

Supplemental Material

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Table S1. Adverse events

Adverse event description	Total, n	Study food related, n	Not Study food related, n	Life-threatening, n	Severe, n	Moderate, n	Mild, n
Hyporexia	1	0	1	0	1	0	0
Hematochezia	1	0	1	1	0	0	0
Vomiting/nausea	11	0	11	0	2	0	9
Soft stool/diarrhea/flatulence	11	0	11	0	0	2	9
Hypertriglyceridemia/ hypercholesterolemia/serum lipemia	13	0	13	0	1	2	10
Increased defecation	1	0	1	0	0	0	1
Weight gain	4	0	4	0	0	0	4
Increased panting/drooling	4	0	4	0	0	1	3
Decreased appetite	8	2	6	0	1	0	7
Pancreatitis	1	0	1	0	0	0	1
Increased thirst	3	0	3	0	0	1	2
Total	58	2	56	1	5	6	46

Surveys

Pet Owner Food Evaluation at Enrollment

Please reflect on your pet's eating habits over the last 4 weeks to answer the following questions.

1. Do you make each meal the same way? (For example "no" if you feed wet in the morning and dry at night or "yes" if you mix wet and dry at each meal or "yes" if you only feed dry or only feed wet.)

Yes or No

If No, we need to query about each meal using the number of meals they said they feed in q2

During Meal 1 each day what do you offer your dog?

- ☐ Dry food only
- ☐ Wet food only
- ☐ A combination of wet and dry in the same bowl
- ☐ Wet and dry in separate bowls

Meal 2

- ☐ Dry food only
- ☐ Wet food only
- ☐ A combination of wet and dry in the same bowl
- ☐ Wet and dry in separate bowls

(no of options would reflect answer to question 2)

If Yes, we only need to ask once

At each meal what do you offer your dog?

- ☐ Dry food only
- ☐ Wet food only
- ☐ A combination of wet and dry in the same bowl
- ☐ Wet and dry in separate bowls

2. We'd like to know how much you currently offer your dog total in one day. Please turn on the scale, change it to grams and weigh your dog's empty bowl and enter the weight here.

enter weight in grams

3. Zero (tare) the scale. Add the total amount of your current dry food that you typically offer over the course of a day. How much does the bowl weigh now in grams?

Enter the same weight if you did not add any dry food.

Need an invisible data field that is $\text{weight of (food+bowl)} - (\text{weight of bowl}) = \text{weight of dry food}$.

4. If you feed wet food we now need to weigh that.
Empty the bowl and now use the bowl that you feed wet food in (could be the same or a different bowl).

Weigh the bowl that you feed the wet food in. enter weight in grams

5. Zero (tare) the scale. Add the total amount of your current wet food that you typically offer over the course of a day. How much does the bowl weigh now in grams?

Enter the same weight if you did not add any wet food.

Need an invisible data field that is $\text{weight of (food+bowl)} - (\text{weight of bowl}) = \text{weight of wet food}$.

6. Most recently what percent of your current food that you offer does your dog typically eat?
0-100% slider (0= none and 100% is All)

Please answer the following questions by marking the box which best represents your opinion of each question.

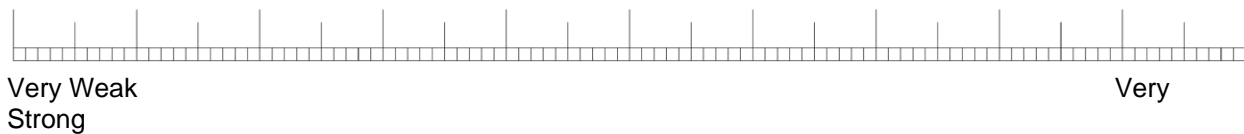
7. **Thinking about the last 2-3 days, how would you rank your dog's enjoyment of or enthusiasm for eating their food.**

☐ Check this box if you did not observe

1-7 point Emoji Scale inserted here

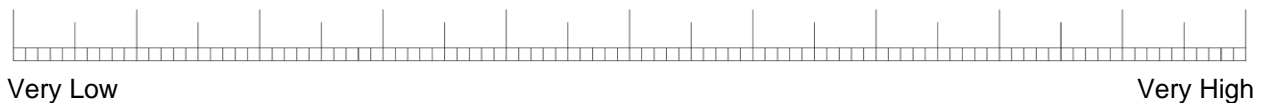
8. **How would you describe your dog's strength today.**

☐ Check this box if you did not observe



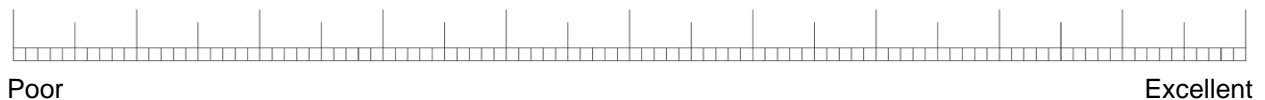
9. **How would you describe your dog's energy level today.**

☐ Check this box if you did not observe



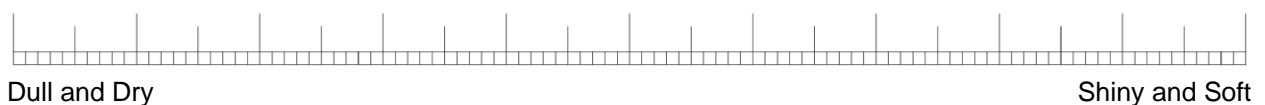
10. **How would you describe your dog's vitality today**

☐ Check this box if you did not observe



11. **How would you describe your dog's hair coat today**

☐ Check this box if you did not observe



12. **Are you going to feed the study food starting today?**

Yes
No

if yes go to next form
if no go to next form next day

13. How many meals (not including treats) per day do you want to offer your dog?
(drop down 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, more than 10)

Recorder's Signature

Recorder's Signature Date (DD/MM/YYYY)

Investigator's Signature

Investigator's Signature Date (DD/MM/YYYY)

Pet Owner Food Evaluation: Days 1 through 10, 14, 21, 28

Date: (/ / 20)

Name of Person Interviewed: _____

Today is Day XX. Once you answer how many meals you want to offer your dog today we will inform you how much of the study food to offer your dog in each meal. For days 1 through 7, after the study food meal you can offer your dog a reduced portion of their old food each day as you increase the amount of study food (from days 1 through 7 only because you are gradually transitioning your dog to eat the study food). After day 7, your dog will have completely transitioned to the study food and will be eating only study food.

1. How many meals (not including treats) do you want to offer your dog today?
(drop down 1-10, >10)

Provide the owner with guidance from the Feeding Schedule "Today you are planning on offering [answer from q1] meals . This means you will feed XX g of dry food at each meal. For days 1-7 as you transition to the study food, after your dog completes their study meal you can feed a reduced portion of their previous food" . After day 7, you will only be feeding the study food.

FOR ONE MEAL

3. Please turn on the scale, change it to grams and weigh your dog's empty bowl and enter the weight here.

enter weight in grams

4. Zero (tare) the scale. Add the amount of the study food you are going to feed, if any, in ONE meal. How much does the bowl weigh now in grams?

Enter total weight in grams.

Prelude to automatically calculate weight of dry food added Need an invisible data field that is weight of (food+bowl) - (weight of bowl) = weight of dry food.

5. Did your dog eat everything in the bowl?

IF Yes: next question

IF NO: record weight of the left over food including the bowl = _____ gms.

Prelude to automatically calculate weight of food left by taking away weight of the bowl

Please answer the following questions by marking the box which best represents your opinion of each question.

6. Thinking about the last meal you fed your dog, how would you rank your dog's enjoyment of or enthusiasm for eating their food.

☐ Check this box if you did not observe

1-7 point Emoji Scale inserted here

7. How would you describe your dog's strength today? If the owner is feeding the same day as enrollment, carry over the same answer to this question for Day 1 only.

☐ Check this box if you did not observe

Very Weak Strong

Very

8. How would you describe your dog's energy level today? If the owner is feeding the same day as enrollment, carry over the same answer to this question for Day 1 only.

☐ Check this box if you did not observe

Very Low

Very High

9. How would you describe your dog's vitality today? If the owner is feeding the same day as enrollment, carry over the same answer to this question for Day 1 only.

☐ Check this box if you did not observe

Poor

Excellent

If you desire please briefly describe your dog's eating behavior over the last day:

Recorder's Signature

Recorder's Signature Date (DD/MM/YYYY)

Investigator's Signature

Investigator's Signature Date (DD/MM/YYYY)

Pet Quality of Life Questionnaire

Date: (/ /20)

Name of Person Interviewed: _____

A) Check the box below at the point that describes how would you agree or disagree with the following statements.

1. My dog vomited in the last 48 hours

☐ Check this box if you do not know

No, not at all
frequently

Yes,

2. My dog is playful today.

☐ Check this box if you did not observe

Strongly disagree

Strongly agree

3. My dog is capable of doing his/her favorite activities today.

☐ Check this box if you did not observe

Strongly disagree

Strongly agree

4. My dog acted like his/her normal self today.

☐ Check this box if you did not observe

Strongly disagree

Strongly agree

5. My dog is joyful today.

☐ Check this box if you did not observe

Strongly disagree

Strongly agree

6. My dog enjoyed being near me today.

☐ Check this box if you did not observe

Strongly disagree

Strongly agree

7. My dog showed their normal amount of affection for the family today.

☐ Check this box if you did not observe

Strongly disagree

Strongly agree

8. My dog enjoyed being petted or touched by the family today.

☐ Check this box if you did not observe

Strongly disagree

Strongly agree

9. My dog sleeps well

☐ Check this box if you did not observe

Strongly disagree

Strongly agree

Recorder's Signature

Recorder's Signature Date (DD/MM/YYYY)

Investigator's Signature

Investigator's Signature Date (DD/MM/YYYY)

Pet Owner Exit Questionnaire

Date: (/ /20)

Name of Person Interviewed:

Please reflect on your pet's eating habits after starting to feed Study Food to answer the following questions.

1. How would you describe your dog's hair coat today compared to the beginning of study?

☐ Check this box if you did not observe

More Dull and Dry

More Shiny and Soft

2. Do you feel that your dog eating this food helped your dog retain their muscle?

☐ Check this box if you did not observe

No, not at all

Yes, definitely

3. Do you feel that your dog had more good or great days while consuming the study food?

☐ Check this box if you did not observe

No, not at all

Yes, definitely

4. Do you feel that feeding this food during the study enhanced the relationship that you have with your dog?

☐ Check this box if you did not observe

No, not at all

Yes, definitely

5. Do you feel that offering this food helped extend your dog's life?

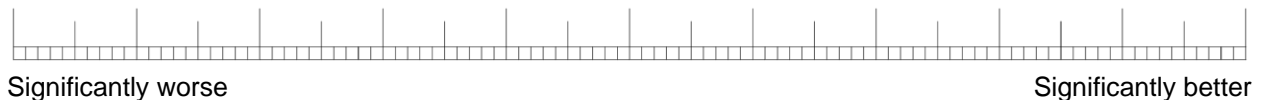
☐ Check this box if you did not observe

No, not at all

Yes, definitely

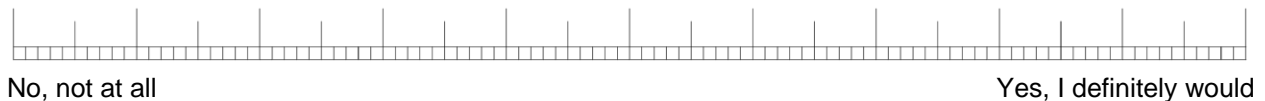
6. Did you feed treats to your dog during this study?
- ☐ Yes
 - ☐ No
 - ☐ If yes, what did you offer your dog? FREE TEXT FIELD
7. Did you feed supplements to your dog during this study?
- ☐ Yes
 - ☐ No
 - ☐ If yes, what did you offer your dog? FREE TEXT FIELD
8. Did you feed wet food to your dog during this study?
- ☐ Yes
 - ☐ No
 - ☐ If yes, what did you offer your dog? FREE TEXT FIELD

9. How has your dog's appetite changed since starting the study?



Significantly worse Significantly better

10. How likely are you to recommend the study food to a friend or relative who has a dog living with cancer?



No, not at all Yes, I definitely would

11. Please briefly describe how your dog's eating behavior during meal time has changed during the study:

12. How would your dog describe the food?

Recorder's Signature

Recorder's Signature Date (DD/MM/YYYY)

Investigator's Signature

Investigator's Signature Date (DD/MM/YYYY)

Vet Exit Study Food Evaluation

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Please answer the following questions by marking the box which best represents your opinion of each question.

1. Did feeding the study food contribute to this pet's quality of life?

☐ Check this box if you did not observe



No, not at all

Yes, definitely

2. Check the box below at the point that best describes **Would you recommend this food to a colleague?**

☐ Check this box if you did not observe



No, not at all

Yes, definitely

3. Check the box below at the point that best describes **Do you feel that continued eating extends the life of pets living with cancer?**

☐ Check this box if you did not observe



No, not at all

Yes, definitely

4. Check the box below at the point that best describes **How has the skin and coat quality changed since the start of the study**

☐ Check this box if you did not observe



Significantly worse

Significantly Improved

5. What did you like best about the food experience with this pet

Recorder's Signature

Recorder's Signature Date (DD/MM/YYYY)

Investigator's Signature

Investigator's Signature Date (DD/MM/YYYY)

Stool Quality Questionnaire

WHAT IS THE TYPICAL APPEARANCE OF YOUR DOG'S STOOL (*please see below for Gastrointestinal Grading Sheet for reference*).

For multiple defecations per day; Please report the most common grade observed.

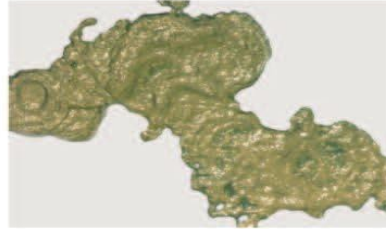
If your dog has multiple stools per day please report the most frequently observed grade.

- ☐ Grade 1: Greater than two-thirds of the feces in the defecation is liquid. The feces has lost all form, appearing as a puddle or squirt.
- ☐ Grade 2: Soft-liquid feces are an intermediate between soft and liquid feces. Approximately equal amounts of feces in a defecation are soft and liquid. Form is similar to thick mud; logs are not visible.
- ☐ Grade 3: Greater than two-thirds of the feces in the defecation are soft. The feces retains enough form to pile and some log shapes are discernable, but have lost their firm cylindrical appearance.
- ☐ Grade 4: Firm-soft feces are an intermediate between the grades of firm and soft and both may appear in a single defecation; that is approximately equal amounts of feces in the defecation is firm or soft.
- ☐ Grade 5: Greater than two-thirds of the feces in the defecation is firm. The feces has a cylindrical shape with little flattening.

Gastrointestinal Grading Sheet

Grade 1

Greater than two-thirds of the feces in a defecation are liquid. The feces have lost all form, appearing as a puddle or squirt.



Grade 2

Soft-liquid feces are an intermediate between soft and liquid feces. Approximately equal amounts of feces in a defecation are soft and liquid.



Grade 3

Greater than two-thirds of the feces in a defecation are soft. The feces retain enough form to pile but have lost their firm cylindrical appearance.



Grade 4

Firm-soft feces are an intermediate between the grades of firm and soft. Approximately equal amounts of feces in a defecation are firm and soft.



Grade 5

Greater than two-thirds of the feces in a defecation are firm. They have a cylindrical shape with little flattening.



Body Fat Index Scale

Available at: <https://www.sPCA.org.hk/images/PDF/HillsBFICChartCanine.pdf>

