

Pet name: _____ Client name: _____ Date: _____

Owner Survey

Study Name:

Investigation of Superficial Keratectomy and Conjunctival Advancement Hood Flap (SKCAHF) for the Treatment of Corneal Endothelial Dystrophy in Dogs

Questions:

1. How long were your dog's eye(s) cloudy before the diagnosis? _____

2. How would you rate the following at the time of diagnosis **before** any treatment?

a. Your dog's overall vision

POOR				ADEQUATE			EXCELLENT		
1	2	3	4	5	6	7	8	9	10

b. Your dog's dim light vision

POOR				ADEQUATE			EXCELLENT		
1	2	3	4	5	6	7	8	9	10

c. Your dog's corneal cloudiness

MILD				MODERATE			SEVERE		
1	2	3	4	5	6	7	8	9	10

3. How would you rate the following after starting the **sodium chloride** treatment?

a. Your dog's overall vision

POOR				ADEQUATE			EXCELLENT		
1	2	3	4	5	6	7	8	9	10

b. Your dog's dim light vision

POOR				ADEQUATE			EXCELLENT		
1	2	3	4	5	6	7	8	9	10

c. Your dog's corneal cloudiness

MILD				MODERATE			SEVERE		
1	2	3	4	5	6	7	8	9	10

4. How would you rate the following **after SKCAHF surgery**?

a. Your dog's overall vision

POOR				ADEQUATE			EXCELLENT		
1	2	3	4	5	6	7	8	9	10

b. Your dog's dim light vision

POOR				ADEQUATE			EXCELLENT		
1	2	3	4	5	6	7	8	9	10

c. Your dog's corneal cloudiness

MILD				MODERATE			SEVERE		
1	2	3	4	5	6	7	8	9	10

Pet name: _____ Client name: _____ Date: _____

5. Did you notice any side effects that you thought might have been due to sodium chloride?

a. No

b. Yes

i. If yes, please briefly describe the side effect: _____

ii. How soon after starting the drug did the side effect occur? _____

iii. For how long did it persist? _____

iv. How severe would you rate this side effect?

MILD

MODERATE

SEVERE

1

2

3

4

5

6

7

8

9

10

6. In your opinion, how permanent was the improvement in vision after SKCAHF surgery? (Circle one)

a. Permanent improvement

b. Temporary improvement for _____ weeks / months / years (please circle one)
after the surgery

c. No improvement

7. In your opinion, how permanent was the improvement in corneal clarity after SKCAHF surgery? (Circle one)

a. Permanent improvement

b. Temporary improvement for _____ weeks / months / years (please circle one)
after the surgery

c. No improvement

8. Did your pet's quality of life change after the surgery? If so, how?

9. How many times did your pet have corneal ulcers?

a. Before surgery: _____

b. After surgery: _____

10. Have you seen another veterinarian to treat your pet's eye(s) after the surgery?

a. No

b. Yes

i. Name of the veterinarian(s): _____

ii. Reason for the visit: _____

iii. Treatment prescribed: _____

iv. Outcome: _____

Pet name: _____ Client name: _____ Date: _____

11. Considering all visits to Animal Eye Center, cost of the surgery, and all drugs prescribed, do you feel that the treatment was cost effective?

a. No (If no, please explain why: _____
_____))

b. Yes

12. Are you satisfied with the procedure?

a. No (If no, please explain why: _____
_____))

b. Yes

13. Would you recommend this procedure to other dogs affected with corneal endothelial dystrophy?

a. No (If no, please explain why: _____
_____))

b. Yes

14. Any other comments?

Owner's Name

Animal's Name:

Owner's Signature

Date