



# Questionnaire Regarding Their Pet's Activity at Home

Date: \_\_/\_\_/\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

On a scale of 0-10, Please circle the number that best represents rate your pet's home activity levels from for each of the questions below. (# 10 representing normal activity levels and # 0 representing no activity at all)

## Movement Questions

Walking	10	9	8	7	6	5	4	3	2	1	0
Trotting	10	9	8	7	6	5	4	3	2	1	0
Running	10	9	8	7	6	5	4	3	2	1	0
Jumping	10	9	8	7	6	5	4	3	2	1	0
Climbing Stairs	10	9	8	7	6	5	4	3	2	1	0
Going Down Stairs	10	9	8	7	6	5	4	3	2	1	0
Getting Up	10	9	8	7	6	5	4	3	2	1	0
Laying Down	10	9	8	7	6	5	4	3	2	1	0
Getting In & Out of the car	10	9	8	7	6	5	4	3	2	1	0
Soreness After Rest	10	9	8	7	6	5	4	3	2	1	0
Soreness After Exercise	10	9	8	7	6	5	4	3	2	1	0

## Positive Behaviours

How is Their Mood	10	9	8	7	6	5	4	3	2	1	0
How is Their Appetite	10	9	8	7	6	5	4	3	2	1	0
Wanting to Go For Walks	10	9	8	7	6	5	4	3	2	1	0
Wanting to Play	10	9	8	7	6	5	4	3	2	1	0
Activity Levels	10	9	8	7	6	5	4	3	2	1	0

## Negative Behaviours

Vocalizing When Getting Up	10	9	8	7	6	5	4	3	2	1	0
Vocalizing when Touching Them	10	9	8	7	6	5	4	3	2	1	0
Excessive Panting	10	9	8	7	6	5	4	3	2	1	0
Constantly Licking Their Lips	10	9	8	7	6	5	4	3	2	1	0
Aggression When Touching Them	10	9	8	7	6	5	4	3	2	1	0
Aggression Towards Other Dogs	10	9	8	7	6	5	4	3	2	1	0
Aggression Towards Other People	10	9	8	7	6	5	4	3	2	1	0

Any additional comments you may have on your pet?

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