RINA Institute

Advancing Science for Pet Health

Epilepsy Questionnaire

Modified from De Risio et al., 2015¹

Today's date:___

BASIC INFORMATION

To be completed by owner:						
Pet's name:			Owner's name:			
Breed:			Age:			
Sex:	М	F	Reproductive status:	Intact/Entire	Spayed/neutered	

Current diet:

To be completed by veterinarian:						
Body weight:		Body condition score (enter value 1-9):				
Muscle condition score:	Normal	Mild muscle loss	Moderate muscle loss	Severe muscle loss		

There are many possible causes of the episodes your pet is experiencing, and disorders of several organs or body systems can cause similar signs. By completing this questionnaire, you will be providing vital information that can help your veterinarian interpret your pet's episodes and develop a focused diagnostic plan.

HISTORY

Did your pet have birth complications?				No	Not sure	
Has your pet ever sustained head trauma?				No	Not sure	
Has your pet ever had meningitis or an infection	i involving the brain, spin	e, or nerves?	Yes	No	Not sure	
Does your pet have, or has your pet ever had, an	Does your pet have, or has your pet ever had, any of the following conditions?					
Liver disease Kidney disease				Low blood sugar		
	Low calcium	Low potassium		None o	of these	
Has your pet ever been diagnosed with epilepsy	?		Yes	No	Not sure	
Do any of your pet's relatives suffer from epileps	sy?		Yes	No	Not sure	
If you answered Yes to the question above, please provide a copy of your dog's pedigree						
How old was your dog when they had their first episode?years months						
How many episodes does your pet usually havein a 24-hour period?in one month?						
What is the highest number of episodes you have observed in a 24-hour period?						
If your pet has more than one episode in a 24-hour period, how often does this occur?						
Once every month Once every 3 m	nonths Other:					
If your dog is an entire/intact female, does the fi	equency of episodes increa	ase during heat?	Yes	No	Not sure	

POSSIBLE TRIGGERS

When do episodes occur? (Mark as many as apply)						
morning	afternoon	evening	any time of day			
Do episodes occur (Mark as many as apply)						
at rest	during sle	ер	during exercise/excitement			
soon after a meal	when a me	eal is due	no relation to meal time			
Do any of the following events seem to induce an episode? (Mark as many as apply)						
stress	exposure t	o flashing lights	exposure to loud sounds			
visitors to home	travel	visit to vet/gro	oomer other (please specify):			

PRIOR TO THE EPISODES

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DURING THE EPISODES

Do your pet's episodes all seem the same?	Yes	No			
How long do the episodes last?	minutes	seconds			
Is this based on a timer or watch?	Yes	No			
What is the first thing you observe when your pet has an episode?					
head movements forelimb movements	hindlimb movements	;			
Does the episode start on one side?	left	right not sure			
Does your pet fall to the floor during the episodes?	Yes	No			
If Yes, is it always to the same side?	Yes	No			
If Yes, which side?	left	right			
Does your pet do any of the following during the episode? (Mark as many as apply)					
chewing movements paddling movements shaki	ing urinate	defecate drool/froth			
Do you think your pet can hear you during the episode?	Yes	No			
Do you think your pet can see you during the episode?	Yes	No			

Please describe in detail what you observe during your pet's episodes. If your pet displays more than one type of episode, please describe the most common type first and then the other type(s). When possible, please describe what you observe about your pet's mental state and what their body is doing during the episodes in sequence.

AFTER THE EPISODES

How long does it take your pet to be standing and walking around?_____

How long does it take until your pet is back to normal?____

Does your pet show any of the following immediately after the episode? (Mark as many as apply)

fearfulnessaggressiondisorientation/agitationacting "clingy"anti-social/hidingsleepy/lethargicstaring into spacefly-catching/star-gazingsniffing excessivelyblindnessother (please describe):staring into spacestaring into space

BETWEEN THE EPISODES

How long does it take your pet to be standing and walking around?_____

Does your pet show any of the following behaviors between episodes? (Mark as many as apply)

altered mentation (e.g., depressed or hyperactive)unable to perform previously learned tasksabnormal social interactions (e.g., clingy, hiding)aggressive toward familiar dogs or peopledisobedientaggressive toward strange dogs or peoplestaring into corners or pressing head against wallseating feces or abnormal itemsexcessively licking or scratching themselvesdestructiveagitated, pacing, howling, barkingchange in sleeping patternchange in exercise patternabnormal sexual behavior

ADDITIONAL INFORMATION

If available, please provide us with the following:

video footage of episode(s)

- a copy of the seizure and medication diaries
- results of previous diagnostics (blood tests, urinalysis, MRI, CT, etc.)
- If you have any additional information to add, please do so here.