

(3) Pet Health Survey: Healthy Pets - Healthy Humans - copy

Getting started

This survey is related to the everyday habits of your dog or cat. If you have more than one pet at home, please fill in the questions for only one pet per survey.

We hope to use the information gathered from this survey to assess changes over time in pet diseases/health issues in residential settings and identify disease hotspots across the U.S. We believe the public will benefit by having a powerful new way to target, identify and reduce harmful exposures that are impacting pets, and potentially their humans.

You will have an option at the end of the survey to complete separate surveys for additional pets if you choose. This survey should take approximately 7 minutes to complete. All responses are voluntary.

Thank you for your time and effort!

1. Are you filling out this survey for your pet cat or dog?

- Cat
- Dog
- I don't have a cat or dog

2. What is your home zip code? *

3. Has your pet spent the majority of its life in the current residence?

- I don't know
- Yes
- No. Please provide zip code and/or state where the pet lived the longest.

*

4. How long has the pet lived in the following (in years):

Current Residence

< 1 year
1 to 5 years
5 to 10 years
> 10 years

Current Zip Code

< 1 year
1 to 5 years
5 to 10 years
> 10 years

Current State

< 1 year
1 to 5 years
5 to 10 years
> 10 years

If you have more than one pet at home, please fill in the questions for only one pet per survey.

Page time **Action: Hidden Value**

Value: Populates with the **length of time** since the survey taker started the current page

Tell us a little about your pet.

5. What is the sex of your pet?

Female

Male

6. What is the breed of your pet? If mixed, please specify to the best of your ability.

7. How many years of age is your pet?

I don't know

< 1

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

> 15

8. About how much does your pet weigh (in pounds)?

1 lb

2 lbs

3 lbs

4 lbs

5 lbs

6 lbs

7 lbs

8 lbs

9 lbs

10 lbs

11 lbs

12 lbs
13 lbs
14 lbs
15 lbs
16 lbs
17 lbs
18 lbs
19 lbs
20 lbs
21 lbs
22 lbs
23 lbs
24 lbs
25 lbs
26 lbs
27 lbs
28 lbs
29 lbs
30 lbs
31 lbs
32 lbs
33 lbs
34 lbs
35 lbs
36 lbs
37 lbs
38 lbs
39 lbs
40 lbs
41 lbs
42 lbs
43 lbs
44 lbs
45 lbs
46 lbs
47 lbs
48 lbs

48 lbs
49 lbs
50 lbs
51 lbs
52 lbs
53 lbs
54 lbs
55 lbs
56 lbs
57 lbs
58 lbs
59 lbs
60 lbs
61 lbs
62 lbs
63 lbs
64 lbs
65 lbs
66 lbs
67 lbs
68 lbs
69 lbs
70 lbs
71 lbs
72 lbs
73 lbs
74 lbs
75 lbs
76 lbs
77 lbs
78 lbs
79 lbs
80 lbs
81 lbs
82 lbs
83 lbs
84 lbs

- 84 lbs
- 85 lbs
- 86 lbs
- 87 lbs
- 88 lbs
- 89 lbs
- 90 lbs
- 91 lbs
- 92 lbs
- 93 lbs
- 94 lbs
- 95 lbs
- 96 lbs
- 97 lbs
- 98 lbs
- 99 lbs
- 100 + lbs

9. Is your pet considered overweight?

- Yes
- No
- I don't know

10. Is your pet spayed/neutered?

- Yes
- No
- I don't know

11. At what age was your pet spayed/neutered?

- < 1 year of age
- 1 to 3 years of age
- 3 to 5 years of age
- > 5 years of age
- I don't know

12. What types of food does your pet eat **regularly**? Check all that apply.

- Dry pet food
- Wet pet food
- Human grade / table food
- Raw diet
- Other - please specify

13. What are your pet's **regular** sources of water? Check all that apply.

- Unfiltered city water
- Unfiltered well water
- Filtered water
- Rainwater
- Bottled water
- Other - please specify

Page time **Action: Hidden Value**

Value: Populates with the **length of time** since the survey taker started the current page

Pet health and history

14. Please select any of the following treatments that your pet receives:

- Flea / tick treatment (e.g., shampoo, powder, pill, topical)
- Flea / tick collar
- Routine vaccines (e.g., Rabies, Parvovirus)
- Vitamins / supplements
- Teeth brushing / other dental care
- Heartworm treatment

15. Please check the box(es) below that best describe your pet's history with allergies. Check all that apply.

Has never had Currently has Has had in the past I don't know

Food/Gastrointestinal Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please check the box(es) below that best describe your pet's history with the following health issues. **Check all that apply.**

Has never had Currently has Has had in the past I don't know

Cryptosporidium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giardia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartworms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leptospirosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pesticide poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ringworm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rocky Mountain spotted fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other tick-borne diseases (e.g., Lyme, Bartonella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin mites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Nile virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Please provide any additional information about your pet's health history and/or treatments received, including health issues or traumas not mentioned above.

Page time **Action: Hidden Value**

Value: Populates with the **length of time** since the survey taker started the current page

Pet behavior

20. Would you say your pet is an indoor or outdoor pet?

- Indoor only
- Outdoor only
- Both indoor and outdoor

VALIDATION Must be percentage

21. For a given week, please **estimate the percentage of time** your pet spends in the following environments. *Answers must add up to 100%.*

Inside the primary home

Directly outside the primary home (e.g., yard)

Around the neighborhood

Local park, trail, or other green space

State park or larger natural area

At pet daycare/sitter

0 out of 100% Total

22. In the following places, is your dog typically on or off leash?

	On leash	Off leash	N/A
In your yard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Near your home (e.g., shared lawns, neighboring yards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urban parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State parks or larger natural areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In or around water bodies (e.g., lake, creek)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Please tell us how frequently your pet exhibits the following behaviors:

	Never	Rarely	Sometimes	Often
Digging in yard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Licking its fur/skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating non-food items (e.g., paper, plastic, wood, toys)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping or sitting on furniture (e.g., couch, beds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Riding in cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouthing toys (e.g., tennis balls, stuffed animals, ropes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hiding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate urinating or defecating indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Destructive behavior (e.g., chewing furniture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barking / meowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. On average, what is your pet's activity level while awake?

- Low
- Moderate
- High

25. On average, what is your pet's exposure to smoke?

- None
- Low
- Moderate
- High

Page time **Action: Hidden Value**

Value: Populates with the **length of time** since the survey taker started the current page

More info

26. How many cats and dogs live at your home (including both indoor and outdoor pets)?

Cats

Dogs

27. How old is your current home?

Less than 1 year
1-5 years
6-10 years
11-15 years
16-20 years
21-30 years
31-40 years
41-50 years
Greater than 50 years
I don't know

28. My neighborhood is best described as:

- Urban
- Suburban
- Rural
- Other - Write In

29. The vehicular traffic in my neighborhood is:

- Low
- Moderate
- High

30. Excluding treatment of your pet, are pesticides used indoors or outdoors at the pet's primary residence?

- Yes, both
- Yes, indoor only
- Yes, outdoor only
- No
- I don't know

Survey Time **Action: Hidden Value**

Value: Populates with the **length of time** since the survey taker started the survey

Thank You!

Thank you for taking our survey. Your response provides valuable input information for understanding pet health across the nation. If you are interested in filling out this survey for another pet, [please start a new survey](#).