Supplementary Material to:

Evaluation of complications and short-term outcome after unilateral or single-session bilateral tibial tuberosity advancement for cranial cruciate rupture in dogs

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Vet Comp Orthop Traumatol 2012; 25:
doi:10.3415/VCOT-11-12-0175

Owner Survey

Case number: ______________    Patient name ______________

Date: ______________

1) Owner rating that describes most closely the amount of pain or discomfort the pet had before surgery
   1. No pain or discomfort
   2. Occasionally would be painful or have discomfort but not related to any activity
   3. Would be painful or have discomfort after exercise or rest periods
   4. Had pain or discomfort all or almost all the time

2) Owner rating that describes most closely the amount of pain or discomfort after surgery
   1. No pain or discomfort
   2. Occasionally would be painful or have discomfort but not related to any activity
   3. Would be painful or have discomfort after exercise or rest periods
   4. Had pain or discomfort all or almost all the time

3) Which limb did the owner feel was dominant or stronger?
   1. Right
   2. Left
   3. Both equal
   4. Could not tell

4) If pain or discomfort was present after surgery, which limb did the owner feel was causing the problem?
   1. Right
   2. Left
   3. Both equal
   4. Could not tell
5) How did the owners feel the procedure affected their respective pet’s quality of life?
   1. Worse despite surgery
   2. Not improved
   3. Mildly improved
   4. Moderately improved
   5. Greatly improved

6) Would the owner have this procedure done again if another pet had the same condition?
   1. Yes
   2. No
   3. Undecided