Supplementary online information to:

Evaluation of the transarticular external skeletal fixator for the treatment of tarsocrural instability in 32 cats

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Appendix 1: QUESTIONNAIRE

CAT’S NAME: ………………………………………….
AGE: …………………………………………………….
OWNER’S NAME: ……………………………………..

Please tick the most appropriate answer

PRIOR TO INJURY

1. How active was your cat prior to injury?
   □ Inactive   □ Mildly active   □ Moderately active   □ Very active   □ Extremely active

2. How would you grade your cat’s disability prior to surgery?
   □ Unable to use the leg   □ Severely lame   □ Moderately lame   □ Mildly lame   □ No disability

3. How would you rate your cat’s ability to jump up?
   □ (Unable to jump up)   □ (Severely problematic)   □ (Quite problematic)   □ (A little problematic)   □ (No problem)

4. Did you cat have a long term history of lameness prior to its injury:
   □ Yes   □ No

If Yes, please give a reason if known:
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
………………………………………...  
………………………………………...  
………………………………………...  

………………..
CURRENTLY, FOLLOWING SURGERY

5. Does your cat limp following surgery?
   - [ ] (Non weight bearing)  [ ] (Severe limp)  [ ] (Moderate limp)  [ ] (Mild limp)  [ ] (No limp)

6. How would you rate your cat’s ability to move following long rests?
   - [ ] (Unable to move)  [ ] (Severely problematic)  [ ] (Quite problematic)  [ ] (A little problematic)  [ ] (No problem)

7. How would you rate your cat’s ability to jump up?
   - [ ] (Unable to jump up)  [ ] (Severely problematic)  [ ] (Quite problematic)  [ ] (A little problematic)  [ ] (No problem)

8. Does your cat carry its leg differently to the other back leg?
   - [ ] Yes  [ ] No

9. Did your cat require an amputation?
   - [ ] Yes  [ ] No

10. How would you rate the overall success of this surgery on treating your cat’s problem?
    - [ ] No help at all  [ ] Poor  [ ] Satisfactory  [ ] Good  [ ] Excellent

11. What is your level of satisfaction with regards to the treatment of your cat?
    - [ ] Very satisfied  [ ] Satisfied  [ ] Fair  [ ] Disappointed  [ ] Very Disappointed

12. How active is your cat NOW?
98  □ □ □ □ □ □
99  Inactive  Mildly active  Moderately active  Very active  Extremely active
100
101
102  13. Does your cat need any anti-inflammatory/painkiller medication e.g. Metacam NOW?
103  
104
105  No □ Yes, all the time □ Yes, occasionally □
106
107  Name of medication______________
108
109
110
111  THANK YOUR FOR COMPLETING THIS QUESTIONNAIRE AND HELPING US WITH
112  OUR STUDY
113
114  Questions 5, 6, 7, 8 and 12 were used to assess function.
115  Question 9 was used to assess surgical success.
116  Question 10 and 11 were used to assess owner satisfaction.
117  Question 13 was used to assess the presence of long term pain.
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