

# Quality of Life Survey

Please fill out the form completely and click the number that best describes your pet.

Once completed, please share this form with your veterinarian so they can help assess your pet's overall wellbeing.



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# Quality of Life Survey



Pet Name \_\_\_\_\_ Weight \_\_\_\_\_ lbs Date / /

Pet Owner \_\_\_\_\_ Completed by \_\_\_\_\_

**Happiness** Disagree Neutral Agree  
1 2 3 4 5

My pet wants to play

My pet responds to my presence

My pet enjoys life

**Mental State**

My pet has more good days than bad days

My pet sleeps more, is awake less

My pet seems dull or depressed, not alert

**Pain**

My pet is in pain

My pet pants frequently, even at rest

My pet shakes or trembles occasionally

**Appetite**

My pet eats the usual amount of food

My pet acts nauseous or vomits

My pet eats treats/snacks

**Hygiene**

My pet keeps him/herself clean

My pet smells like urine or has skin irritation

My pet's hair is greasy, matted, rough looking

**Hydration**

My pet drinks adequately

My pet has diarrhea

My pet is urinating a normal amount

**Mobility**

My pet moves normally

My pet lays in one place all day long

My pet is as active as he/she has been

**General Health** Worse Similar Better

General health compared to last evaluation

General health compared to initial diagnosis

Overall wellbeing: Very Poor \_\_\_\_\_ Excellent