

## APPENDIX 1: THE QUESTIONNAIRE



### Questionnaire

*Heart screening of your cat - what happened after that?*

**All information about you and your cat will be treated with confidentiality!**

Mandatory answer to questions marked with \*

#### **Section A: Information about the cat and the owner**

<b>Information about the owner</b>		
<b>First name:</b>	<b>Surname:</b>	<b>Country:</b>
<b>Street address:</b>	<b>Postal code:</b>	<b>City:</b>
<b>Email:</b>	<b>Phone number:</b> Home: Mobile: Work:	
<b>Information about the cat</b>		
<b>Reg. no.:</b>	<b>Breed: *</b>	
<b>Registered name: *</b>	<b>ID-no.: chip number and/or tattoo:</b>	
<b>The cats given name:</b>	<b>Date of birth: *</b>	
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Castrated *</b> <input type="checkbox"/> Yes, before/at screening occasion; date: _____ <input type="checkbox"/> Yes, after the screening occasion; date: _____ <input type="checkbox"/> No	<b>Is the cat born in Sweden or imported? If it is imported, please enter the country,</b> <input type="checkbox"/> Born in Sweden <input type="checkbox"/> Import: _____
<b>Has the cat been used for breeding? *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know    If yes, how many litters/offspring did the cat get? _____		
<b>Does the cat have any relatives who have been diagnosed with hypertrophic or restrictive cardiomyopathy? *</b> (Parents, littermates or offspring are counted as relatives in this study) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know    If yes, do you remember which? _____		

If you have previously completed the survey for another cat and thus filled in your owner information, it is enough to write that cat's ID number under the box for first name. This is so that you do not have to re-enter all of the information. For the cat's identity, it is enough to enter either ID number/tattoo or reg. no.

**If the cat is DECEASED or MISSING, please continue with part 2.**

**If the cat is still ALIVE, please continue with part 3.**

**If the cat has a NEW OWNER/FOSTER HOME, please continue with part 4.**



## **Section B: The cat is deceased or missing,**

The cat's weight as an adult (c.) \_\_\_\_\_ Kg

Normal body condition score (BCS)  Under normal BCS  Over normal BCS

### **1. Is the cat \***

Missing.....

Deceased.....

### **2. If missing, \***

How did the cat disappear (for example; ran away, stolen, do not know, etcetera)? \_\_\_\_\_

When did the cat disappear? \_\_\_\_\_

*If missing, please continue with question 5.*

### **3. If the cat is deceased, how did the cat die? \***

Euthanasia.....

Natural death.....

Other.....

Of other, please specify: \_\_\_\_\_

Date of death/euthanasia: \* \_\_\_\_\_

### **4a. Were clinical signs detected before the cat died? \***

Yes, from heart disease  Yes, from another disease  No  Don't know

If yes, please make a note in the relevant boxes below.

### **4b. Clinical signs**

Murmur (according to vet exam).....

Dysrhythmia/arrhythmias (according to vet exam).....

Lethargy .....

Affected breathing pattern .....

If affected breathing, please describe the breathing pattern: \_\_\_\_\_

Thrombus .....

Increased abdominal girth .....

Inappetence .....

Weight loss .....

Other .....

If other, please specify: \_\_\_\_\_

### **5a. Was the cat diagnosed with a heart disease before it died/disappeared/was euthanized? \***

Yes, HCM/RCM  Yes, HCM/RCM and other heart disease  Yes, other heart disease  
 No  Don't know

If yes, date of diagnosis: \_\_\_\_\_

*If No, please continue with question 10.*

### **5b. How was the heart disease in the previous question diagnosed/suspected?**

Ultrasound .....

X-ray .....

Autopsy .....

Other analysis (genomic test etcetera).....

Don't know .....

Other .....

If other, please specify: \_\_\_\_\_



**6. Did the cat show any clinical signs and receive treatment for the heart disease? \***

- A. HCM/RCM, untreated, no clinical signs (other than murmur) from the heart.....
- B. HCM/RCM, received medical treatment but never had any clinical signs from the heart.....
- C. HCM/RCM, received medical treatment and had clinical signs from the heart.....

**6b. Treatment for the cat's heart condition \***

- A. Which medications were given to the cat? \_\_\_\_\_
- B. Under how long was the cat treated for? \_\_\_\_\_

**6c. Response to treatment \***

- A. No difference after treatment was initiated
- B. Small improvement after treatment was initiated
- C. Obvious improvement after treatment was initiated
- D. Worsening after treatment was initiated

**7. If the cat was diagnosed with HCM or RCM, did the veterinarian assess that your cat developed congestive heart failure (respiratory distress, fluid in the lungs and/or abdomen, etcetera) at any stage of the disease?**

- Yes  No  Don't know

If yes and the cat was diagnosed with HCM/RCM and developed congestive heart failure, for how long did the cat live after diagnosis with congestive heart failure? \_\_\_\_\_

Which medications were given to the cat? \_\_\_\_\_

How long was the cat treated for? \_\_\_\_\_

**8a. Was any X-ray examination of the thorax performed during the investigation of the heart disease?**

- Yes  No  Don't know

**8b. Findings in the X-ray examination:**

- Pulmonary edema/fluids in the lungs.....
- Enlarged heart .....
- Other.....

If Other, please specify: \_\_\_\_\_

Don't know.....

**9. If the cat was diagnosed with HCM or RCM, did the veterinarian assess that your cat developed arterial thromboembolism/thrombus with paralysis of the extremities, tail or other clinical signs at any stage of the cat's life?**

- Yes  No  Don't know

**10. Was the cat diagnosed with any disease (non-heart related) other than the heart diseases HCM or RCM?**

- Yes  No  Don't know

If yes, which disease/s? \_\_\_\_\_

How was the diagnosis made? \_\_\_\_\_

**11. Cause of death/euthanasia**

- HCM (congestive heart failure) .....
- RCM (congestive heart failure) .....
- HCM - other than congestive heart failure, please specify \_\_\_\_\_
- RCM - other than congestive heart failure, please specify \_\_\_\_\_
- Other heart disease .....
- Asthma .....
- Kidney disease .....



- Urinary tract disease.....
- Tumor.....
- Joint disease.....
- Trauma/accident.....
- Infectious disease.....
- Examined, but diagnosis not established.....
- Don't know (not examined).....
- Other .....

If other, please specify; \_\_\_\_\_

**12a. Was an autopsy performed? \***                       Yes    No    Don't know

If yes, where was the autopsy performed (for example the SVA/SLU, or local vet? \_\_\_\_\_

**12b. Postmortem diagnosis**

- HCM (congestive heart failure) .....
- RCM (congestive heart failure) .....
- HCM - other than congestive heart failure, please specify \_\_\_\_\_
- RCM - other than congestive heart failure, please specify \_\_\_\_\_
- Other heart disease .....
- Asthma .....
- Kidney disease .....
- Urinary tract disease.....
- Tumor.....
- Joint disease.....
- Trauma/accident.....
- Infectious disease.....
- Cause of death not established.....
- Don't know.....
- Other .....

If Other, please specify; \_\_\_\_\_

***If you have any information from veterinary visits (and wish to share it);***

The owner gives us (J. Häggström, I. Ljungvall, Å. Ohlsson Andersson, A. Follby or A. Pettersson) permission to access the cat's medical records:

- Yes                                       No

***These data are of course treated with confidentiality!***

**Any own comments about the questionnaire, your cat or the feline heart screening program?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Thank you for your participation!***

**The results will eventually be published on the SLU Library page (epsilon), where the master's thesis will be found under the names Anna Follby and Anna Pettersson, respectively.**



## **Section C; The cat is alive,**

The cat's weight as an adult (c.) \_\_\_\_\_ Kg

Normal body condition score (BCS)  Under normal BCS  Over normal BCS

### **1. The owner's assessment \***

- A. No clinical signs of heart disease (and no diagnosis with HCM/RCM).....
- B. HCM/RCM, untreated, no clinical signs from the heart.....
- C. HCM/RCM, receives medical treatment but have never had any clinical signs from the heart.....
- D. HCM/RCM, receives medical treatment and had clinical signs from the heart.....

### **2. If you answered A on question 1, that is "I No clinical signs of heart disease (and no diagnosis with HCM/RCM)", has a veterinarian been listening to the heart after the last screening?**

Skip this question and the next one if you have answered B, C or D on the previous question.

- Yes       No       Don't know

If you answered A on question 1 and yes on question 2: did the vet hear any murmur?

- Yes       No       Don't know

*If you answered D, continue with the remaining questions, if you answered C, please go to question 6, if you answered B, please go to question 8, if you answered A, please go to question 10.*

### **3. If your cat has been diagnosed with hypertrophic or restrictive cardiomyopathy, did the veterinarian assess that your cat developed congestive heart failure (respiratory distress, fluid in the lungs and/or abdomen, etcetera) at any stage of the disease? \***

- Yes       No       Don't know

Which medications is the cat being treated with? \_\_\_\_\_

How long has the cat been treated for? \_\_\_\_\_

Starting date for the medications: \_\_\_\_\_

If the medication has been stopped, date: \_\_\_\_\_

Voluntary comment about the medication: \_\_\_\_\_

### **4. If the cat was diagnosed with HCM or RCM, did the veterinarian assess that your cat developed arterial thromboembolism/thrombus with paralysis of the extremities, tail or other clinical signs at any stage of the disease? \***

- Yes       No       Don't know

### **5. Clinical signs \***

Murmur (according to vet exam).....

Dysrhythmia/arrhythmias (according to vet exam).....

Lethargy .....

Affected breathing pattern .....

If affected breathing, please describe the breathing pattern: \_\_\_\_\_

Thrombus .....

Increased abdominal girth .....

Inappetence .....

Weight loss .....

Other .....

If other, please specify: \_\_\_\_\_

### **6. The cat has never shown any clinical signs from the heart. Which treatment has been used?**

Medication\*: \_\_\_\_\_

Starting date: \_\_\_\_\_

If terminated, ending date: \_\_\_\_\_



**7. Response to treatment \***

- A. No difference after treatment was initiated
- B. Small improvement after treatment was initiated
- C. Obvious improvement after treatment was initiated
- D. Worsening after treatment was initiated

**8a. Was an additional ultrasound examination of the heart performed during the investigation of the heart disease or any other disease (besides heart screening)? \***

- Yes       No       Don't know

**8b. Diagnosis at the ultrasound examination?**

- Hypertrophic cardiomyopathy.....
- Restrictive cardiomyopathy.....
- Congenital heart defect .....
- Other heart disease .....
- No findings.....
- Other.....

If Other heart disease or Other, please specify: \_\_\_\_\_

**9a. Was any X-ray examination of the thorax performed during the investigation of the heart disease or other disease?\***

- Yes       No       Don't know

**9b. Findings in the X-ray examination:**

- Pulmonary edema/fluids in the lungs.....
- Enlarged heart .....
- Other.....

If Other, please specify: \_\_\_\_\_

- Don't know.....

**10. Has the cat been diagnosed with any other disease than the heart disease HCM/RCM?\***

- Yes       No       Don't know

If yes, which? \_\_\_\_\_

How was the diagnosis confirmed? \_\_\_\_\_

The owner gives us (J. Häggström, I. Ljungvall, Å. Ohlsson Andersson, A. Follby or A. Pettersson) permission to access the cat's medical records:

- Yes       No

*These data are of course treated with confidentiality!*

**Any own comments about the questionnaire, your cat or the feline heart screening program?**

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*Thank you for your participation!*

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**Section D; The cat has a new owner/foster home,**

**Please share the contact information for this person, so that we are able to follow up the cat.**

<b>Information about the new owner/foster home</b>		
<b>First name:</b>	<b>Surname:</b>	<b>Country:</b>
<b>Street Address:</b>	<b>Postal number:</b>	<b>City:</b>
<b>Email:</b>	<b>Phone number:</b> Home: Mobile: Work:	

**Any own comments about the questionnaire, your cat or the feline heart screening program?**

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