

Addendum 1: Quality of life questionnaire

The purpose of this questionnaire is to quantify the impact of the respiratory pathology from which your animal suffers on its quality of life. To correctly answer this questionnaire, you are asked to answer each question by remembering the clinical condition of your dog in the past 2 days.

For each question, we ask you to grade your answer on a scale from 0 to 4.

(Concerning the cough)

- | | |
|-------------------|--------------------------------|
| 0 = Not at all | (no cough) |
| 1 = Exceptionally | (1x/day) |
| 2 = Rarely | (1-5 x/day) |
| 3 = Frequently | (> 5 x/day but not every hour) |
| 4 = Continuously | (several times per hour) |

Date:

Name of the dog:

File number :

Owner's name:

Questions	Answer				
	0	1	2	3	4
1. Does your dog cough ?	0	0	0	0	0
2. Is this cough worsened by exercise, excitement or stress?	0	0	0	0	0
3. Does this cough have an impact on your dog's activity and / or comfort?	0	0	0	0	0
4. Is your dog intolerant to exercise?	0	0	0	0	0
5. Does he have difficulty breathing at rest?	0	0	0	0	0
6. Is your dog more tired or lethargic?	0	0	0	0	0
7. Does your dog have episodes of cyanosis / syncope?	0	0	0	0	0
8. Is your dog's appetite low?	0	0	0	0	0
9. Is your dog nauseated or vomiting?	0	0	0	0	0
TOTAL					/36