**Supplementary Appendix S2**—Owner questionnaire used to evaluate their dog’s quality of life after supplementation.

Pet Name: ______________________
Owner: _________________________
Date: __________________________
Day tx: _________________________

### Canine Quality of Life Owner Questionnaire – Post-supplementation Recheck Examination

1. **What is/was your dog's quality of life before starting the ribose-cysteine supplement?**

<table>
<thead>
<tr>
<th>Quality of life</th>
<th>Quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>could not be worse</td>
<td>could not be better</td>
</tr>
</tbody>
</table>

2. **How do you think your dog's quality of life is after being on the supplement for ___ week(s)?**

<table>
<thead>
<tr>
<th>Quality of life</th>
<th>Quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>could not be worse</td>
<td>could not be better</td>
</tr>
</tbody>
</table>

3. **Have you noted any changes in your dog (behavior, appetite, energy, etc.) this week?**
   - ☐ Yes
   - ☐ No

   If so, what were the changes?

   __________________________________________________________

4. **Have you noted any changes in your dog (behavior, appetite, energy, etc.) this week that you suspect are associated with the ribose-cysteine supplement?**
   - ☐ Yes
   - ☐ No

   If so, what were they?

   __________________________________________________________
5. Which statement best represents how you feel about your dog
   - I am happy he/she is on the ribose-cysteine supplement
   - I am not sure how I feel about him/her being on the ribose-cysteine supplement
   - I regret starting him/her on the ribose-cysteine supplement

6. If you had another dog, would you consider starting them on the ribose-cysteine supplement?
   - Yes
   - No

7. What is the current dose of ribose-cysteine supplement your dog is receiving?

   ________________________________

8. Is your dog taking any other medications?
   - Yes
   - No

   If so, what are they?

   ________________________________