Questionnaire for owners of dogs following endoscopic scissor transection of intramural ectopic ureters

Dog name/case no. .............................................. Centre .................................................................
Date of questionnaire ........................................ Date of procedure ............................................

Scale for urinary continence scoring: 1 to 10, where:
- 1 = minimally continent or extremely incontinent (leaking urine all the time)
- 5 = moderately continent (only leaking urine when lying down or when the urinary bladder is full) but able to hold some urine between urinations
- 10 = perfectly continent with no urine leakage at all

Question 1. On a scale of 1 to 10 (see above) what urinary continence score would you give your dog prior to the procedure? ......................................................

Question 2. Using the same scale, what score would you give your dog following the procedure?
Immediately after hospital discharge? ...................................................
After 2 weeks? ..............................................
After 2 months? ..........................................
After 6 months? ..........................................
Currently? ..................................................

Question 3. Considering any time post procedure, has your dog experienced any of the following and what score would you give it? (1 – all the time/very severe to 10 – none of the time/not present)
Straining to urinate (1-10) ..........................................
   If present, how long following the procedure was this at its worst? .............................................
   What would you grade it to be now? ..................................
Blood in the urine (1-10) .................................
   If present, how long following the procedure was this at its worst? ..........................................
   What would you grade it to be now? ..................................
Urine infections (1-10) ............................................
   If present, how long following the procedure was this at its worst? ..........................................
   What would you grade it to be now? ..................................
Pain when urinating (1-10) .................................
   If present, how long following the procedure was this at its worst? ..........................................
   What would you grade it to be now? ..................................
Other
Specify..............................................................................................................................................................
If present, how long following the procedure was this at its worst?.................................................................
What would you grade it to be now?.................................

Question 4. Is your dog currently on any additional medication related to urinary incontinence?
Yes / No
If yes, please provide details:
Medication: ................................................................................................................................................................
How much is given and how often? .........................................................................................................................
When did you start this (pre- or post-procedure): ...............................................................................................
What do you feel the response was? .....................................................................................................................
What score would you give for urinary continence (as above) before and after starting this medication?
...........................................................................................................................................................................

Question 5. If your dog was on a medication for urinary incontinence prior to the procedure, have you been able to reduce the dose or stop the medication following the procedure?
Yes / No / Not applicable
If yes, please provide details ....................................................................................................................................

Question 6. Has your dog undergone any further procedures or surgery related to urinary incontinence?
Yes / No
If yes, please provide details ....................................................................................................................................

Question 7. Has your dog suffered any other problems following the procedure, unrelated to the procedure itself?
Yes / No
If yes, please provide details ....................................................................................................................................

Question 8. What do you consider the overall outcome of the procedure? (on a scale of 1 to 5 where 1 is a poor outcome, 2 is minimal improvement, 3 is moderate improvement, 4 is a good outcome and 5 is an excellent outcome) .................................................................................................................................

Question 9. If you had another dog with urinary incontinence, would you consider this procedure to treat them again?
Yes / No
If no, then why?........................................................................................................................................................