(3) Pet Health Survey: Healthy Pets - Healthy Humans - copy

Getting started

This survey is related to the everyday habits of your dog or cat. If you have more than one pet at home, please fill in the questions for only one pet per survey.

We hope to use the information gathered from this survey to assess changes over time in pet diseases/health issues in residential settings and identify disease hotspots across the U.S. We believe the public will benefit by having a powerful new way to target, identify and reduce harmful exposures that are impacting pets, and potentially their humans.

You will have an option at the end of the survey to complete separate surveys for additional pets if you choose. This survey should take approximately 7 minutes to complete. All responses are voluntary.

Thank you for your time and effort!

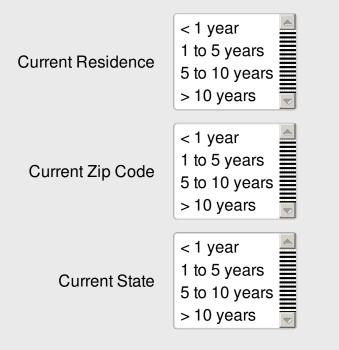
- 1. Are you filling out this survey for your pet cat or dog?
 - Cat
 - O Dog
 - I don't have a cat or dog

2. What is your home zip code? *

- 3. Has your pet spent the majority of its life in the current residence?
 - I don't know
 - Yes
 - No. Please provide zip code and/or state where the pet lived the longest.

*

4. How long has the pet lived in the following (in years):



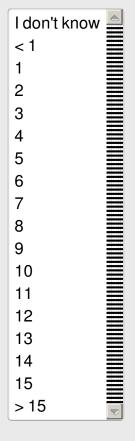
If you have more than one pet at home, please fill in the questions for only one pet per survey.

Tell us a little about your pet.

- 5. What is the sex of your pet?
 - C Female
 - O Male

6. What is the breed of your pet? If mixed, please specify to the best of your ability.

7. How many years of age is your pet?



8. About how much does your pet weigh (in pounds)?

1 lb 2 lbs 3 lbs 4 lbs 5 lbs 6 lbs 7 lbs 8 lbs 9 lbs 10 lbs 11 lbs

12 lbs 13 lbs 14 lbs 15 lbs 16 lbs 17 lbs 18 lbs 19 lbs 20 lbs 21 lbs 22 lbs 23 lbs 24 lbs 25 lbs 26 lbs 27 lbs 28 lbs 29 lbs 30 lbs 31 lbs 32 lbs 33 lbs 34 lbs 35 lbs 36 lbs 37 lbs 38 lbs 39 lbs 40 lbs 41 lbs 42 lbs 43 lbs 44 lbs 45 lbs 46 lbs 47 lbs - ···

48 IDS 49 lbs 50 lbs 51 lbs 52 lbs 53 lbs 54 lbs 55 lbs 56 lbs 57 lbs 58 lbs 59 lbs 60 lbs 61 lbs 62 lbs 63 lbs 64 lbs 65 lbs 66 lbs 67 lbs 68 lbs 69 lbs 70 lbs 71 lbs 72 lbs 73 lbs 74 lbs 75 lbs 76 lbs 77 lbs 78 lbs 79 lbs 80 lbs 81 lbs 82 lbs 83 lbs Q1 lbc



- 9. Is your pet considered overweight?
 - O Yes
 - O No
 - O I don't know

10. Is your pet spayed/neutered?

- O Yes
- O No
- I don't know
- 11. At what age was your pet spayed/neutered?
 - O < 1 year of age</pre>
 - 1 to 3 years of age
 - 3 to 5 years of age
 - > 5 years of age
 - I don't know
- 12. What types of food does your pet eat **regularly**? Check all that apply.
 - Dry pet food
 - Wet pet food
 - Human grade / table food
 - Raw diet
 - Other please specify

- 13. What are your pet's **regular** sources of water? Check all that apply.
 - □ Unfiltered city water
 - Unfiltered well water
 - Filtered water
 - Rainwater
 - Bottled water
 - Other please specify

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Pet health and history

- 14. Please select any of the following treatments that your pet receives:
 - Flea / tick treatment (e.g., shampoo, powder, pill, topical)
 - Flea / tick collar
 - Routine vaccines (e.g., Rabies, Parvovirus)
 - □ Vitamins / supplements
 - Teeth brushing / other dental care
 - Heartworm treatment

15. Please check the box(es) below that best describe your pet's history with allergies. Check all that apply.

Has never had Currently has Has had in the past I don't know

Food/Gastrointestinal Allergy		
Respiratory Allergy		
Skin Allergy		
Seasonal Allergy	Γ	

16. Please check the box(es) below that best describe your pet's history with the following health issues. **Check all that apply**.

	Has never had	Currently has	Has had in the past	l don't know
Cryptosporidium				
Giardia				
Heartworms				
Influenza				
Lead poisoning				
Leptospirosis				
Pesticide poisoning				
Ringworm				
Rocky Mountain spotted fever				
Other tick-borne diseases (e.g., Lyme, Bartonella)				
Skin mites				
West Nile virus				

17. Has your pet had any of the following **non-cancer health issues** during its lifetime? Please check all that apply and indicate in what stage(s) of life your pet has experienced this issue.

	Never	Youth (< 2 years)	Prime (2 - 7 years)	Mature (7 - 10 years)	Senior (> 10 years)	l don't know
Arthritis						
Benign tumor						
Dental or gum disease						
Diabetes						
Eye issues						
Gastrointestinal illness						
Heartissues						
Kidney issues						
Liverillness						
Overweight or obese						
Pancreatitis						
Respiratory illness						
Seizures						
Thyroid issues (e.g., hyperthyroidism or hypothyroidism)						
Urinary issues						

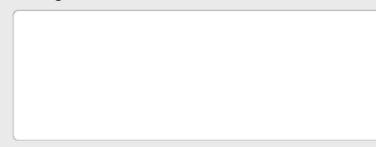
At what life stage(s) has your pet had this issue? Check all that apply.

18. Has your pet had any type of **cancer** during its lifetime? Please check all that apply and indicate in what stages of life your pet has had each cancer type.

	Never	Youth (<2 years)	Prime (2-7 years)	Mature (7-10 years)	Senior (> 10 years)	l don't know
Brain (e.g., meningioma)						
Blood (e.g., leukemia)						
Bone (e.g., osteosarcoma)						
Gastrointestinal (e.g., stomach, intestines)						
Kidney						
Liver						
Lung						
Lymphatic (e.g., lymphoma)						
Mammary (e.g., breast cancer)						
Skin (e.g., squamous cell, basil cell, melanoma, or mast cell tumors)						
Urologic (e.g., bladder)						
Other						

At what life stage(s) has your pet had this cancer? Check all that apply.

19. Please provide any additional information about your pet's health history and/or treatments received, including health issues or traumas not mentioned above.



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Pet behavior

20. Would you say your pet is an indoor or outdoor pet?

- Indoor only
- Outdoor only
- Both indoor and outdoor

VALIDATION Must be percentage

21. For a given week, please **estimate the percentage of time** your pet spends in the following environments. *Answers must add up to 100%.*

	Inside the primary home
	Directly outside the primary home (e.g., yard)
	Around the neighborhood
	Local park, trail, or other green space
	State park or larger natural area
	At pet daycare/sitter
0 out of 100% Total	

22. In the following places, is your dog typically on or off leash?

	On leash	Off leash	N/A
In your yard	0	0	0
Near your home (e.g., shared lawns, neighboring yards)	0	0	0
Local trails	O	0	0
Urban parks	0	0	0
State parks or larger natural areas	O	0	0
In or around water bodies (e.g., lake, creek)	0	0	0

23. Please tell us how frequently your pet exhibits the following behaviors:

	Never	Rarely	Sometimes	Often
Digging in yard	0	0	0	0
Licking its fur/skin	0	0	O	0
Eating non-food items (e.g., paper, plastic, wood, toys)	0	0	0	O
Sleeping or sitting on furniture (e.g., couch, beds)	0	0	O	0
Riding in cars	0	0	0	0
Mouthing toys (e.g., tennis balls, stuffed animals, ropes)	0	0	O	0
Hiding	0	0	0	0
Inappropriate urinating or defecating indoors	0	0	O	0
Loss of appetite	0	0	0	0
Destructive behavior (e.g., chewing furniture)	0	0	O	0
Barking / meowing	0	0	0	O

24. On average, what is your pet's activity level while awake?

O Low

O Moderate

High

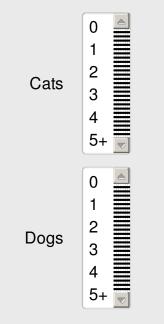
25. On average, what is your pet's exposure to smoke?

- O None
- C Low
- O Moderate
- High

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More info

26. How many cats and dogs live at your home (including both indoor and outdoor pets)?



27. How old is your current home?

Less than 1 year
1-5 years
6-10 years
11-15 years
16-20 years
21-30 years
31-40 years
41-50 years
Greater than 50 years
I don't know

- 28. My neighborhood is best described as:
 - O Urban
 - Suburban
 - O Rural
 - O Other Write In

- 29. The vehicular traffic in my neighborhood is:
 - C Low
 - O Moderate
 - High

30. Excluding treatment of your pet, are pesticides used indoors or outdoors at the pet's primary residence?

- Yes, both
- Yes, indoor only
- Yes, outdoor only
- O No
- O I don't know

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Thank You!

Thank you for taking our survey. Your response provides valuable input information for understanding pet health across the nation. If you are interested in filling out this survey for another pet, <u>please start a new survey</u>.