

Quality of Life Scale



On a separate piece of paper please rate these 7 categories from 1 (Poor) to 10 (Best). Then add all 7 scores together to get a total. You may have a range if multiple numbers are circled. Then write down that range on a calendar to keep track of the scores you get over time.

Pet's Name: _____

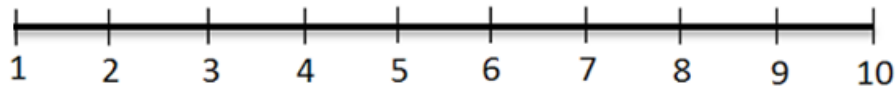
Doctor on Case: _____

How Often Should Scores be Done: _____

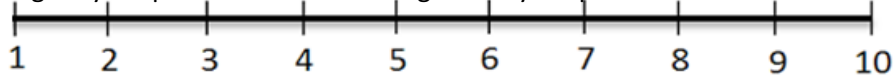
Comments:

Categories:

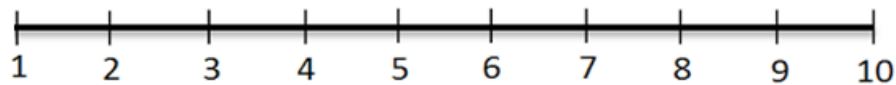
Pain- Is your pet in pain? Is the pain being managed properly? Is your pet restless? Does your pet seem uncomfortable?



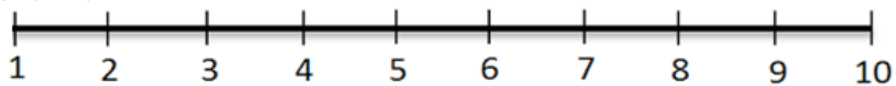
Appetite – Is your pet eating? Is your pet interested in eating? Does your pet still want treats?



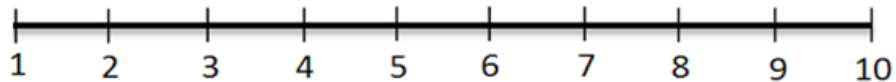
Thirst- Is your pet drinking? Is your pet interested in water? Does your pet drink more water than normal?



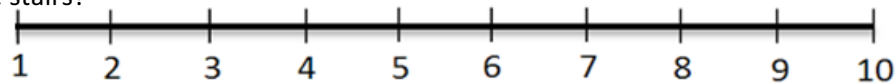
Hygiene- Does your pet still clean its self? Does your pet have any open wounds? Does your pet need cleaned after they go potty? Does your pet go potty in the house?



Happiness- Does your pet still do the things they enjoy? Does your pet still greet you at the door? Does your pet still want to cuddle?



Mobility- Can your pet get up by its self? Can your pet go outside to go potty? Can your pet still use the litterbox? Can your pet go up/down the stairs?



Good Days vs. Bad Days- Look at your scores over a 10 day period. How many of those days are above a 5?

