


Date: _____

Weight: _____


 Poor Quality of Life

Good Quality of Life

My pet...	Strongly Agree (All the Time) (Severe)	Agree (Most of the Time) (Significant)	Neutral (Sometimes) (Mild)	Disagree (Occasionally) (Slight)	Strongly Disagree (Never) (None)
Does not want to play	1	2	3	4	5
Does not respond to my presence or does not interact with me in the same way as before	1	2	3	4	5
Does not enjoy the same activities as before	1	2	3	4	5
Is hiding	1	2	3	4	5
Demeanour/ behaviour is not the same as it was prior to diagnosis/ illness	1	2	3	4	5
Does not seem to enjoy life	1	2	3	4	5
Has more bad days than good days	1	2	3	4	5
Is sleeping more than usual	1	2	3	4	5
Seems dull and depressed	1	2	3	4	5
Seems to be or is experiencing pain	1	2	3	4	5
Is panting (even while resting)	1	2	3	4	5
Is trembling or shaking	1	2	3	4	5
Is vomiting and/or seems nauseous	1	2	3	4	5
Is not eating well - (may only be eating treats or only if fed by hand)	1	2	3	4	5
Is not drinking well	1	2	3	4	5
Is losing weight	1	2	3	4	5
Is having diarrhea often	1	2	3	4	5
Is not urinating well	1	2	3	4	5
Is not moving normally	1	2	3	4	5
Is not as active as normal	1	2	3	4	5
Does not move around as needed	1	2	3	4	5
Needs my help to move around normally	1	2	3	4	5
Is unable to keep self-clean after soiling	1	2	3	4	5
Has coat that is greasy, matted, or rough-looking	1	2	3	4	5
How is my pet's overall health compared to the initial diagnosis/illness?	1 Worse	2	3 Same	4	5 Better
Current Quality of Life (place "X" along the line that best fits your pet's quality of life)	 <div>PoorGood</div>				