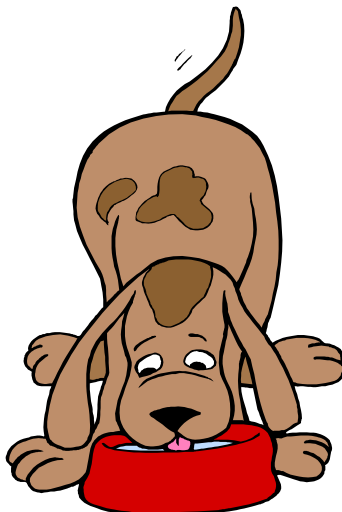




UNIVERSITY
of
GLASGOW

University of Glasgow Nutrition Questionnaire in conjunction with the Pet Food Manufacturing Association (PFMA)

Conducted by Companion Animal Studies
University of Glasgow Veterinary School
Bearsden Road
Glasgow G61 1QH



Thank you very much for agreeing to help us by participating in this questionnaire, which should take around 15 minutes to complete.

Before you begin, please read these important notes:

The questionnaire is anonymous

This questionnaire should be completed by the person who knows the dog best. If you have more than one dog please complete the questionnaire for the dog who is with you.

Some of the questions require you to write your answers in the spaces provided. All the other questions require you to enter a cross in the appropriate box to indicate your answer. If you make a mistake fill in the box in which you made the mistake and cross the correct answer.

Examples of how to mark the questionnaire: How old is your dog years months

To answer "no" Yes No

To answer "yes" Yes No

If possible please use a black or blue pen to complete the questionnaire

Please try to complete the questionnaire whilst in the waiting room and hand it in when you have finished.

Please try to answer all of the questions.

Thank you for your assistance

Section 1 - About your dog

How old is your dog? years months

How long have you owned or looked after your dog? years months

What breed is your dog? Purebreed Cross

If Purebreed, please state:

What sex is your dog? Male
 Male neutered (castrated)
 Female
 Female neutered (spayed)

How often have you wormed your dog in the last year? Never Three times
 Once More than three times
 Twice

Which of the following products did you use to worm your dog? Pet Shop Product
 Veterinary Product
 Supermarket Product

Is your dog vaccinated? Annually
 Occasionally
 Not Vaccinated

Do you have other dogs in the household? Yes No

Have you owned a dog/s before? Yes No

Section 2 - About the food you feed your dog

How often do you feed your dog? Once a day
 Twice a day
 Three times a day
 Ad lib(free feeding/food left out)

Where do you usually purchase your pet food? Supermarket Online
 Veterinary Practice Other
 Petstore

If Other, please state:

What do you feed your dog? (please cross all boxes that apply)	Tinned Food:	<input type="checkbox"/> Supermarkets own	<input type="checkbox"/> Branded product
	Dry Food/mixer:	<input type="checkbox"/> Supermarkets own	<input type="checkbox"/> Branded product
	Pouches:	<input type="checkbox"/> Supermarkets own	<input type="checkbox"/> Branded product
	Aluminium trays:	<input type="checkbox"/> Supermarkets own	<input type="checkbox"/> Branded product
	Therapeutic/Prescription/Veterinary diet:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Home cooked food:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Raw food:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vegetarian diet:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Scraps:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Section 2 - About the food you feed your dog (continued)

Which supplements do you give your dog?

- Vitamins
 Fatty acids or oils
 Glucosamine and/or chondroitin
 Other

If Other, please specify:

As part of your feeding regime do you ever give probiotics/yoghurt to your dog?

- Yes No

If Yes, please specify:

If Yes, was this on advice from:

- Vet Book/Online
 Friend Other
 Breeder

If you feed a home-made/raw diet for most of your dog's meals, please complete the following section.

How is the home-made diet formulated?

- Recipe from Vet/Vet Nurse
 Recipe from Book/Online
 Recipe from Friend
 My Own/Family Recipe
 Other

If Other, please specify:

Why do you feed a home-made diet?

- Belief that it is healthier for my dog
 Cheaper than commercial pet food
 For ease
 Recommended in book/online/press
 Preference of dog
 Other

When preparing a batch of home-made diet for your dog, do you prepare enough to last approximately:

- One day 4-7 days
 2-4 days More than one weeks worth

How do you store prepared batches of your dog's home-made diet?

- Refrigerate Store Cupboard
 Freeze Do not store prepared diet

Do you wash your hands after handling the home-made diet?

- Always Never
 Sometimes

What do you think are the advantages of feeding a home-made diet?

What do you think are the disadvantages of feeding a home-made diet?

Section 3 - About your dog's weight

- Do you know how much your dog weighs? Yes No
- Do you think your dog is: Far too thin A bit overweight
 A bit thin Very overweight
 Just right
- If you think that your dog is overweight, why do you think that it is? Too much food Medical condition
 Too little exercise Don't know
- How do you decide how much to feed your dog? Instructions on dog food can or packet
 Advice from Vet
 Until dog stops eating
 Assess body condition and adjust
 It is how I have always fed my dog/s
 Don't know
- Are you aware of any health risks associated with obesity in dogs? Yes No

If Yes, please specify:

- Have you ever tried to reduce your dog's weight? Yes No
If Yes, how did you try to achieve weight loss?: Reduce food Increase exercise
 Change diet Other
- Have you ever asked for veterinary advice about trying to reduce the weight of your dog? Yes No
- Has your vet ever suggested a new diet for controlling your dog's weight? Yes No
- In an average **week**, how much exercise does your dog get? hours
- Is your dog ever allowed off the lead when exercising? Yes No

Section 4 - About your dog's health

- Has your dog had any of the following symptoms in the LAST 12 months?
- | | | | |
|------------------|------------------------------|-----------------------------|-------------------------------------|
| Diarrhoea | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Vomiting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Loss of appetite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

If you answered YES to any of the above symptoms please complete the following, if not move on to Section 5.

- Did the vomiting and diarrhoea occur at the same time as each other? Yes No Don't know
- Were these symptoms associated with any of the following situations? Scavenging Long term illness
 Change of diet
- If your dog had diarrhoea, how long did it last? Less than 3 days More than 3 weeks
 3 days - 3 weeks
- Did the diarrhoea improve without any medication? Yes No Don't know
- Did the vet take a faecal sample for analysis? Yes No Don't know

Section 4 - About your dog's health (continued)

Were any of the following treatments prescribed by your vet to treat the diarrhoea?

- | | | | |
|----------------------------------|------------------------------|-----------------------------|-------------------------------------|
| Change of diet/prescription diet | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Antibiotics | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Fluids | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Probiotics | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Kaolin/pectin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

If Other, please specify:

- If the diet was changed to treat diarrhoea, how long did you use the new diet for?
- | | |
|---|---|
| <input type="checkbox"/> Less than a week | <input type="checkbox"/> Less than a year |
| <input type="checkbox"/> Up to a month | <input type="checkbox"/> Forevermore |

Section 5 - About the Pet Food Manufacturers Association (PFMA)

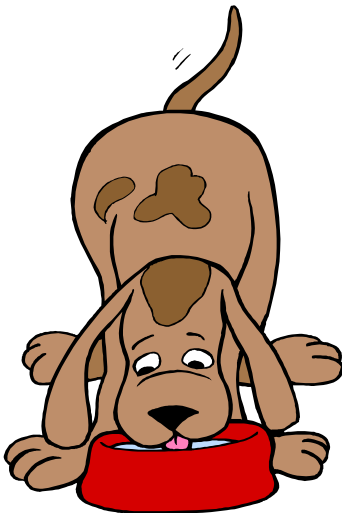
- Are you aware of the Pet food Manufacturers Association (PFMA)?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If **Yes** what do they do?, please specify:

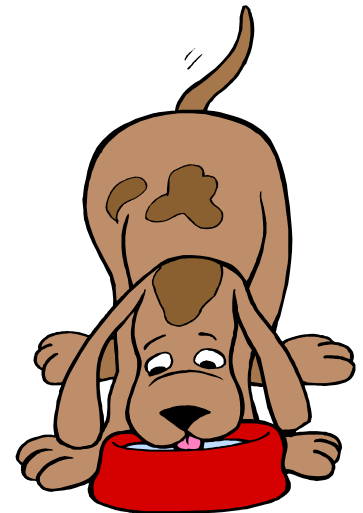
For more information on pet food and feeding your pet, please visit: www.pfma.org.uk

Section 6 - Details of owner completing this questionnaire

- Please mark the appropriate box that includes your age?
- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> 18-35 | <input type="checkbox"/> 51-65 |
| <input type="checkbox"/> 36-50 | <input type="checkbox"/> over 65 |
- Please mark the appropriate box for gender?
- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|
- How would you describe your own body condition?
- | | |
|--|--|
| <input type="checkbox"/> Underweight | <input type="checkbox"/> Slightly overweight |
| <input type="checkbox"/> Slightly underweight | <input type="checkbox"/> Overweight |
| <input type="checkbox"/> Within recommended weight range | |
- Please mark the appropriate box that includes your household income per year?
- | | |
|--|--|
| <input type="checkbox"/> Less than £10,000 | <input type="checkbox"/> £20,000 - £40,000 |
| <input type="checkbox"/> £10,000 - £20,000 | <input type="checkbox"/> More than £40,000 |



**Thank you for your time
and
for participating in this survey**



THE FOLLOWING SECTION SHOULD BE COMPLETED BY YOUR VET

Section 7 - To be completed by the Vet

Please provide your assessment of the dogs
body condition score:

1 - Extremely thin

5 - Mildly overweight

2 - Thin

6 - Moderately overweight

3 - Lean

7 - Severely overweight

4 - Ideal

Date questionnaire completed (dd/mm/yy)

/ /

Thank you for your time and participating in this survey