# Basic history questionnaire—Cats

The questionnaire that follows focuses on all aspects of your cat's behavior and health issues that could contribute to any behavioral concerns. To interpret this information in the most detailed possible light, it would be helpful for you to list your cat's weight and your cat's body condition score. If you do not know your cat's body condition score, please go to the websites listed to see the scoring systems routinely used.

Cat's weight: _____ kg or _____ lb

Body condition score/BCS: _____

www.pet-slimmers.com/shapecat.htm
www.purina.com/cat/weight-control/bodycondition.aspx

Please complete the pages below as accurately as possible.

| | |
|---|---|
| 1. Client(s): | 2a. Today's date: ___/___ /___<br>2b. Cat's date of birth: ___/___ /___<br>☐ Estimated ☐ Known |
| 3. Patient's name: | 4a. Breed:<br>4b. Weight: _____ lb/ _____ kg<br>4c: Sex: ☐ M ☐ MC ☐ F ☐ FS<br>4d: If your cat is castrated or spayed [neutered] at what age was this done? _____ weeks / months (circle) |
| 5a. Age in weeks at which your cat was adopted?<br>5b. How many owners has your cat had?<br>5c. How long have you had this cat?<br>5d. Where did you get this cat? | a. _____ weeks/months (circle)<br>b. 0 1 2 3 4 5+ unknown<br>c. _____ months<br>d. 1. Serious show breeder<br>2. Breeder who doesn't show<br>3. Found<br>4. SPCA/Humane Society<br>5. Found (or cat found you)<br>6. Friend<br>7. Bred from one of your cats<br>8. Other—please specify: |
| 6a. Is your cat (please circle):<br>a. Indoor, only<br>b. Outdoor, only<br>c. Indoor/outdoor | 6b. How many litterboxes does your cat have:<br>☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+<br>6c. What types of litter do you use? _____<br>_____<br>6d. How often do you change the litterbox completely?<br>_____ times weekly/monthly (circle)<br>6e. How often do you scoop the box?<br>_____ times daily/weekly (circle) |
| 7a. Does your cat leave urine or feces outside the litterbox?<br><br><br><br>7b. Does your cat spray? | ☐ Yes ☐ No ☐ Don't know<br>If you answered yes,<br>a. Urine—where specifically?<br>b. Feces—where specifically?<br>c. Both—where specifically?<br>☐ Yes ☐ No ☐ Don't know<br>If you answered yes, where specifically? |
| 8. Do you have any concerns, complaints, or problems with urination in the house now? | ☐ Yes ☐ No<br>If you answered yes,<br>(a) Where is the cat urinating that you find undesirable (list all areas)? _____<br>_____<br>_____<br>(b) How many times per week is the cat urinating in places you find undesirable? |

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| | |
|---|---|
| | (c) At what time of day is the urination occurring?<br>(d) Is the pattern different on days when you are home and days you are not home?<br>(e) Are you at work during the hours when the cat urinates?<br>(f) How many times per day does your cat usually urinate when he or she is not urinating in places you find undesirable? |
| 9. Do you have any concerns, complaints, or problems with defecation in the house now? | ☐ Yes ☐ No<br>If you answered yes,<br>(a) Where is the cat defecating that you find undesirable (list all areas)? _____<br>(b) How many times per week is the cat defecating in places you find undesirable?<br>(c) At what time of day is the defecation occurring?<br>(d) Is the pattern different on days when you are home and days you are not home?<br>(e) Are you at work during the hours when the cat defecates?<br>(f) How many times per day does your cat usually urinate when he or she is not urinating in places you find undesirable? |
| 10. Did your cat destroy any objects while teething? | ☐ Yes ☐ No ☐ Unknown<br>If you answered yes, what objects specifically did the cat destroy? Please list all of them and note which, if any, you had given the cat as toys or to play with by putting a * next to them. |
| 11. Does your cat destroy any objects or anything else by chewing, sucking, or eliminating on them (e.g., furniture, rugs, clothes, et cetera) now? | ☐ Yes ☐ No<br>If you answered yes, what objects specifically does the cat destroy? Please list all of them and note which are destroyed when you are home or not home—please note if they destroy at both times—tick both columns: |

| Object | When home | When gone |
|---|---|---|
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |

| | |
|---|---|
| 12. Does your cat mouth, bite, suck, or nip anything or anyone? | ☐ Yes ☐ No<br>a. If you answered yes, what or whom does the cat mouth?<br>b. If you answered yes, does the cat:<br>bite, suck, mouth, nip, lick, or chew? (Please circle)<br>c. Is this a problem for you? ☐ Yes ☐ No |
| 13. Does your cat exhibit any vocalization about which you are concerned? | ☐ Yes ☐ No<br>If you answered yes, what is/are the vocalization(s) and when do they occur? |

| Vocalization | Situation in which it occurs |
|---|---|
| a. Yowling/'barking' | |
| b. Growling | |
| c. Howling | |
| d. Hissing | |
| e. Other—please specify: | |

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<table>
<tr><td>14. Does your cat show any signs of growling, yowling, hissing, or biting?</td><td>☐ Yes ☐ No<br>If you answered yes, what is/are the sign(s) and when do they occur?<table><tr><th>Sign</th><th>Situation in which it occurs</th></tr><tr><td>a. Yowling</td><td></td></tr><tr><td>b. Growling</td><td></td></tr><tr><td>c. Hissing</td><td></td></tr><tr><td>d. Biting</td><td></td></tr></table></td></tr>
<tr><td>15. Have you ever been concerned that your cat is “aggressive” to people?</td><td>☐ Yes ☐ No<br>If you answered yes, why?</td></tr>
<tr><td>16. Have you ever been concerned that your cat is “aggressive” to cats?</td><td>☐ Yes ☐ No<br>If you answered yes, why?</td></tr>
<tr><td>17. Have you ever been concerned that your cat is “aggressive” to animals other than cats?</td><td>☐ Yes ☐ No<br>If you answered yes, why?</td></tr>
<tr><td>18. Does your cat hunt or prey on other animals?</td><td>☐ Yes ☐ No<br>If you answered yes, which animals and where?</td></tr>
<tr><td>19. Has your cat ever bitten or clawed anyone, regardless of the circumstances?</td><td>☐ Yes ☐ No<br>If you answered yes, what happened?</td></tr>
<tr><td>20. Has your cat had any changes in sleep habits?</td><td>☐ Yes ☐ No<br>If you answered yes, what are these, specifically?</td></tr>
<tr><td>21. Has your cat had any changes in eating habits?</td><td>☐ Yes ☐ No<br>If you answered yes, what are these, specifically?</td></tr>
<tr><td>22. Has your cat had any changes in locomotory behaviors or ability to get around or jump on the bed, et cetera?</td><td>☐ Yes ☐ No<br>If you answered yes, what are these, specifically?</td></tr>
<tr><td>23. Has anyone ever told you that they were afraid of your cat?</td><td>☐ Yes ☐ No<br>If you answered yes, what did they say?</td></tr>
<tr><td>24. Has anyone ever told you that your cat was ill-mannered?</td><td>☐ Yes ☐ No<br>If you answered yes, why? What did the cat do that made them say this?</td></tr>
<tr><td>25. Do you have any concerns about your cat’s grooming behaviors?</td><td>☐ Yes ☐ No<br>If you answered yes,<br>a. Little to no grooming<br>b. Sucking<br>c. Chewing<br>d. Licking<br>e. Self-mutilation/sores<br>f. Barbering/trimming<br>g. Plucking out clumps of hair</td></tr>
<tr><td>26. Is the cat exhibiting any behaviors about which you are concerned, worried, or would like more information?</td><td>☐ Yes ☐ No<br>If you answered yes, please list these behaviors below:</td></tr>
</table>

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27. Please list the people, including yourself, currently living in the household now.

| NAME | SEX | AGE | RELATIONSHIP (Self, husband, wife, mother-in-law, etc.) | OCCUPATION |
|---|---|---|---|---|
| 1. | | | SELF * | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

* Self means the person completing questionnaire.

28. Please list all the animals (include all pets, even non-cats) in the household.

| Name | Order obtained | Type/Breed | Sex: M MC F FS | Age obtained in months | Age now in months | Any medical illness? | Any behavioral illness? |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |

29. If any of these pets have been identified as having a medical problem, please specify what the problem is:

_____

30. If any of these pets have been identified as having a behavioral problem, please specify what the problem is:

_____

31. Please describe, in detail, how you prepare to leave the house when the cat will be left alone. Do you ignore the cat, do you seek him or her out and say goodbye, do you make a fuss, et cetera?_____

_____

_____

32. What does your cat do as you prepare to leave? _____

_____

33. Please list your cat's behavioral concerns and let us know how much of a problem you consider the behavior.

| Complaint # | Specific complaint/problem | Very serious? | Serious? | Not serious? |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

For the complaints numbered above, please estimate the frequency of occurrence of the undesirable behavior:

| | |
|---|---|
| Complaint 1:<br>☐ Daily<br>☐ Weekly<br>☐ Monthly | Percent of time that animal is in situation and during which undesirable behavior occurs:<br>☐ Less than 25%<br>☐ 25%-50%<br>☐ 51%-75%<br>☐ 76%-100% |
| Complaint 2:<br>☐ Daily<br>☐ Weekly<br>☐ Monthly | Percent of time that animal is in situation and during which undesirable behavior occurs:<br>☐ Less than 25%<br>☐ 25%-50%<br>☐ 51%-75%<br>☐ 76%-100% |
| Complaint 3:<br>☐ Daily<br>☐ Weekly<br>☐ Monthly | Percent of time that animal is in situation and during which undesirable behavior occurs:<br>☐ Less than 25%<br>☐ 25%-50%<br>☐ 51%-75%<br>☐ 76%-100% |
| Complaint 4:<br>☐ Daily<br>☐ Weekly<br>☐ Monthly | Percent of time that animal is in situation and during which undesirable behavior occurs:<br>☐ Less than 25%<br>☐ 25%-50%<br>☐ 51%-75%<br>☐ 76%-100% |

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| Complaint 5: | Percent of time that animal is in situation and during which undesirable behavior occurs: |
|---|---|
| ☐ Daily | ☐ Less than 25% |
| ☐ Weekly | ☐ 25%-50% |
| ☐ Monthly | ☐ 51%-75% |
| | ☐ 76%-100% |

Please describe the last three or four events in which you felt that your pet's behavior was problematic. Please include the relevant circumstances and what your response was. You can append additional sheets, if you wish.

34. If your pet has what you perceive to be a problem, why have you kept the pet despite this problem?

35. Are you concerned that you may have caused the problem? ☐ Yes ☐ No
36. Do you feel guilty about this problem? ☐ Yes ☐ No
37. Have you considered finding another home for this pet? ☐ Yes ☐ No
38. Have you considered euthanasia (putting your cat 'down'/to 'sleep')? ☐ Yes ☐ No

On the issue of biting:

39. How many total bites has your cat inflicted ***on any human***? 0 1 2 3 4 5 >5
40. How many ***bites to humans*** broke the skin? 0 1 2 3 4 5 >5
41. How many **bites to humans** were reported, and to whom? (i.e., local authorities, hospital, Humane Society, et cetera.) Number reported: 0 1 2 3 4 5 >5
    Reported to:

42. Was there legal action taken as a result of any ***bite to humans***? ☐ Yes ☐ No
43. How many total bites has your cat inflicted on any ***cat/dog/other animal***? 0 1 2 3 4 5 >5
44. How many bites to **cats/dogs/other animals** broke the skin? 0 1 2 3 4 5 >5
45. How many **bites to cats/dogs/other animals** were reported, and to whom? (i.e., local authorities, hospital, Humane Society, et cetera.) Number reported: 0 1 2 3 4 5 >5
    Reported to:

46. Was there legal action taken as a result of any bite to **cats/dogs/other animals**? ☐ Yes ☐ No
47. Has the frequency or the intensity of the occurrence of the behavior changed since the problem started? ☐ Yes ☐ No
    If so, how and when?

48. Please provide a brief outline of the chronological development of the problem, including any significant incidents that you think we should know.

49. Duration of problem: _____ days _____ months _____ years
50. Age of the cat when he or she first began showing signs of the problem:
51. Do you know if the parents engage in similar behaviors as presented animal?
    ☐ Yes, they did ☐ No, they didn't ☐ Don't know
    If so, what behaviors were exhibited by whom?

52. Do you know if any littermates are engaging in same behaviors?
    ☐ Don't know ☐ No, they aren't ☐ Yes, they are
    If so, what behaviors were exhibited by whom?

53. What are you feeding your cat and when are you feeding him/her? Please be specific. If you meal-feed, please let us know the brand names and times. If you leave out food free choice, please give us the brand name. If you give treats, what kind and when? As we learn more about potential effects of diet on behavior this information is important.

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**Elimination history: We know that you have already answered some questions about your cat's elimination behaviors. Here, we ask specific information that may be relevant to better understanding your cat.**

| 1. How many litterboxes are available for the cat(s)?_____ | Box 1 | Box 2 | Box 3 | Box 4 |
|---|---|---|---|---|
| 2. Is the box covered? | | | | |
| 3. What are the sizes of the boxes? | | | | |
| 4. Where are the boxes? | | | | |
| 5. How deep is the litter in each of the boxes? | | | | |
| 6. Are liners ever used? | | | | |
| 7. If liners are used, are they scented? | | | | |
| 8. List all the types of litter used for each box (names/brands, please). | | | | |
| 9. Are any of the litters used scented? | | | | |
| 10. Does the cat respond differently to any of the above styles of boxes or litters, or sizes of box and depths of litters? | | | | |
| 11. How frequently is the litter changed? | | | | |
| 12. How frequently is the litter scooped? | | | | |
| 13. How frequently is the litterbox washed and replaced? | | | | |
| 14. Are deodorants used in the cleaning process? | | | | |
| 15. How many cats actually share a litterbox? | | | | |

16. What does the cat do in the litterbox?: does he get in, does he stand outside, does he dig in or out, et cetera?

17. Is the cat ever allowed outside?
    a. Free access—cat door  b. Indoor only or primarily
    c. Outdoor only or primarily  d. Outdoor on lead, supervised, enclosed area, et cetera

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18. Does the cat eliminate in the presence of other animals or people, or is the elimination behavior secret?
    a. eliminates where no one can see  b. eliminates in the presence of humans or other animals

19. Will the cat immediately use a freshly cleaned litterbox?
    a. always  b. sometimes  c. never

20. Has the cat ever had any variation in whether or not it covers its feces or urine, and is any of that variation associated with the presence or absence of any other situation or cat?

21. Does the cat ever vocalize while he or she eliminates?
    a. always  b. sometimes  c. never

22. Will the cat spray against the back of a covered litterbox?
    a. always  b. sometimes  c. never

23. Does your cat ever use a shower, bath tub, or tile floor for elimination?
    a. always  b. sometimes  c. never

24. What other areas are ever used for elimination? Please provide a complete list with locations, substrate (e.g., wood floor, chair, rug, et cetera) and frequency of use.

**Aggression screen for cats:**
KEY: NR = No reaction; S = Stare; B = Bite; H = Hiss, howl, growl, vocalize (not purr); SW = Swat/scratch; P = Piloerect/arch/puff up; TS = Switch or twitch tail; WD = Withdraw; NA = Not applicable.

This screen can be used in three ways: (1) to note the presence or absence, at any time, of any of the behaviors; (2) to keep as a log about the baseline behavior, noting how many times the behavior occurs, given the number of times it is attempted, per unit time (i.e., per week); and (3) to keep a log about frequencies of the occurrence behaviors, given the number of times the circumstance has been encountered, during treatment so that these numbers can be compared with (2). Please note if the reaction is consistent in style, or only directed toward one person, or only present in one restricted circumstance. If using this screen only for the first use, note if the cat has been worsening in intensity or frequency in any category.

Please note: we want to know what your cat does when you routinely interact with her—if you don't know how your cat would react in the following circumstances, please do not try to find out because you may provoke the cat.

| | NR | S | B | H | SW | P | TS | WD | NA |
|---|---|---|---|---|---|---|---|---|---|
| 1. Take cat's food dish with food | | | | | | | | | |
| 2. Take cat's empty food dish | | | | | | | | | |
| 3. Take cat's water dish | | | | | | | | | |
| 4. Take food (human) that falls on floor | | | | | | | | | |
| 5. Take real bone | | | | | | | | | |
| 6. Take food treat | | | | | | | | | |
| 7. Take toy | | | | | | | | | |
| 8. Human approaches cat while eating | | | | | | | | | |
| 9. Another cat approaches cat while eating | | | | | | | | | |
| 10. Human approaches cat while playing with toys | | | | | | | | | |
| 11. Another cat approaches cat while playing with toys | | | | | | | | | |
| 12. Dog approaches cat while eating | | | | | | | | | |
| 13. Dog approaches cat while playing with toys | | | | | | | | | |
| 14. Human walks past cat in doorways | | | | | | | | | |
| 15. Human approaches/disturbs cat while sleeping | | | | | | | | | |
| 16. Cat approaches/disturbs cat while sleeping | | | | | | | | | |
| 17. Step over cat | | | | | | | | | |
| 18. Push cat off bed/couch | | | | | | | | | |
| 19. Reach toward cat | | | | | | | | | |
| 20. Reach over head | | | | | | | | | |
| 21. Put on harness or collar | | | | | | | | | |
| 22. Push on shoulders or rump | | | | | | | | | |
| 23. Pet cat when in lap | | | | | | | | | |
| 24. Pet cat when not in lap | | | | | | | | | |
| 25. Towel when wet | | | | | | | | | |
| 26. Bathe cat | | | | | | | | | |

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| | NR | S | B | H | SW | P | TS | WD | NA |
|---|---|---|---|---|---|---|---|---|---|
| 27. Groom cat's head | | | | | | | | | |
| 28. Groom cat's body | | | | | | | | | |
| 29. Trim cat's nails | | | | | | | | | |
| 30. Put on nail caps | | | | | | | | | |
| 31. Stare at | | | | | | | | | |
| 32. Stranger enters room | | | | | | | | | |
| 33. Cat in yard—person passes | | | | | | | | | |
| 34. Cat in yard—dog passes | | | | | | | | | |
| 35. Dog enters room where cat is | | | | | | | | | |
| 36. Human physically carries cat | | | | | | | | | |
| 37. Cat in vet's office | | | | | | | | | |
| 38. Cat in boarding kennel | | | | | | | | | |
| 39. Cat in groomers | | | | | | | | | |
| 40. Cat yelled at | | | | | | | | | |
| 41. Cat physically punished—hit | | | | | | | | | |
| 42. Squirrels, cats, small animals approach | | | | | | | | | |
| 43. Cat sees another cat through window | | | | | | | | | |
| 44. Cat sees squirrels, birds, dogs through window | | | | | | | | | |
| 45. Human approaches cat who is at top of stairs | | | | | | | | | |
| 46. Cat removed from hiding place | | | | | | | | | |
| 47. Human body parts move under covers on bed | | | | | | | | | |
| 48. Crying infant | | | | | | | | | |
| 49. Playing with 2-year-old children | | | | | | | | | |
| 50. Playing with 5- to 7-year-old children | | | | | | | | | |
| 51. Playing with 8- to 11-year-old children | | | | | | | | | |
| 52. Playing with 12- to 16-year-old children | | | | | | | | | |

**Stereotypic and ritualistic behavior sheets**

Please complete this form **only** if the cat is showing any repetitive, ritualistic behaviors **that you find troublesome or about which you are concerned.**

1. Which of the following categories below fits your cat's behavior?

Check as many categories that apply to the cat's behavior. Then check the best description that relates to the selected behavior.

| | |
|---|---|
| a. ☐ Grooming | ☐ Chewing self ☐ Biting self<br>☐ Licking self ☐ Plucking hair from self<br>☐ Barbering/trimming hair on self ☐ Sucking self<br>☐ Continuously doing any of these behaviors *to another individual.* Please explain: |
| b. ☐ Hallucinatory | ☐ Staring and attending to things that are not there<br>☐ Tracking things that are not there<br>☐ Pouncing on or attacking things that are not there |
| c. ☐ Consumptive | ☐ Consuming rocks<br>☐ Consuming dirt or soil<br>☐ Consuming other objects<br>☐ Eating, licking, sucking or chewing wool or fabric, rugs, furniture, et cetera<br>☐ Licking or gulping air |
| d. ☐ Locomotory | ☐ Circling/spinning<br>☐ Tail-chasing<br>☐ Freezing |
| e. ☐ Vocalization | ☐ Rhythmic vocalization<br>☐ Howling<br>☐ Growling |

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Please indicate the appropriate answer (Yes/No/Uncertain) for each of the following questions. Please feel free to add any information that you think might be helpful. If you choose *yes*, please describe in detail what is ongoing and, if relevant, who or what might be involved. If no one is home often enough to know or the cat cannot be reliably observed, please choose *uncertain*.

| | Yes | No | Uncertain |
|---|---|---|---|
| 2. Was there a change in the household or an event associated with the development of the behavior? | | | |
| 3. Is there any time of day when the behavior seems more or less intense? | | | |
| 4. Is there a person or another pet in the presence of whom the behavior seems more intense? | | | |
| 5. Does the cat respond to its name or seem aware of its surroundings while in the midst of the behavior? | | | |
| 6. Is the cat aware that you are calling him/her? If yes, how can you tell? | | | |
| 7. Can you convince the cat to stop the behavior by a. Calling him or her | | | |
| b. Using physical restraint | | | |
| 8. List the kinds of things (i.e., noises, treats, toys), if any, that will interrupt the behavior once it has started. | | | |
| 9. Is there a location in which the cat prefers to perform the behavior? If so, where? | | | |
| 10. For ingestion, list what types of objects are consumed. Be as specific as possible—what type of rug or sweater fabric (e.g., cotton only, merino wool only, all natural fabrics, et cetera)? | | | |
| 11. Does any event or behavior routinely occur immediately before the behavior begins? If you answer yes, what occurs? | | | |
| 12. Does any event or behavior routinely occur immediately after the behavior ceases? If you answer yes, what occurs? | | | |
| 13. Has the cat's general behavior changed in any way since the onset of the atypical behavior (i.e., the cat is more or less aloof, aggressive, withdrawn, playful, et cetera)? If you answer yes, please let us know what the change is. | | | |
| 14. Has the cat's diet recently been changed? If yes, what is the change? | | | |
| 15. How old do you think your pet was when its ritualistic behavior began? | Age in months _____ | | |
| 16. Did anyone else in the cat's family exhibit these or similar behaviors? | | | |
| 17. Is there a pattern to the behavior? What are the duration, frequency, characteristics of the events themselves? | Duration: ☐ days. ☐ weeks. ☐ months<br>Pattern: After meals, in AM, et cetera (please specify) | | |

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**Questionnaire to evaluate behaviors of old cats. Please complete this section *ONLY* if your pet is elderly or if your complaints have to do with possible age-related changes**

**Behavior screen for age associated changes:**

1. Locomotory/ambulatory assessment (tick **only one**)
   - ☐ a. No alterations or debilities noted
   - ☐ b. Modest slowness associated with change from youth to adult
   - ☐ c. Moderate slowness associated with geriatric aging
   - ☐ d. Moderate slowness associated with geriatric aging plus alteration or debility in gait
   - ☐ e. Moderate slowness associated with geriatric aging plus some loss of function (e.g., cannot climb stairs)
   - ☐ f. Severe slowness associated with extreme loss of function, particularly on slick surfaces (may need to be carried)
   - ☐ g. Severe slowness, extreme loss of function, and decreased willingness or interest in locomoting (spends most of time in bed)
   - ☐ h. Paralyzed or refuses to move

2. Appetite assessment (may tick **more** than **one**)
   - ☐ a. No alterations in appetite
   - ☐ b. Change in ability to physically handle food
   - ☐ c. Change in ability to retain food (vomits or regurgitates)
   - ☐ d. Change in ability to find food
   - ☐ e. Change in interest in food (may be olfactory, having to do with the ability to smell)
   - ☐ f. Change in rate of eating
   - ☐ g. Change in completion of eating
   - ☐ h. Change in timing of eating
   - ☐ i. Change in preferred textures

3. Assessment of elimination function (tick **only one** in **each** category)

   a. Changes in frequencies and "accidents"
   - ☐ 1. No change in frequency and no "accidents"
   - ☐ 2. Increased frequency, no "accidents"
   - ☐ 3. Decreased frequency, no "accidents"
   - ☐ 4. Increased frequency with "accidents"
   - ☐ 5. Decreased frequency with "accidents"
   - ☐ 6. No change in frequency, but "accidents"

   b. Bladder control
   - ☐ 1. Leaks urine when asleep, only
   - ☐ 2. Leaks urine when awake, only
   - ☐ 3. Leaks urine when awake or asleep
   - ☐ 4. Full-stream, uncontrolled urination when asleep, only
   - ☐ 5. Full-stream, uncontrolled urination when awake, only
   - ☐ 6. Full-stream, uncontrolled urination when awake or asleep
   - ☐ 7. No leakage or uncontrolled urination, all urination controlled, but in inappropriate or undesirable location
   - ☐ 8. No change in urination control or behavior

   c. Bowel control
   - ☐ 1. Defecates when asleep
     Formed stool Diarrhea Mixed (Circle appropriate answer, if this occurs, please)
   - ☐ 2. Defecates without apparent awareness
     Formed stool Diarrhea Mixed (Circle appropriate answer, if this occurs, please)
   - ☐ 3. Defecates when awake and aware of action, but in inappropriate or undesirable locations
     Formed stool Diarrhea Mixed (Circle appropriate answer, if this occurs, please)
   - ☐ 4. No changes in bowel control

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4. Visual acuity—how well do you think the cat sees? (tick **only one**)
   - ☐ a. No change in visual acuity detected by behavior—appears to see as well as ever
   - ☐ b. Some change in acuity **not** dependent on ambient light conditions
   - ☐ c. Some change in acuity dependent on ambient light conditions
   - ☐ d. Extreme change in acuity **not** dependent on ambient light conditions
   - ☐ e. Extreme change in acuity dependent on ambient light conditions
   - ☐ f. Blind

5. Auditory acuity—how well do you think the cat hears? (tick **only one**)
   - ☐ a. No apparent change in auditory acuity
   - ☐ b. Some decrement in hearing—not responding to sounds to which the cat used to respond
   - ☐ c. Extreme decrement in hearing—have to make sure the cat is paying attention or repeat signals or go get the cat when called
   - ☐ d. Deaf—no response to sounds of any kind

6. Play interactions—if the cat plays with **toys** (other pets are addressed later), which situation best describes that play? (tick **only one**)
   - ☐ a. No change in play with toys
   - ☐ b. Slightly decreased interest in toys, only
   - ☐ c. Slightly decreased ability to play with toys, only
   - ☐ d. Slightly decreased interest and ability to play with toys
   - ☐ e. Extreme decreased interest in toys, only
   - ☐ f. Extreme decreased ability to play with toys, only
   - ☐ g. Extreme decreased interest and ability to play with toys

7. Interactions with humans—which situation best describes that interaction? (tick **only one**)
   - ☐ a. No change in interaction with people
   - ☐ b. Recognizes people but slightly decreased frequency of interaction
   - ☐ c. Recognizes people but greatly decreased frequency of interaction
   - ☐ d. Withdrawal but recognizes people
   - ☐ e. Does not recognize people

8. Interactions with other pets—which situation best describes that interaction? (tick **only one**)
   - ☐ a. No change in interaction with other pets
   - ☐ b. Recognizes other pets but slightly decreased frequency of interaction
   - ☐ c. Recognizes other pets but greatly decreased frequency of interaction
   - ☐ d. Withdrawal but recognizes other pets
   - ☐ e. Does not recognize other pets
   - ☐ f. No other pets or animal companions in house or social environment

9. Changes in sleep/wake cycle (tick **only one**)
   - ☐ a. No changes in sleep patterns
   - ☐ b. Sleeps more in day, only
   - ☐ c. Some change—awakens at night and sleeps more in day
   - ☐ d. Much change—profoundly erratic nocturnal pattern and irregular daytime pattern
   - ☐ e. Sleeps virtually all day, awake occasionally at night
   - ☐ f. Sleeps almost around the clock

10. Is there anything else you think that we should know?

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