An epidemiological investigation of an idiopathic myopathy in hunting dogs in New Zealand

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Supplementary Table 1. Questionnaire used for survey conducted with owners of dogs diagnosed with GSM by telephone.

GO SLOW MYOPATHY – TELEPHONE CASE QUESTIONNAIRE

PART A

OWNER DETAILS				
NAME:				
(first name)	(last name)			
ADDRESS:				
PHONE:	EMAIL:			
USUAL VETERINARIAN:				
HOW LONG HAVE YOU BEEN INVOLVED IN PIG HUNTING?				
WHERE, AND HOW OFTEN, DO YOU USUALLY GO HUNTING (USING DOGS)?				
HOW MANY DOGS DO YOU HAVE THAT ARE USED FOR PIG HUNTING?				

PART B

DOG DETAILS						
NAME:			AGE:			
BREED:						
GENDER:	Male / Female	(circle one)	If female, has she ever had puppies?	Yes	/	No
DESEXED:	Yes / No					
HOW LONG	HAVE YOU HAD TH	IIS DOG?				
WHERE DID	YOU GET THIS DOO	FROM?				
TYPE OF DO	G (e.g. finder, hold	er, bailer):				

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WHAT HAS THIS DOG EATEN IN THE LAST WEEK? Include the relative proportions of each type of food, and for meat, whether it was previously frozen/cooked/raw.

DO YOU EVER FEED WILD PORK OR TRIMMINGS TO YOUR DOGS? Yes / No If yes, when did you last feed wild pig in relation to the onset of 'Go Slow'?

HEALTH:

Date of last worm treatment and product used:

Date of last flea treatment and product used:

If no, what are the on-going effects?

Date of last vaccination: Is this dog vaccinated for leptospirosis: Yes /

No

PART C

DETAILS OF EPISODE OF MUSCLE PAIN / WEAKNESS ('GO SLOW') DATE FIRST CLINICAL SIGNS OF MUSCLE PAIN / WEAKNESS WERE NOTICED: HAS THIS DOG HAD ANY SIMILAR PROBLEMS IN THE PAST? WHAT CLINICAL SIGNS WERE OBSERVED AND HOW DID THESE CHANGE OVER TIME? (e.g. stiffness, difficultly standing, collapse, tiring easily) HAS A VETERINARIAN BEEN INVOLVED IN THE DIAGNOSIS & TREATMENT OF THIS CASE? If yes, please write the name of the veterinarian and their clinic here: ANY OTHER DOGS AFFECTED? Yes No (circle one) IF YES, HOW MANY? WAS THERE ANYTHING THAT SEEMED TO IMPROVE OR WORSEN THE CLINICAL SIGNS IN THIS DOG? (e.g. rest, exercise, heat, cold) HAS THE DOG COMPLETELY RECOVERED FROM THIS EPISODE? Yes / No If yes, how long did it take to return to normal?

HOW MANY HUNTS HAS THIS DOG BEEN ON IN THE LAST 8 WEEKS?
DETAILS OF LAST HUNT Date:
Duration:
Location (as specific as possible):
Number of pigs caught:
Number of dogs used:
Any injuries to dogs:
Other comments:
IS THIS DOG A WORKING FARM DOG? Yes / No If yes, what type of country does this dog work on, and how often?
ANY OTHER COMMENTS: (e.g. general health of dog, any other medical issues, any other experiences or thoughts about 'Go Slow')

PART D

INFORMED VERBAL CONSENT

The following statement was read to and agreed upon by all participants,:

I understand that the information collected on this form, or verbally, will be used as part of a PhD research project investigating myopathies in pig dogs. Data and conclusions from the study may be published, but no uniquely identifiable information about respondents or their dogs will be shared at any time. In addition, I authorise the investigator to access any relevant veterinary records regarding the care and treatment of the dog named in this questionnaire.

[] Other: ____

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Supplementary Table 2. Questionnaire used for online survey regarding the hunting activities, diet and health of pig hunting dogs in New Zealand.

Pig dog hunting, diet & health in New Zealand **Hunting Habits** 1) In the last 12 months, which regions have you hunted in? [] Northland [] Auckland [] Waikato [] Bay of Plenty [] Gisborne [] Hawke's Bay [] Taranaki [] Manawatu-Wanganui [] Wellington [] Nelson [] Marlborough [] Tasman [] West Coast [] Canterbury [] Otago [] Southland 2) What type of land do you usually hunt on? [] Native bush [] Pines [] Bush/pines around sheep and beef farms [] Bush/pines around dairy farms

3) For each time of year, select how often you usually go hunting (with dogs)

	Less than once a month	Once every 3-4 weeks	Once every 1-2 weeks	Every week	2-3 times a week	Almost every day
Winter (June - Aug)	()	()	()	()	()	()
Spring (Sept - Nov)	()	()	()	()	()	()
Summer (Dec - Feb)	()	()	()	()	()	()
Autumn (Mar - May)	()	()	()	()	()	()

<u>Dogs</u>

4) How many dogs do you currently have that are used for pig hunting?

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

5) To help us choose one dog to focus on for the rest of the survof up to 3 of your dogs below (in any order).	vey, list the names
Dog 1:	
Dog 2:	
Dog 3:	
Dog details	
6) Tell us about your dog [Question 5, "Dog 2"]	
Age and breed:	
Age (years):	
Breed:	
Gender:	
() Male	
() Female	
Type of dog (tick all that apply):	
[] Finder	
[] Bailer	
[] Holder	
[] Other:	
Dog diet	
7) In the last 7 days, what has your dog ["Dog 2"] eaten? Tick al	l that apply
[] Meat, offal or bones from wild animals	,
[] Meat, offal or bones from home-kill animals	
[] Meat, offal or bones from a butcher or supermarket (including Mighty M	ix)
[] Dog roll	
[] Canned dog food	
Dry dog food (biscuits)	

() Other: _____

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11) Has your dog ['Dog 2"] been seen by a	a veterinarian in the last 12 months?
() No	
12) In the last 12 months, have you notic 2"]? Tick all that apply	ed any of the following in your dog ["Dog
[] Broken bone(s)	
[] Decreased appetite / eating less	
[] Collapse	
[] Coughing	
[] Dental problems	
[] Diarrhoea	
[] Difficulty breathing	
[] Difficulty urinating	
[] Discharge from the eyes, nose or mouth	
[] Increased thirst / drinking	
[] Lameness	
[] Lethargy or tiring easily	
[] Seizure(s)	
[] Skin problems	
[] Stiffness in muscles or joints	
[] Strange behaviour	
[] Trembling/shaking	
[] Wounds	
[] Vomiting	
[] Weight gain	
[] Weight loss	
[] Other health issues:	

Supplementary Information

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The researcher is planning a further study to investigate specific diseases in pyour are happy to be contacted and answer a few follow-up questions, please your details below. Otherwise, leave these boxes blank. Please note that by entering your details, your answers to the previous questions will no lo anonymous. However, no personal or identifying information will ever be published or sha	enter onger be
First Name:	
Last Name:	
Email Address:	
Phone Number:	

Thank You!