, or others not listed here:

- Carpal subluxation syndrome
- Cruciate ligament rupture
- Degenerative joint disease
- Dwarfism
- Elbow dysplasia
- Growth deformity
- Hip dysplasia
- Intervertebral disc disease (IVDD)
- Lameness (chronic or recurrent)
- Osteoarthritis
- Osteochondritis dissecans (OCD)
- Osteomyelitis
- Panosteitis
- Patellar luxation
- Rheumatoid arthritis
- Spondylosis

dog_owner

[afus_hs_new_condition_orthopedic]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete orthopedic disorders section below

☐ No —————> Skip to neurologic disorders section

Since [date_of_HLES_Baseline], what orthopedic disorder (s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Carpal subluxation syndrome **[afus_hs_new_condition]**
- ☐ Cruciate ligament rupture **[afus_hs_new_condition]**
- ☐ Degenerative joint disease **[afus_hs_new_condition]**
- ☐ Dwarfism **[afus_hs_new_condition]**
- ☐ Elbow dysplasia **[afus_hs_new_condition]**
- ☐ Growth deformity **[afus_hs_new_condition]**
- ☐ Hip dysplasia **[afus_hs_new_condition]**
- ☐ Intervertebral disc disease (IVDD) **[afus_hs_new_condition]**
- ☐ Lameness (chronic or recurrent) **[afus_hs_new_condition]**
- ☐ Osteoarthritis **[afus_hs_new_condition]**
- ☐ Osteochondritis dissecans (OCD) **[afus_hs_new_condition]**
- ☐ Osteomyelitis **[afus_hs_new_condition]**
- ☐ Panosteitis **[afus_hs_new_condition]**
- ☐ Patellar luxation **[afus_hs_new_condition]**

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Orthopedic disorders (continued)

Since [date_of_HLES_Baseline], what orthopedic disorder (s) has your dog been diagnosed with? (select all that apply)
health_condition (all variables in this section)

- ☐ Rheumatoid arthritis [afus_hs_new_condition]
- ☐ Spondylosis [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1 ☐ Required only surgery
- 2 ☐ Required only hospitalization
- 3 ☐ Required BOTH surgery and hospitalization
- 4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1 ☐ Yes
- 0 ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Neurologic disorders

This would include neurologic disorders like any of the following, or others not listed here:

- Cauda equina syndrome
- Degenerative myelopathy
- Dementia or senility
- Diskospondylitis
- Dysautonomia
- Fibrocartilaginous embolism (FCE)
- Horner's syndrome
- Intervertebral disc disease (IVDD)
- Laryngeal paralysis
- Limb paralysis
- Myasthenia gravis
- Polyneuropathy
- Seizures (including epilepsy)
- Vestibular disease
- Wobbler syndrome

dog_owner

[afus_hs_new_condition_neurological]

☐ Yes —————> Complete neurologic disorders section below

☐ No —————> Skip to endocrine disorders section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

Since [date_of_HLES_Baseline], what neurologic disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Cauda equina syndrome **[afus_hs_new_condition]**
- ☐ Degenerative myelopathy **[afus_hs_new_condition]**
- ☐ Dementia or senility **[afus_hs_new_condition]**
- ☐ Diskospondylitis **[afus_hs_new_condition]**
- ☐ Dysautonomia **[afus_hs_new_condition]**
- ☐ Fibrocartilaginous embolism (FCE) **[afus_hs_new_condition]**
- ☐ Horner's syndrome **[afus_hs_new_condition]**
- ☐ Intervertebral disc disease (IVDD) **[afus_hs_new_condition]**
- ☐ Laryngeal paralysis **[afus_hs_new_condition]**
- ☐ Limb paralysis **[afus_hs_new_condition]**
- ☐ Myasthenia gravis **[afus_hs_new_condition]**
- ☐ Polyneuropathy **[afus_hs_new_condition]**
- ☐ Seizures (including epilepsy) **[afus_hs_new_condition]**

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: **[afus_hs_new_condition_diagnosis_month]**

Year: **[afus_hs_new_condition_diagnosis_year]**

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Neurologic disorders (continued)

Since [date_of_HLES_Baseline], what neurologic disorder(s) has your dog been diagnosed with? (select all that apply)

health_condition (all variables in this section)

☐ Vestibular disease [afus_hs_new_condition]

↳ What type of vestibular disease was your dog diagnosed with?

[afus_hs_new_neurological_condition_vestibular_disease_type]

1 ☐ Central

2 ☐ Peripheral

99 ☐ Unknown

☐ Wobbler syndrome [afus_hs_new_condition]

☐ Other: [afus_hs_new_condition_other_description]

↖ [afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Endocrine disorders

This would include endocrine disorders like any of the following, or others not listed here:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Addison's disease (hypoadrenocorticism; low adrenal function) • Cushing's disease (hyperadrenocorticism; excess adrenal function) • Diabetes insipidus (rare "diabetes" which causes water balance problems) | <ul style="list-style-type: none"> • Diabetes mellitus (common "diabetes" which causes high blood sugar) • Hypercalcemia (excess calcium in the blood) • Hyperparathyroidism (excess parathyroid function causing high calcium) | <ul style="list-style-type: none"> • Hypoparathyroidism (low parathyroid function causing low calcium) • Hyperthyroidism (excess thyroid function) • Hypothyroidism (low thyroid function) |
|--|--|---|

dog_owner

[afus_hs_new_condition_endocrine]

☐ Yes —————> Complete endocrine disorders section below

☐ No —————> Skip to hematopoietic (blood/lymphatic) diseases section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

Since [date_of_HLES_Baseline], what endocrine disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Addison's disease (hypoadrenocorticism; low adrenal function) [afus_hs_new_condition]
- ☐ Cushing's disease (hyperadrenocorticism; excess adrenal function) [afus_hs_new_condition]
- ☐ Diabetes insipidus (rare "diabetes" which causes water balance problems) [afus_hs_new_condition]
- ☐ Diabetes mellitus (common "diabetes" which causes high blood sugar) [afus_hs_new_condition]
- ☐ Hypercalcemia (excess calcium in the blood) [afus_hs_new_condition]
- ☐ Hyperparathyroidism (excess parathyroid function causing high calcium) [afus_hs_new_condition]
- ☐ Hypoparathyroidism (low parathyroid function causing low calcium) [afus_hs_new_condition]
- ☐ Hyperthyroidism (excess thyroid function) [afus_hs_new_condition]
- ☐ Hypothyroidism (low thyroid function) [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description] [afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Hematopoietic (blood or lymphatic) disease

This would include hematopoietic (blood or lymphatic) diseases like any of the following, or others not listed here:

- Anemia
- Factor I deficiency
- Hemophilia
- Polycythemia
- Selective IgM deficiency
- Splenic hematoma
- Splenic torsion
- Thrombocytopenia (not immune-mediated)
- Thromboembolism
- Von Willebrand's disease

dog_owner

[afus_hs_new_condition_hematologic]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete hematopoietic (blood or lymphatic) disease section below

☐ No —————> Skip to immune-mediated diseases section

Since [date_of_HLES_Baseline], what hematopoietic (blood or lymphatic) disease(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Anemia [afus_hs_new_condition]
- ☐ Factor I deficiency [afus_hs_new_condition]
- ☐ Hemophilia [afus_hs_new_condition]
- ☐ Polycythemia [afus_hs_new_condition]
- ☐ Selective IgM deficiency [afus_hs_new_condition]
- ☐ Splenic hematoma [afus_hs_new_condition]
- ☐ Splenic torsion [afus_hs_new_condition]
- ☐ Thrombocytopenia (not immune-mediated) [afus_hs_new_condition]
- ☐ Thromboembolism [afus_hs_new_condition]
- ☐ Von Willebrand's disease [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Since [date_of_HLES_Baseline], other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [afus_hs_new_condition_type]

Immune-mediated disease

This would include immune-mediated diseases like any of the following, or others not listed here:

- Autoimmune thyroiditis
- Discoid lupus erythematosus (DLE)
- Idiopathic immune-mediated thrombocytopenia (IMT/ITP)
- Immune-mediated hemolytic anemia (IMHA) or autoimmune hemolytic anemia (AIHA)
- Immune-mediated polyarthritis (IMPA)
- Panepidermal pustular pemphigus (PPP)
- Paraneoplastic pemphigus (PNP)
- Pemphigus erythematosus (PE)
- Pemphigus foliaceus (PF)
- Pemphigus vulgaris (PV)
- Polymyositis
- Systemic lupus erythematosus (SLE)

dog_owner

[afus_hs_new_condition_immune]

☐ Yes —————> Complete immune-mediated disease section below

☐ No —————> Skip to next section

0 - No disorder(s)

2 - Only non-congenital disorder(s)

Since [date_of_HLES_Baseline], what immune-mediated disease(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Autoimmune thyroiditis [afus_hs_new_condition]
- ☐ Discoid lupus erythematosus (DLE) [afus_hs_new_condition]
- ☐ Idiopathic immune-mediated thrombocytopenia (IMT/ITP) [afus_hs_new_condition]
- ☐ Immune-mediated hemolytic anemia (IMHA) or autoimmune hemolytic anemia (AIHA) [afus_hs_new_condition]
- ☐ Immune-mediated polyarthritis (IMPA) [afus_hs_new_condition]
- ☐ Panepidermal pustular pemphigus (PPP) [afus_hs_new_condition]
- ☐ Paraneoplastic pemphigus (PNP) [afus_hs_new_condition]
- ☐ Pemphigus erythematosus (PE) [afus_hs_new_condition]
- ☐ Pemphigus foliaceus (PF) [afus_hs_new_condition]
- ☐ Pemphigus vulgaris (PV) [afus_hs_new_condition]
- ☐ Polymyositis [afus_hs_new_condition]
- ☐ Systemic lupus erythematosus (SLE) [afus_hs_new_condition]
- ☐ Other: [afus_hs_new_condition_other_description]
[afus_hs_new_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [afus_hs_new_condition_diagnosis_month]

Year: [afus_hs_new_condition_diagnosis_year]

Was surgery or hospitalization required?

[afus_hs_new_condition_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up?

[afus_hs_new_condition_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Is there anything that you need to tell us about any medical condition your dog has had since [date_of_HLES_Baseline] (whether referenced above or not)? *dog_owner*
[afus_hs_other_med_info]

In addition to veterinary care and prescription medications, which of the following health care approaches have you utilized for your pet since [date_of_HLES_Baseline]? *dog_owner (all variables in this section)*

- ☐ Acupuncture *[afus_hs_alternative_care_acupuncture]*
- ☐ Herbal medicine *[afus_hs_alternative_care_herbal_medicine]*
- ☐ Homeopathy *[afus_hs_alternative_care_homeopathy]*
- ☐ Chiropractic care *[afus_hs_alternative_care_chiropractic]*
- ☐ Massage *[afus_hs_alternative_care_massage]*
- ☐ Rehabilitation therapy *[afus_hs_alternative_care_rehabilitation_therapy]*
- ☐ Reiki *[afus_hs_alternative_care_reiki]*
- ☐ Traditional Chinese medicine *[afus_hs_alternative_care_traditional_chinese_medicine]*
- ☐ None of the above *[afus_hs_alternative_care_none]*
- ☐ Other: *[afus_hs_alternative_care_other_description]*
↖ [afus_hs_alternative_care_other]

Woof! Thank you for updating your dog's medical history. Understanding the timing and conditions surrounding onset of disease is an important part of our research. If you're ready to move on, continue with the next section once you are returned to the portal. If your dog is telling you that you've been staring at the computer for too long, go have fun! All your answers have been saved, and you can return to your personal portal to continue at any time.

Please click Submit below to finalize your answers and close this task.

Bolded items are condition types [hs_condition_type]. They are followed by the specific conditions [hs_condition] within that type.

1 Eye

- 101** Blindness
- 102** Cataracts
- 103** Glaucoma
- 104** Keratoconjunctivitis sicca (KCS)
- 105** Persistent pupillary membrane (PPM)
- 106** Missing one or both eyes
- 107** Third eyelid prolapse (cherry eye)
- 108** Conjunctivitis
- 109** Corneal ulcer
- 110** Distichia
- 111** Ectropion (eyelid rolled out)
- 112** Entropion (eyelid rolled in)
- 113** Imperforate lacrimal punctum
- 114** Iris cyst
- 115** Juvenile cataracts
- 116** Nuclear sclerosis
- 117** Pigmentary uveitis
- 118** Progressive retinal atrophy
- 119** Retinal detachment
- 120** Uveitis
- 198** Other eye condition

2 Ear/Nose/Throat

- 201** Deafness
- 202** Ear Infection
- 203** Ear Mites
- 204** Epistaxis (nose bleeds)
- 205** Hearing loss (incompletely deaf)
- 206** Hematoma
- 207** Pharyngitis
- 208** Rhinitis
- 209** Tonsillitis
- 298** Other ear condition

3 Mouth/Dental/Oral

- 301** Cleft lip
- 302** Cleft palate

- 303** Missing teeth
- 304** Dental calculus (yellow build-up on teeth)
- 305** Extracted teeth
- 306** Fractured teeth
- 307** Gingivitis (red, puffy gums)
- 308** Masticatory myositis
- 309** Oronasal fistula
- 310** Overbite
- 311** Retained deciduous (baby) teeth
- 312** Sialoceles
- 313** Underbite
- 398** Other oral condition

4 Skin

- 401** Dermoid cysts
- 402** Spina bifida
- 403** Umbilical hernia (Skin)
- 404** Alopecia (hair loss)
- 405** Atopic dermatitis (atopy)
- 406** Chronic or recurrent hot spots
- 407** Chronic or recurrent skin infections
- 408** Contact dermatitis
- 409** Discoid lupus erythematosus (DLE) (Skin)
- 410** Flea allergy dermatitis
- 411** Fleas
- 412** Food or medicine allergies that affect the skin
- 413** Ichthyosis
- 414** Lick granuloma
- 415** Non-specific dermatosis
- 416** Panepidermal pustular pemphigus (PPP) (Skin)
- 417** Paraneoplastic pemphigus (PNP) (Skin)
- 418** Pemphigus erythematosus (PE) (Skin)
- 419** Pemphigus foliaceus (PF) (Skin)
- 420** Pemphigus vulgaris (PV) (Skin)

- 421** Pododermatitis
- 422** Polymyositis (Skin)
- 423** Pruritis (itchy skin)
- 424** Pyoderma or bacterial dermatitis
- 425** Sarcoptic mange
- 426** Seasonal allergies
- 427** Sebaceous adenitis
- 428** Sebaceous cysts
- 429** Seborrhea or seborrheic dermatitis (greasy skin)
- 430** Systemic demodectic mange
- 431** Systemic lupus erythematosus (SLE) (Skin)
- 432** Ticks
- 498** Other skin condition

5 Cardiac

- 501** Aortic/Subaortic stenosis
- 502** Atrial septal defects
- 503** Mitral dysplasia
- 504** Murmur
- 505** Patent ductus arteriosus (PDA)
- 506** Persistent right aortic arch
- 507** Pulmonic stenosis
- 508** Tricuspid dysplasia
- 509** Ventricular septal defects
- 510** Arrhythmia
- 511** Cardiomyopathy
- 512** Congestive heart failure
- 513** Endocarditis
- 514** Hypertension (high blood pressure)
- 515** Pericardial effusion
- 516** Pulmonary hypertension
- 518** Subaortic stenosis
- 519** Valve disease
- 598** Other Cardiac

6 Respiratory

- 601** Stenotic/narrow nares
- 602** Tracheal stenosis (narrowing)
- 603** Acquired or acute respiratory distress syndrome (ARDS)
- 604** Chronic or recurrent bronchitis
- 605** Chronic or recurrent cough
- 606** Chronic or recurrent rhinitis
- 607** Elongated soft palate
- 608** Laryngeal paralysis (Respiratory)
- 609** Lung lobe torsion
- 610** Pneumonia
- 611** Pulmonary bullae
- 612** Tracheal collapse
- 698** Other respiratory condition

7 Gastrointestinal

- 701** Atresia ani
- 702** Esophageal achalasia
- 703** Megaesophagus
- 704** Umbilical hernia (Gastrointestinal)
- 705** Anal sac impaction
- 706** Bilious vomiting syndrome
- 707** Bloat with torsion (GDV)
- 708** Chronic or recurrent diarrhea
- 709** Chronic or recurrent vomiting
- 710** Constipation
- 711** Fecal incontinence
- 712** Food or medicine allergies
- 713** Foreign body ingestion or blockage
- 714** Hemorrhagic gastroenteritis (HGE) or stress colitis (acute)
- 715** Idiopathic canine colitis (chronic)
- 716** Irritable bowel syndrome (IBS) or inflammatory bowel disease (IBD)
- 717** Lymphangiectasia
- 718** Malabsorptive disorder

(continued)

Bolded items are condition types [hs_condition_type]. They are followed by the specific conditions [hs_condition] within that type.

7 Gastrointestinal <i>(continued)</i>	10 Reproductive	1119 Spondylosis	1309 Hyperparathyroidism (excess parathyroid function causing high calcium)
719 Other allergies	1001 Cryptorchid	1198 Other orthopedic condition	
720 Protein-losing enteropathy (PLE)	1002 Hermaphroditism		1310 Hypoparathyroidism (low parathyroid function causing low calcium)
721 Pyloric stenosis	1003 Hypospadias	12 Brain/Neurologic	
798 Other gastrointestinal condition	1004 Phimosis	1201 Cerebellar hypoplasia	1311 Hyperthyroidism (excess thyroid function)
	1005 Benign prostatic hyperplasia	1202 Hydrocephalus	1312 Hypothyroidism (low thyroid function)
8 Liver/Pancreas	1006 Dystocia	1203 Cauda equina syndrome	1398 Other endocrine condition
801 Portosystemic shunt	1007 Irregular heat cycle	1204 Degenerative myelopathy	
802 Biliary obstruction	1008 Mastitis	1205 Dementia or senility	
803 Chronic inflammatory liver disease	1009 Papilloma (genital warts)	1206 Diskospondylitis	
804 Exocrine pancreatic insufficiency (EPI)	1010 Paraphimosis	1207 Dysautonomia	14 Hematopoietic
805 Gall bladder mucocele	1011 Prostatitis	1208 Fibrocartilaginous embolism (FCE)	1401 Congenital dyserythropoiesis
806 Gall bladder rupture	1012 Preputial infection	1209 Horner's syndrome	1402 Macrothrombocytopenia
807 Gall bladder surgery	1013 Pseudopregnancy	1210 Intervertebral disc disease (IVDD) (Neurologic)	1403 Microcytosis or macrocytosis
808 Microvascular dysplasia (portal vein hypoplasia)	1014 Pyometra	1211 Laryngeal paralysis (Neurologic)	1404 Pelger-Huet anomaly
809 Pancreatitis	1015 Recessed vulva	1212 Limb paralysis	1405 Phosphofructokinase (PFK) deficiency
898 Other liver condition	1016 Testicular atrophy	1213 Myasthenia gravis	1406 Pyruvate kinase (PK) deficiency
	1017 Vaginitis	1214 Polyneuropathy	1407 Anemia
	1098 Other reproductive condition	1215 Seizures (including epilepsy)	1408 Factor I deficiency
9 Kidney/Urinary	11 Bone/Orthopedic	1216 Vestibular disease	1409 Hemophilia
901 Born with one kidney	1101 Missing a limb or part of a limb	1217 Wobbler syndrome	1410 Polycythemia
902 Ectopic ureter	1102 Valgus deformity	1298 Other neurologic condition	1411 Selective IgM deficiency
903 Patent urachus	1103 Varus deformity		1412 Splenic hematoma
904 Renal cysts	1104 Carpal subluxation syndrome	13 Endocrine	1413 Splenic torsion
905 Renal dysplasia	1105 Cruciate ligament rupture	1301 Congenital hypothyroidism	1414 Thrombocytopenia (not immune-mediated)
906 Acute kidney failure	1106 Degenerative joint disease	1302 Juvenile hypoglycemia	1415 Thromboembolism
907 Bladder prolapse	1107 Dwarfism	1303 Pituitary dwarfism	1416 Von Willebrand's disease
908 Chronic kidney disease	1108 Elbow dysplasia	1304 Addison's disease (hypoadrenocorticism; low adrenal function)	1498 Other Hematopoietic
909 Pyelonephritis (kidney infection)	1109 Growth deformity	1305 Cushing's disease (hyperadrenocorticism; excess adrenal function)	
910 Kidney stones	1110 Hip dysplasia	1306 Diabetes insipidus (rare diabetes which causes water balance problems)	15 Other Congenital Disorder
911 Proteinuria	1111 Intervertebral disc disease (IVDD) (Orthopedic)	1307 Diabetes mellitus (common diabetes which causes high blood sugar)	1598 Other congenital disorder
912 Tubular disorder (such as Fanconi syndrome)	1112 Lameness (chronic or recurrent)	1308 Hypercalcemia (excess calcium in the blood)	
913 Urethral prolapse	1113 Osteoarthritis		16 Infection/Parasites
914 Urinary crystals or stones in bladder or urethra	1114 Osteochondritis dissecans (OCD)		1601 Anaplasmosis
915 Urinary incontinence	1115 Osteomyelitis		1602 Aspergillosis
916 Urinary tract infection (chronic or recurrent)	1116 Panosteitis		1603 Babesiosis
998 Other kidney condition	1117 Patellar luxation		1604 Blastomycosis
	1118 Rheumatoid arthritis		<i>(continued)</i>

Bolded items are condition types [hs_condition_type]. They are followed by the specific conditions [hs_condition] within that type.

16 Infection/Parasites (continued)

- 1605** Bordetella and/or parainfluenza ("kennel cough")
- 1606** Brucellosis
- 1607** Campylobacteriosis
- 1608** Chagas disease (trypanosomiasis)
- 1609** Coccidia
- 1610** Coccidioidiomycosis
- 1611** Cryptococcus
- 1612** Dermatophytosis ("ringworm")
- 1613** Distemper
- 1614** Ehrlichiosis
- 1615** Fever of unknown origin
- 1616** Gastrointestinal parasites
- 1617** Giardia
- 1618** Granuloma
- 1619** Heartworm infection
- 1620** Histoplasmosis
- 1621** Hepatozoonosis
- 1622** Hookworms
- 1623** Influenza
- 1624** Isospora
- 1625** Leishmaniasis
- 1626** Leptospirosis
- 1627** Lyme disease
- 1628** MRSA/MRSP
- 1629** Mycobacterium
- 1630** Parvovirus
- 1631** Plague (Yersinia pestis)
- 1632** Pythium
- 1633** Rocky Mountain Spotted Fever (RMSF)
- 1634** Roundworms
- 1635** Salmonellosis
- 1636** Salmon poisoning
- 1637** Tapeworms
- 1638** Toxoplasma
- 1639** Tularemia
- 1640** Whipworms
- 1698** Other infectious disease

17 Toxin Consumption

- 1701** Chocolate
- 1702** Ethylene glycol (antifreeze)
- 1703** Grapes or raisins
- 1704** Ingestion of human medications
- 1705** Ingestion of recreational drugs
- 1706** Mouse or rat bait/poison (Bromethalin)
- 1707** Mouse or rat bait/poison (Calciferol)
- 1708** Mouse or rat bait/poison (Warfarin)
- 1709** Mouse or rat bait/poison (Other/Unknown)
- 1710** Overdose of medications prescribed to the dog
- 1798** Other Toxin Consumption

18 Trauma

- 1801** Dog bite
- 1802** Bite wound from another animal
- 1803** Fall from height
- 1804** Fractured bone (long bone in limb)
- 1805** Fractured bone (other bone in limb)
- 1806** Fractured bone (spine)
- 1807** Fractured bone (rib(s))
- 1808** Fractured bone (flat bone of head or face)
- 1809** Head trauma due to any cause
- 1810** Hit by car or other vehicle
- 1811** Kicked by horse or other large animal
- 1812** Laceration
- 1813** Penetrating wound (such as a stick)
- 1814** Proptosis (eye out of socket)
- 1815** Snakebite
- 1816** Tail injury
- 1817** Torn or broken toenail
- 1818** Heatstroke
- 1898** Other trauma

19 Immune-mediated

- 1901** Autoimmune thyroiditis
- 1902** Discoid lupus erythematosus (DLE) (Immune)
- 1903** Idiopathic immune-mediated thrombocytopenia (IMT/ITP)
- 1904** Immune-mediated hemolytic anemia (IMHA) or autoimmune hemolytic anemia (AIHA)
- 1905** Immune-mediated polyarthritis (IMPA)
- 1906** Panepidermal pustular pemphigus (PPP) (Immune)
- 1907** Paraneoplastic pemphigus (PNP) (Immune)
- 1908** Pemphigus erythematosus (PE) (Immune)
- 1909** Pemphigus foliaceus (PF) (Immune)
- 1910** Pemphigus vulgaris (PV) (Immune)
- 1911** Polymyositis (Immune)
- 1912** Systemic lupus erythematosus (SLE) (Immune)
- 1998** Other Immune