



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

You may not know all these things in exact detail. Please do your best to estimate responses.

Earlier you indicated that your primary address is *[street address, city, state and ZIP entered in Owner Contact form]*.

If owner listed a primary and secondary address on Owner Contact form: You also indicated your secondary address is *[secondary street address, city, state and ZIP entered in Owner Contact form]*.

Other than what is listed above, how many additional residences have you lived in with your dog in their lifetime?

- | | | |
|-------------------------|-------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 |
| <input type="radio"/> 3 | <input type="radio"/> 7 | |

Other than what is listed above, how many ZIP codes in the US have you lived in with your dog?

- | | | |
|-------------------------|-------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 |
| <input type="radio"/> 3 | <input type="radio"/> 7 | |

If response to last question was >0:

Please enter those ZIP codes below.

First ZIP code: _____

Second ZIP code: _____

Third ZIP code: _____

Fourth ZIP code: _____

Fifth ZIP code: _____

Sixth ZIP code: _____

Seventh ZIP code: _____

Eighth ZIP code: _____

Ninth ZIP code: _____

Tenth ZIP code: _____



Other than the United States, how many other countries have you lived in with your dog?

- | | | |
|-------------------------|-------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 |
| <input type="radio"/> 3 | <input type="radio"/> 7 | |

If response to last question was >0, use the "Country List" appendix at the end of this form to answer the following question:

Please enter those countries below.

First country: _____

Second country: _____

Third country: _____

Fourth country: _____

Fifth country: _____

Sixth country: _____

Seventh country: _____

Eighth country: _____

Ninth country: _____

Tenth country: _____

Indoor home environment

These questions refer to your current PRIMARY residence. If you indicated you have a secondary residence, you will be asked about that residence at a later time.

Type of area:

- ☐ Urban (residing inside the city)
- ☐ Suburban (residing outside of the an urban center, inside a neighborhood)
- ☐ Rural (living outside of the city and suburbs, often on a sizable lot or acreage)



Type of home:

- ☐ Single family
- ☐ Multifamily (such as a duplex)
- ☐ Apartment
- ☐ Condo or townhome
- ☐ Mobile home or RV
- ☐ Other: _____

Approximately when was your home built?

- ☐ <1900 ☐ 1930s ☐ 1970s ☐ 2010-current
- ☐ 1900s ☐ 1940s ☐ 1980s
- ☐ 1910s ☐ 1950s ☐ 1990s
- ☐ 1920s ☐ 1960s ☐ 2000

How many years have you lived in this home?

- ☐ <1 ☐ 4 ☐ 8 ☐ 12
- ☐ 1 ☐ 5 ☐ 9 ☐ 13
- ☐ 2 ☐ 6 ☐ 10 ☐ 14
- ☐ 3 ☐ 7 ☐ 11 ☐ 15+

What is the approximate square footage of your home, including only spaces that are finished and heated?

(Please enter only numbers, no decimals or commas, e.g. 2000)

Primary heating fuel source:

- ☐ Natural gas
- ☐ Electric
- ☐ Oil
- ☐ Wood
- ☐ Propane
- ☐ Unknown
- ☐ Other: _____

Does your home have a secondary heating fuel source?

- ☐ Yes →
- ☐ No
- ☐ Unknown

Secondary heating fuel source:

- ☐ Natural gas
- ☐ Electric
- ☐ Oil
- ☐ Wood
- ☐ Propane
- ☐ Unknown
- ☐ Other: _____

Which of the following is the fuel that heats the stove you use for cooking most often in your home?

- ☐ Natural gas
- ☐ Electric
- ☐ Oil
- ☐ Wood
- ☐ Propane
- ☐ Unknown
- ☐ Other: _____

Do you use any other fuel source for cooking at home?

- ☐ Yes →
- ☐ No
- ☐ Unknown

Secondary cooking fuel source:

- ☐ Natural gas
- ☐ Electric
- ☐ Oil
- ☐ Wood
- ☐ Propane
- ☐ Unknown
- ☐ Other: _____



What is your dog's usual source of drinking water?

- ☐ Municipal
- ☐ Non-municipal well water (treated/filtered)
- ☐ Non-municipal well water (untreated/unfiltered)
- ☐ Bottled or commercially delivered
- ☐ Other: _____
- ☐ Don't know

Do you use water filtration for your dog's drinking water?

- ☐ Yes
- ☐ No
- ☐ Unknown

Do you know what types of pipes are in your home (inbound water)?

- ☐ Yes →
- ☐ No

What types of pipes do you have in your home?

- ☐ Copper or metal
- ☐ PVC or plastic
- ☐ Other: _____

Please indicate the number of hours per day, on average, over the past two months that your dog has been exposed to secondhand smoke from all sources, including, cigarettes, cigars, and pipes.

_____ (Enter a number between 0 and 24)

Which of the following are present in your home?

	Yes	No	Unknown
Central air conditioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Room or window unit air conditioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Central heat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asbestos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued)



Which of the following are present in your home?

	Yes	No	Unknown
Radon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead paint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moth balls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incense or scented candles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aerosol or plug-in air fresheners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standalone air cleaners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEPA filters in air circulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wood burning fireplace or wood stove	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



If yes:

Number of times wood-burning fireplace or wood stove is lit per week during cold months:

- | | | |
|--------------------------|-------------------------|---------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 3 | <input type="radio"/> 7 |
| <input type="radio"/> <1 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10+ |

	Yes	No	Unknown
Gas fireplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



If yes:

Number of times gas fireplace is lit per week during cold months:

- | | | |
|--------------------------|-------------------------|---------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 3 | <input type="radio"/> 7 |
| <input type="radio"/> <1 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10+ |



Which flooring types are present in your home?

	Yes	No	If yes: How often is the dog on this flooring type?			
			Very often	Occasionally	Rarely	Never
Wood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carpet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concrete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tile (ceramic or porcelain), stone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Linoleum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laminate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there another flooring type in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



What is the type of flooring? _____

Is there a staircase with more than 8 stairs that your dog uses regularly?

- ☐ Yes →
- ☐ No

On a typical day, about how many times does your dog go up or down the stairs?

- | | | | | |
|--------------------------|-------------------------|--------------------------|--------------------------|---------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 4 | <input type="radio"/> 9 | <input type="radio"/> 14 | <input type="radio"/> 19 |
| <input type="radio"/> <1 | <input type="radio"/> 5 | <input type="radio"/> 10 | <input type="radio"/> 15 | <input type="radio"/> 20+ |
| <input type="radio"/> 1 | <input type="radio"/> 6 | <input type="radio"/> 11 | <input type="radio"/> 16 | |
| <input type="radio"/> 2 | <input type="radio"/> 7 | <input type="radio"/> 12 | <input type="radio"/> 17 | |
| <input type="radio"/> 3 | <input type="radio"/> 8 | <input type="radio"/> 13 | <input type="radio"/> 18 | |



Home behaviors

Does your dog regularly lick, chew, or play with toys?

- ☐ Yes →
- ☐ No

Which types of toys does your dog routinely lick, chew, or play with?

	Yes	No	Unknown
Plastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stuffed fabric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unstuffed fabric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rubber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal origin (rawhide, pig ear, bully stick, bone, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sticks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many hours does your dog spend playing with toys in an average day?

_____ (Enter a number between 0 and 24)

Home - Sleep

Where does your dog typically sleep at night?

- ☐ In my room
- ☐ Elsewhere in the house
- ☐ In a garage or barn
- ☐ Outside
- ☐ Other: _____

How many hours does your dog sleep in an average night?

_____ (Enter a number between 0 and 24) OR: ☐ Don't know



Does your dog sleep in a different location during the day?

- ☐ Yes → Where does your dog typically sleep during the day?
- ☐ No
- ☐ In your room
 - ☐ Elsewhere in the house
 - ☐ In a garage or barn
 - ☐ Outside
 - ☐ Other: _____

How many hours does your dog sleep on an average day?

_____ (Enter a number between 0 and 24) OR: ☐ Don't know

Does your dog regularly lick or chew items in the household or environment other than toys?

- ☐ Yes
- ☐ No

In the past 12 months, how many times has your dog ingested a poison, hazardous material, or unintended substance **other than feces** either inside or outside the home?

- ☐ Never →
- ☐ 1-2 times
- ☐ Greater than 2 times

What was the material ingested?

- | | |
|--|--|
| <input type="checkbox"/> Chocolate | <input type="checkbox"/> Dead animal, bird, rodent |
| <input type="checkbox"/> Poison | <input type="checkbox"/> Toys/part of toys |
| <input type="checkbox"/> Unintended human medication | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Unintended other pet medication | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Garbage or unintended food | |

Did any of the materials ingested require a visit to your veterinarian or emergency clinic?

- ☐ Yes
- ☐ No



Social environment at home

Are there other animals present in your home or on your property?

- ☐ Yes →
- ☐ No

What types of animals?

	Yes	No
Dogs	<input type="radio"/>	<input type="radio"/>
Cats	<input type="radio"/>	<input type="radio"/>
Birds	<input type="radio"/>	<input type="radio"/>
Reptiles	<input type="radio"/>	<input type="radio"/>
Livestock	<input type="radio"/>	<input type="radio"/>
Horses	<input type="radio"/>	<input type="radio"/>
Rodents	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>
Wildlife	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>

Total number of indoor animals EXCLUDING your dog. These include animals that are indoor/outdoor. If you are considering fish in your answer, please count them by tanks, rather than individual fish.

- | | | | |
|-------------------------|-------------------------|-------------------------|---------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 3 | <input type="radio"/> 6 | <input type="radio"/> 9 |
| <input type="radio"/> 1 | <input type="radio"/> 4 | <input type="radio"/> 7 | <input type="radio"/> 10 |
| <input type="radio"/> 2 | <input type="radio"/> 5 | <input type="radio"/> 8 | <input type="radio"/> >10 |

Total number of outdoor animals that live at your home EXCLUDING your dog. These are animals that live exclusively outdoors, do NOT include wildlife.

- | | | | |
|-------------------------|-------------------------|-------------------------|---------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 3 | <input type="radio"/> 6 | <input type="radio"/> 9 |
| <input type="radio"/> 1 | <input type="radio"/> 4 | <input type="radio"/> 7 | <input type="radio"/> 10 |
| <input type="radio"/> 2 | <input type="radio"/> 5 | <input type="radio"/> 8 | <input type="radio"/> >10 |

Does your dog interact with the other animals in or outside the home?

- ☐ Yes
- ☐ No



A typical, 24-hour day for your dog

How consistent is your dog's daily routine? We understand that this can vary. Please just provide your best estimate.

- ☐ Same routine every day
- ☐ Same routine on weekdays only
- ☐ Same routine 3-5 days a week
- ☐ Same routine on weekends only
- ☐ Same routine on most weekends and same routine on most weekdays
- ☐ No daily routine / my routine varies a lot

Please answer the questions below considering the most common type of day in your dog's routine. This refers to both day and nighttime within a "normal" 24-hour period. If your dog has free access (through a dog door or open house/yard) to indoors and outdoors, please estimate the time for each to the best of your ability.

**Enter 0, <1, or a number
between 1 and 24**

On a typical day, how many hours does your dog spend in a crate or cage? _____

On a typical day, how many hours does your dog spend free roaming in your house? _____

On a typical day, how many hours does your dog spend in a garage or shop? _____

On a typical day, how many hours does your dog spend in an outdoor kennel? _____

On a typical day, how many hours does your dog spend in a fenced yard or other type of outdoor containment? _____

On a typical day, how many hours does your dog spend free roaming outside? (not contained within a fenced yard or other type of outdoor containment)? _____

On a typical day, how many hours does your dog spend outside on a chain or lead? _____

On a typical day, how much time does your spend in a different location? _____

On a typical day, how many hours does your dog spend interacting with other animals? _____

On a typical day, how much time does your dog interact with you or other adults? _____

On a typical day, how much time does your dog interact with teenagers (13-17)? _____

On a typical day, how much time does your dog interact with children under 12 years old? _____



Yard

About how large is the yard or property at your residence?

- ☐ I do not have a yard or my dog does not use a yard —————→ *Skip to “Is your home treated to control insects and pests?”*
- ☐ Less than 500 square feet
- ☐ 500 to 1000 square feet
- ☐ 1000 to 5000 square feet
- ☐ Between 5000 square feet and 1 acre
- ☐ 1 - 3 acres
- ☐ More than 3 acres

Does your dog have regular access to the yard or property?

- ☐ Yes —————→
- ☐ No —————↓

Skip to “Is your home treated to control insects and pests?”

How much of the yard or property does your dog have regular access to?

- ☐ Less than 500 square feet
- ☐ 500 to 1000 square feet
- ☐ 1000 to 5000 square feet
- ☐ Between 5000 square feet and 1 acre
- ☐ 1 - 3 acres
- ☐ More than 3 acres

Is your dog contained within the yard when they have access?

- ☐ Yes, dog is contained by a fence or barrier
- ☐ Yes, dog is contained by a lead or chain
- ☐ Yes, dog is contained in a kennel
- ☐ Yes, dog is contained by an invisible fence
- ☐ Yes, dog is contained by an electric fence
- ☐ Yes, dog is contained in another way: _____
- ☐ No, dog is not contained

When your dog is outside, which sources of drinking water do they use? (*Select all that apply*)

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Bowl | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hose | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Puddles | <input type="checkbox"/> None |

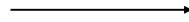
(continued)



(continued)

Is your yard treated to control weeds?

- ☐ Yes
- ☐ No
- ☐ Unknown

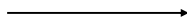


How often applied?

- ☐ Regularly applied, year round
- ☐ Regularly applied, seasonally (part of the year)
- ☐ Irregularly applied, year round
- ☐ Irregularly applied, seasonally (part of the year)
- ☐ Infrequently
- ☐ Never

Is your home treated to control insects and pests?

- ☐ Yes
- ☐ No
- ☐ Unknown



How often applied?

- ☐ Regularly applied, year round
- ☐ Regularly applied, seasonally (part of the year)
- ☐ Irregularly applied, year round
- ☐ Irregularly applied, seasonally (part of the year)
- ☐ Infrequently
- ☐ Never

How often do you see your dog eating grass?

- ☐ Frequently
- ☐ Infrequently
- ☐ Never



Does your dog consume feces?

- ☐ Yes
- ☐ No
- ☐ Unknown

What type of feces does your dog consume? *(select all that apply)*

- ☐ Dog (its own)
- ☐ Dog (not own)
- ☐ Cat
- ☐ Horse
- ☐ Cattle
- ☐ Wildlife
- ☐ Other: _____

Does your dog drink from outdoor water sources (such as lake, river, stream, pond, puddles, etc.)?

- ☐ Yes
- ☐ No

How frequently?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rarely

Neighborhood

How often can traffic noise be heard from inside your home?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Unknown

If dog has access to a yard:

How often can traffic noise be heard from your yard?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Unknown

Are there sidewalks present in your neighborhood?

- ☐ Yes, on all the streets
- ☐ Yes, on some streets
- ☐ No

Are there parks or green spaces within half a mile of your home?

- ☐ Yes
- ☐ No

Does your dog interact with other animals in your neighborhood?

- ☐ Yes
- ☐ No

Are you always present when this interaction occurs?

- ☐ Yes
- ☐ No

Does your dog interact with other humans in your neighborhood?

- ☐ Yes
- ☐ No

Are you always present when this interaction occurs?

- ☐ Yes
- ☐ No



Extralocal

Do you ever take your dog to parks or open spaces built specifically for dogs (dog parks)?

- ☐ Yes →
- ☐ No

On average, how many days per month does this occur?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> <1 | <input type="radio"/> 7 | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8 | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9 | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 | <input type="radio"/> 31 |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 | |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 | |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 | |

When you take your dog to these other locations, how do you typically get there?
(Select all that apply)

- ☐ Walk
- ☐ Drive (car or other vehicle)
- ☐ Bike
- ☐ Public transportation
- ☐ Other: _____

How long does it take you to get to these locations? Select the amount of time that most closely matches the transit time.

Hours:

- | | | | |
|-------------------------|-------------------------|--------------------------|---------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 4 | <input type="radio"/> 8 | <input type="radio"/> 12+ |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 | |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 | |
| <input type="radio"/> 3 | <input type="radio"/> 7 | <input type="radio"/> 11 | |

Minutes:

- | | |
|--------------------------|--------------------------|
| <input type="radio"/> 00 | <input type="radio"/> 30 |
| <input type="radio"/> 15 | <input type="radio"/> 45 |



Do you take ever your dog to parks or other open spaces meant for recreational activities?

- ☐ Yes →
- ☐ No

On average, how many days per month does this occur?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> <1 | <input type="radio"/> 7 | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8 | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9 | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 | <input type="radio"/> 31 |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 | |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 | |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 | |

When you take your dog to these other locations, how do you typically get there?
(Select all that apply)

- ☐ Walk
- ☐ Drive (car or other vehicle)
- ☐ Bike
- ☐ Public transportation
- ☐ Other: _____

How long does it take you to get to these locations? Select the amount of time that most closely matches the transit time.

Hours:

- | | | | |
|-------------------------|-------------------------|--------------------------|---------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 4 | <input type="radio"/> 8 | <input type="radio"/> 12+ |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 | |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 | |
| <input type="radio"/> 3 | <input type="radio"/> 7 | <input type="radio"/> 11 | |

Minutes:

- | | |
|--------------------------|--------------------------|
| <input type="radio"/> 00 | <input type="radio"/> 30 |
| <input type="radio"/> 15 | <input type="radio"/> 45 |



Do you take ever your dog to work?

- ☐ Yes →
- ☐ No

On average, how many days per month does this occur?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> <1 | <input type="radio"/> 7 | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8 | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9 | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 | <input type="radio"/> 31 |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 | |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 | |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 | |

When you take your dog to work, how do you typically get there? *(Select all that apply)*

- ☐ Walk
- ☐ Drive (car or other vehicle)
- ☐ Bike
- ☐ Public transportation
- ☐ Other: _____

How long does it take you to get to work? Select the amount of time that most closely matches the transit time.

Hours:

- | | | | |
|-------------------------|-------------------------|--------------------------|---------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 4 | <input type="radio"/> 8 | <input type="radio"/> 12+ |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 | |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 | |
| <input type="radio"/> 3 | <input type="radio"/> 7 | <input type="radio"/> 11 | |

Minutes:

- | | |
|--------------------------|--------------------------|
| <input type="radio"/> 00 | <input type="radio"/> 30 |
| <input type="radio"/> 15 | <input type="radio"/> 45 |



Do you take ever your dog to a sitter or daycare center?

- ☐ Yes →
- ☐ No

On average, how many days per month does this occur?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> <1 | <input type="radio"/> 7 | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8 | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9 | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 | <input type="radio"/> 31 |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 | |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 | |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 | |

When you take your dog to a sitter/daycare, how do you typically get there?
(Select all that apply)

- ☐ Walk
- ☐ Drive (car or other vehicle)
- ☐ Bike
- ☐ Public transportation
- ☐ Other: _____

How long does it take you to get to work? Select the amount of time that most closely matches the transit time.

Hours:

- | | | | |
|-------------------------|-------------------------|--------------------------|---------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 4 | <input type="radio"/> 8 | <input type="radio"/> 12+ |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 | |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 | |
| <input type="radio"/> 3 | <input type="radio"/> 7 | <input type="radio"/> 11 | |

Minutes:

- | | |
|--------------------------|--------------------------|
| <input type="radio"/> 00 | <input type="radio"/> 30 |
| <input type="radio"/> 15 | <input type="radio"/> 45 |

Woof! You've successfully completed the Environment section of the Health and Life Experience Survey! A central goal of the Dog Aging Project is to describe the very different environments of dogs living across the United States and understand how these may be involved with aging. If you're ready to move on, please continue with the next section once you are returned to the portal. If it's time to take your dog for a walk, don't worry. All your answers have been saved, and you can return to your personal portal to continue at any time.

Use this list to complete the “Environment” questionnaire.

US, United States of America	CU, Cuba	JP, Japan	NO, Norway
AF, Afghanistan	CW, Curaçao	JE, Jersey	OM, Oman
AX, Åland Islands	CY, Cyprus	JO, Jordan	PK, Pakistan
AL, Albania	CZ, Czechia	KZ, Kazakhstan	PW, Palau
DZ, Algeria	DK, Denmark	KE, Kenya	PS, Palestine, State of
AS, American Samoa	DJ, Djibouti	KI, Kiribati	PA, Panama
AD, Andorra	DM, Dominica	KP, Korea, Democratic People's Republic of	PG, Papua New Guinea
AO, Angola	DO, Dominican Republic	KR, Korea, Republic of	PY, Paraguay
AI, Anguilla	EC, Ecuador	KW, Kuwait	PE, Peru
AQ, Antarctica	EG, Egypt	KG, Kyrgyzstan	PH, Philippines
AG, Antigua and Barbuda	SV, El Salvador	LA, Lao People's Democratic Republic	PN, Pitcairn
AR, Argentina	GQ, Equatorial Guinea	LV, Latvia	PL, Poland
AM, Armenia	ER, Eritrea	LB, Lebanon	PT, Portugal
AW, Aruba	EE, Estonia	LS, Lesotho	PR, Puerto Rico
AU, Australia	SZ, Eswatini	LR, Liberia	QA, Qatar
AT, Austria	ET, Ethiopia	LY, Libya	RE, Réunion
AZ, Azerbaijan	FK, Falkland Islands (Malvinas)	LI, Liechtenstein	RO, Romania
BS, Bahamas	FO, Faroe Islands	LT, Lithuania	RU, Russian Federation
BH, Bahrain	FJ, Fiji	LU, Luxembourg	RW, Rwanda
BD, Bangladesh	FI, Finland	MO, Macao	BL, Saint Barthélemy
BB, Barbados	FR, France	MG, Madagascar	SH, Saint Helena, Ascension and Tristan da Cunha
BY, Belarus	GF, French Guiana	MW, Malawi	KN, Saint Kitts and Nevis
BE, Belgium	PF, French Polynesia	MY, Malaysia	LC, Saint Lucia
BZ, Belize	TF, French Southern Territories	MV, Maldives	MF, Saint Martin (French part)
BJ, Benin	GA, Gabon	ML, Mali	PM, Saint Pierre and Miquelon
BM, Bermuda	GM, Gambia	MT, Malta	VC, Saint Vincent and the Grenadines
BT, Bhutan	GE, Georgia	MH, Marshall Islands	WS, Samoa
BO, Bolivia	DE, Germany	MQ, Martinique	SM, San Marino
BQ, Bonaire, Sint Eustatius and Saba	GH, Ghana	MR, Mauritania	ST, Sao Tome and Principe
BA, Bosnia and Herzegovina	GI, Gibraltar	MU, Mauritius	SA, Saudi Arabia
BW, Botswana	GR, Greece	YT, Mayotte	SN, Senegal
BV, Bouvet Island	GL, Greenland	MX, Mexico	RS, Serbia
BR, Brazil	GD, Grenada	FM, Micronesia, Federated States of	SC, Seychelles
IO, British Indian Ocean Territory	GP, Guadeloupe	MD, Moldova, Republic of	SL, Sierra Leone
BN, Brunei Darussalam	GU, Guam	MC, Monaco	SG, Singapore
BG, Bulgaria	GT, Guatemala	MN, Mongolia	SX, Sint Maarten (Dutch part)
BF, Burkina Faso	GG, Guernsey	ME, Montenegro	SK, Slovakia
BI, Burundi	GN, Guinea	MS, Montserrat	SI, Slovenia
CV, Cabo Verde	GW, Guinea-Bissau	MA, Morocco	SB, Solomon Islands
KH, Cambodia	GY, Guyana	MZ, Mozambique	SO, Somalia
CM, Cameroon	HT, Haiti	MM, Myanmar	ZA, South Africa
CA, Canada	HM, Heard Island and McDonald Islands	NA, Namibia	GS, South Georgia and the South Sandwich Islands
KY, Cayman Islands	VA, Holy See (Vatican City State)	NR, Nauru	SS, South Sudan
CF, Central African Republic	HN, Honduras	NP, Nepal	ES, Spain
TD, Chad	HK, Hong Kong	NL, Netherlands	LK, Sri Lanka
CL, Chile	HU, Hungary	NC, New Caledonia	SD, Sudan
CN, China	IS, Iceland	NZ, New Zealand	SR, Suriname
CX, Christmas Island	IN, India	NI, Nicaragua	SJ, Svalbard and Jan Mayen
CC, Cocos (Keeling) Islands	ID, Indonesia	NE, Niger	SE, Sweden
CO, Colombia	IR, Iran, Islamic Republic of	NG, Nigeria	CH, Switzerland
KM, Comoros	IQ, Iraq	NU, Niue	SY, Syrian Arab Republic
CG, Congo	IE, Ireland	NF, Norfolk Island	TW, Taiwan, Province of China[a]
CD, Congo, Democratic Republic of the	IM, Isle of Man	MK, North Macedonia	
CK, Cook Islands	IL, Israel	MP, Northern Mariana Islands	
CR, Costa Rica	IT, Italy		
CI, Côte d'Ivoire	JM, Jamaica		
HR, Croatia			



Use this list to complete the “Environment” questionnaire.

TJ, Tajikistan
TZ, Tanzania, United Republic of
TH, Thailand
TL, Timor-Leste
TG, Togo
TK, Tokelau
TO, Tonga
TT, Trinidad and Tobago
TN, Tunisia
TR, Turkey
TM, Turkmenistan
TC, Turks and Caicos Islands
TV, Tuvalu
UG, Uganda
UA, Ukraine
AE, United Arab Emirates
GB, United Kingdom
UM, United States Minor Outlying
Islands
UY, Uruguay
UZ, Uzbekistan
VU, Vanuatu
VE, Venezuela (Bolivarian Republic of)
VN, Viet Nam
VG, Virgin Islands (British)
VI, Virgin Islands (U.S.)
WF, Wallis and Futuna
EH, Western Sahara
YE, Yemen
ZM, Zambia
ZW, Zimbabwe