

Date: _____ Owner's Last Name: _____ Dog's Name: _____

What dose of trilostane does your dog receive? _____mg How many times per day? _____

1. When your dog was diagnosed with Cushing's syndrome, how much was he/she drinking compared to 1 year prior to diagnosis?	Less
	About the same
	A little more
	A LOT more
2. How much is your dog drinking now, compared to when he/she first started taking trilostane?	A lot less
	A little less
	Same
	More
3. How much is your dog urinating now, compared to when he/she first started taking trilostane?	A lot less
	A little less
	Same
	More
4. Has your dog had any urinary accidents/leakage within the past month?	No
	Yes, but less than before
	Yes, same as before
5. How active is your dog compared to when he/she started taking trilostane?	Less active
	The same
	A little more active
	A lot more active/back to normal
6. Rate your dog's appetite change since the beginning of treatment.	A lot less
	A little less
	Same
	Increased
7. Rate your dog's panting since the beginning of treatment.	A lot less
	A little less
	Same
	Increased
8. How does your dog's haircoat look?	Less hair
	Slight improvement
	No change
	Hair improved/normal
9. Overall, how do you think your dog is responding to treatment for Cushing's syndrome?	Now worse
	No difference
	Some improvement
	Nearly normal now
	Completely normal
10. Have you had to use the dexamethasone tablets provided at previous visit?	Yes
	No
11. Has your dog had any: Please explain if yes:	Vomiting
	Diarrhea
	Trembling
	Other signs of illness