Pain Management in Dogs and Cats after Spay or Neuter Surgery

Q1 Please respond to this question to continue.

Q2 You are being asked to participate in a research study. The purpose of the study is to collect data which will ask about your perception of pain in your pet after a spay or neuter surgery, your willingness to treat as directed by your veterinarian, and if you used integrative medicine to treat pain in your pet. This survey will take approximately 5-10 minutes to complete. Your participation is voluntary. Some questions are unable to be skipped, as they are essential for data collection for this study. This survey is anonymous, you can withdraw from the study only before you submit the survey. You will not be asked any identifiable information. You must be 18 or older to participate. If you have any questions please contact us at munozkir@msu.edu.

The study was approved by Michigan State University's IRB, exempt 2018 (2)(i).

By clicking "I consent to be part of the study" below, you indicate that you voluntarily agree to participate in this research study.

- [ ] I consent to be part of the study (1)
- [ ] I do not consent to be part of the study (2)
Q3 Do you own a dog or cat that has been spayed or neutered within the last 6 months? A spay or neuter is a surgery to remove the reproductive organs (uterus, ovaries, testes) to prevent pets from reproducing (getting pregnant, having puppies or kittens). If you had more than one animal that had a spay or neuter, please think about the one that you remember the most about.

- Yes (1)
- No (2)

Display This Question:
If Do you own a dog or cat that has been spayed or neutered within the last 6 months? A spay or neut... = Yes

Q4 Is your pet a cat or a dog?

- cat (1)
- dog (2)
Q6 What gender do you best identify with?

- Female (1)
- Male (2)
- Non-binary (3)
- Not listed/other (4)
- Prefer not to answer (5)

Q7 Please tell us your age.

- 18 - 24 (1)
- 25 - 34 (2)
- 35 - 44 (3)
- 45 - 54 (4)
- 55-64 (5)
- 65 or older (6)

Q37 Which state do you live in?

________________________________________________________________

________________________________________________________________
Q8 What is the highest education level that you have completed?

- Less than high school diploma/GED (1)
- High school diploma/GED (2)
- Associate degree (3)
- Bachelor's degree (4)
- Master's degree (5)
- Doctoral or Professional degree (6)

Q9 What is your job title? If you currently do not work please write, "I do not work".

________________________________________________________________

Q10 Do you have a painful health condition yourself?

- No (1)
- Yes (2)
Q11 Are you currently taking pain medications to manage your own painful health condition? If yes, how long have you been taking the medication(s) (please answer in number of weeks)?

- Yes (please state duration in weeks, e.g. 4) (1)
- No (2)

Display This Question:
If Do you have a painful health condition yourself? = Yes

Q12 Have you ever used integrative medicine (acupuncture, laser therapy, therapeutic massage, etc.) to help manage your own painful health condition in the past?

- Yes (1)
- No (2)

Display This Question:
If Do you have a painful health condition yourself? = Yes

Q13 Do you currently use integrative medicine (acupuncture, laser therapy, therapeutic massage, etc) for your own painful health condition?

- Yes (1)
- No (2)

Display This Question:
If Do you currently use integrative medicine (acupuncture, laser therapy, therapeutic massage, etc)... = Yes
Q14 How often do you get integrative medicine therapies (acupuncture, laser therapy, therapeutic massage, etc) to help manage your painful health condition?

- Once a week (1)
- More than once a week (2)
- Once a month (3)
- Once every 3 months (4)
- More than 6 times a year (5)
- Other (6) __________________________________________________
Q15 Is your $(Q4/ChoiceGroup/SelectedChoices)$ male or female?

- Male (1)
- Female (2)

Q16 What breed is your $(Q4/ChoiceGroup/SelectedChoices)$? If you do not know, please write your best guess or write "Mixed".

________________________________________________________________

Q17 What is the coat length of your $(Q4/ChoiceGroup/SelectedChoices)$?

- Short hair (1)
- Medium hair (2)
- Long hair (3)

Q18 What procedure did your $(Q4/ChoiceGroup/SelectedChoices)$ have done?

- spay (1)
- neuter (castration) (2)
Q19 How old was your ${Q4/ChoiceGroup/SelectedChoices} when they had their ${Q18/ChoiceGroup/SelectedChoices}?

- Less than 6 months (1)
- 6 months - 3 years (2)
- 3 years - 7 years (3)
- 8 years or older (4)
Q20 Did your ${Q4/ChoiceGroup/SelectedChoices} have a ${Q18/ChoiceGroup/SelectedChoices} surgery due to an urgent medical issue? If yes, please list medical issue that caused you to make the decision to spay or neuter your pet. Examples of urgent medical issues include, but are not limited to, pyometra (uterine infection), testicular cancer, prostatitis (inflammation of the prostate gland), or prostate cancer.

- [ ] Yes (please list urgent medical issue) (1)

- [ ] No (2)

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Display This Question:

If Do you own a dog or cat that has been spayed or neutered within the last 6 months? A spay or neut... = Yes
Q21 On a scale from 0 to 10, with 0 being not important and 10 being extremely important, how do you rate the importance of adequate pain management for your pet after a spay or neuter?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)

Display This Question:

If you own a dog or cat that has been spayed or neutered within the last 6 months? A spay or neut... = Yes

Q22 On a scale from 0 to 10, with 0 being not controlled and 10 being extremely well controlled, how would you rate how well your '${Q4/ChoiceGroup/SelectedChoices}'s pain was
managed/controlled in the post-operative period after their spay or neuter? For this study, the post-operative period is defined as the 48-hour period after the surgery was completed.

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
Display This Question:
If Do you own a dog or cat that has been spayed or neutered within the last 6 months? A spay or neut... = Yes

Q23 Were pain medications sent home with your $(Q4/ChoiceGroup/SelectedChoices)$ after their $(Q18/ChoiceGroup/SelectedChoices)$?

- Yes (1)
- No (2)
- I don't remember (3)

Display This Question:
If Were pain medications sent home with your $(q://QID16/ChoiceGroup/SelectedChoices)$ after their ... = Yes

Q24 Did you give the pain medications sent home with your $(Q4/ChoiceGroup/SelectedChoices)$ after their spay or neuter as directed by your veterinarian?

- Yes (1)
- No (2)
- I don't remember if I gave pain medications to my pet (3)

Display This Question:
If Do you own a dog or cat that has been spayed or neutered within the last 6 months? A spay or neut... = Yes

And Were pain medications sent home with your $(q://QID16/ChoiceGroup/SelectedChoices)$ after their ... = Yes
Q25 What pain medication was sent home with your pet? Please select all that apply.

- Carprofen (Rimadyl) (4)
- Robenacoxib (Onsior) (5)
- Buprenorphine (Buprenex) (6)
- Meloxicam (Metacam) (7)
- Tramadol (8)
- Butorphanol (Torbugesic) (9)
- Other (please list) (10)

I don't remember what pain medication was sent home with my pet (11)

Display This Question:

If Do you own a dog or cat that has been spayed or neutered within the last 6 months? A spay or neut... = Yes
And Were pain medications sent home with your $(q://QID16/ChoiceGroup/SelectedChoices) after their ... = Yes
And Did you give the pain medications sent home with your $(q://QID16/ChoiceGroup/SelectedChoices) af... = No
Q26 Why were the pain medications that were sent home after your pet's $(Q18/ChoiceGroup/SelectedChoices)$ not given as directed by your veterinarian? Please select all that apply.

- [ ] My pet did not like the taste of the medication (1)
- [ ] I did not think my pet needed the medication (2)
- [ ] My pet had a bad reaction to the medication (3)
- [ ] I did not have time to give the medication (4)
- [ ] I forgot to give the medication (5)
- [ ] Other (please list reason) (6)

Q27 After your pet's $(Q18/ChoiceGroup/SelectedChoices)$, did they have any integrative medicine therapies (acupuncture, laser therapy, therapeutic massage, etc.) to help with pain management?

- [ ] Yes (1)
- [ ] No (2)

Display This Question:

If After your pet's $(q://QID42/ChoiceGroup/SelectedChoices)$, did they have any integrative medicine... = Yes

Q28 Would you recommend the use of integrative medicine therapies (acupuncture, laser therapy, therapeutic massage, etc.) to other pet owners for pain management after a surgery?

- [ ] Yes (1)
- [ ] No (2)
Q29 Would you prefer to use integrative medicine (acupuncture, laser therapy, therapeutic massage, etc.) in addition to or instead of pain medications?

- In addition to pain medications (1)
- Instead of pain medications (2)
- I would prefer not to use integrative medicine in my pets for pain management (3)

Q30 Did you use a pain scoring system (a pain scale that you got from your vet or the internet) to quantify your pet's pain after they were ${Q18/ChoiceGroup/SelectedChoices}? If yes, please list the pain scoring system that you used.

- Yes (please list pain scale used) (1)
  __________________________________________________________
- No (2)
Q31 Please indicate how frequently your pet displayed each sign of pain **within 24 hours** of having their ${Q18/ChoiceGroup/SelectedChoices} surgery.

<table>
<thead>
<tr>
<th>Sign of Pain</th>
<th>Never (1)</th>
<th>Rarely (2)</th>
<th>Occasionally (3)</th>
<th>Frequently (4)</th>
<th>Constantly (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crying, or whimpering (1)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yelping (2)</td>
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<td>Quiet demeanor (3)</td>
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<td>Unwilling to move (4)</td>
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<tr>
<td>Hiding (5)</td>
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<td>Reactive to touching the surgical site (turning head, growling, yelping, biting) (6)</td>
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<tr>
<td>Urinating/defecating on themselves (7)</td>
<td></td>
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<tr>
<td>Decrease in appetite (8)</td>
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<tr>
<td>Just not acting themselves (9)</td>
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</tbody>
</table>
Q32 Please indicate how frequently your pet displayed each sign of pain between 24 and 48 hours after having their surgery.

<table>
<thead>
<tr>
<th></th>
<th>Never (1)</th>
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<th>Occasionally (3)</th>
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<tr>
<td>Hiding (5)</td>
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<tr>
<td>Does not like the surgery area touched (turning head, growling, yelping, biting) (6)</td>
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Q5 Do you remember if your pet seemed painful or uncomfortable after returning home from its spay or neuter?

- [ ] Yes, I remember and they seemed painful or uncomfortable (1)
- [ ] No, they did not seem painful or uncomfortable (2)
- [ ] I am not sure (3)
Q33 After your $(Q4/ChoiceGroup/SelectedChoices)$ returned home from the veterinary clinic, when did a change in behavior occur that made you think your pet was in pain?

- Less than 2 hours after returning home (1)
- 2-12 hours after returning home (2)
- 12-24 hours after returning home (3)
- 24-48 hours after returning home (4)
- More than 48 hours after returning home (5)
- I did not notice any change in behavior in my pet after their spay or neuter (6)
Q34 Was any intervention used to address the change in behavior that you thought indicated that your $(Q4/ChoiceGroup/SelectedChoices)$ was painful? (Select all that apply)

- Yes, I contacted my vet (1)
- Yes, I brought my pet into my vet clinic (2)
- Yes, I gave my pet over-the-counter medication (3)
- Yes, I brought my pet to an emergency vet clinic (4)
- Yes, I asked for advice from family, friends, social media (5)
- Yes, other (please list) (6)
- No (7)
- I did not notice any change in behavior in my pet after their spay or neuter (8)

Display This Question:
If Was any intervention used to address the change in behavior that you thought indicated that your... = No

Q35 Why was no intervention taken to address the change in behavior that you thought indicated that your $(Q4/ChoiceGroup/SelectedChoices)$ was painful?

- I could not afford to take my pet back to the clinic (1)
- I thought my pet would get better with time (2)
- I did not have time to contact my vet or take my pet back to the clinic (3)
- Other (please list) (4) ____________________________________________________