Supplementary Material S1

Perineal hernia study – Patient history questionnaire

The purpose of this questionnaire is to map out possible symptoms of the patients involved in this study at 2 weeks, 6 weeks, 3 months, 6 months and 12 months after the surgery.

Please fill out the questionnaire and hand in to the Veterinary Teaching Hospital of the University of Helsinki

We request that the person who is in charge of the pet’s daily care fills out the questionnaire each time.

If you have any questions on filling out this questionnaire, please ask for advice from the veterinarian in charge of the study or from the veterinary hospital staff.

Thank you in advance for taking part in this study!

General information

Name of the owner: __________________________________________________________

Pets name: _______________________________________________________________

Dogs date of birth: ____.____._____

Breed: _________________________________________________________________

Date: _____._____._____

Leikkauksesta on tällä hetkellä kulunut noin

2 w ☐  6 w ☐  3 m ☐  6 m ☐  12 m ☐  

Other ☐, when? _________
Current symptoms

The aim of this section is to map out possible symptoms and their severity your pet may be experiencing after treatment for perineal hernia. Please answer each question carefully so that we may compare them to the preoperative questionnaire.

A. Does your dog have any of the following problems associated with defecating?

1. **Persistent urge to defecate (tenesmus)?**
   - No
   - Not sure
   - Yes
   If you answered yes, please specify whether these symptoms occur
     - Less than once a week
     - Once a week
     - Daily

2. **Defecating small quantities at a time?**
   - No
   - Not sure
   - Yes
   If you answered yes, please specify whether these symptoms occur
     - Less than once a week
     - Once a week
     - Daily

3. **Problems in evacuating the bowel?**
   - No
   - Not sure
   - Yes
   If you answered yes, please specify whether these symptoms occur
     - Less than once a week
     - Once a week
     - Daily

4. **Staying in the defecating position for a longer time than usual?**
   - No
   - Not sure
   - Yes
   If you answered yes, please specify whether these symptoms occur
     - Less than once a week
     - Once a week
     - Daily
5. **Constipation – an extended time between defecations?**
   - No
   - Not sure
   - Yes
   If you answered yes, please specify whether these symptoms occur
     - Less than once a week
     - Once a week
     - Daily

6. **Thicker/larger stools than normal?**
   - No
   - Not sure
   - Yes
   If you answered yes, please specify whether these symptoms occur
     - Less than once a week
     - Once a week
     - Daily

7. **Mucus in the stool?**
   - No
   - Not sure
   - Yes
   If you answered yes, please specify whether these symptoms occur
     - Less than once a week
     - Once a week
     - Daily

8. **Fresh blood in stool?**
   - No
   - Not sure
   - Yes
   If you answered yes, please specify whether these symptoms occur
     - Less than once a week
     - Once a week
     - Daily

9. **Faecal incontinence, leakage of faecal fluids?**
   - No
   - Not sure
   - Yes
   If you answered yes, please specify whether these symptoms occur
     - Less than once a week
     - Once a week
     - Daily

10. **Rectal prolapse (part of the rectum protrudes from the anus)?**
    - No
11. **Swelling or bulging next to the anus or in the perineal area?**

   - No
   - Not sure
   - Yes

   If you answered yes, please specify where this change occurs
   - Left side of the anus
   - Right side of the anus
   - On both sides (bilateral)

**B. Does your dog have one of the following symptoms related to urinating?**

1. **Increased urination frequency?**

   - No
   - Not sure
   - Yes

   If you answered yes, please specify whether these symptoms occur
   - Less than once a week
   - Once a week
   - Daily

2. **Urinating abnormally small quantities at a time?**

   - No
   - Not sure
   - Yes

   If you answered yes, please specify whether these symptoms occur
   - Less than once a week
   - Once a week
   - Daily

3. **Difficulties in urinating?**

   - No
   - Not sure
   - Yes

   If you answered yes, please specify whether these symptoms occur
   - Less than once a week
   - Once a week
   - Daily

4. **Urinary incontinence?**

   - No
   - Not sure
   - Yes

   If you answered yes, please specify whether these symptoms occur
5. Blood in the urine?
   No  □
   Not sure  □
   Yes  □
   If you answered yes, please specify whether these symptoms occur
   Less than once a week  □
   Once a week  □
   Daily  □

C. Does your dog have any of the following digestive system disorders?
   1. Inappetence or decreased appetite?
      No  □
      Not sure  □
      Yes  □
      If you answered yes, please specify whether these symptoms occur
      Less than once a week  □
      Once a week  □
      Daily  □

   2. Vomiting?
      No  □
      Not sure  □
      Yes  □
      If you answered yes, please specify whether vomiting occurs
      Less than once a week  □
      Once a week  □
      Daily  □

   3. Diarrhoea?
      No  □
      Not sure  □
      Yes  □
      If you answered yes, please specify whether diarrhoea occurs
      Less than once a week  □
      Once a week  □
      Daily  □
The diet and current medication

A. The current diet of your pet

- Commercial diet
- Home-made food
- Raw food diet
- Other

Which? _________________________________________
What? _________________________________________

B. Have you changed your pet’s diet after you answered the previous questionnaire

- Commercial diet
- Home-made food
- Raw food diet
- Other

Which? _________________________________________
What? _________________________________________

C. Is your pet receiving a stool softener

- No
- Yes

If yes, the administered treatment and its dose are: ________________________________
Date: _____ . ____ . 20____
The signature and name of the owner

______________________________________________
______________________________________________

Thank you for your answers!
Additional information:
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