

# Mobility Questionnaire: Does Your Pet Show Signs of Pain?

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Pet name: \_\_\_\_\_ Owner name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

## In general, how do you rate your pet's health?

Excellent  Very Good  Good  Fair  Poor

## Has your pet ever seen a veterinarian because of joint pain, stiffness, or limping?

No  Yes Details: \_\_\_\_\_

## Living in pain can lead to changes in behavior, which can be hard to read in a pet.

### On average, would you say your pet [Choose 1]

- Is completely uninterested in its surroundings; sleeps all the time?
- Will show interest, but no longer comes to greet you?
- Is mostly interested in life and food, but reluctant to play?
- Plays only when encouraged, and not for long?
- Has had no change in personality?

## Has your pet's activity level changed? If so, select all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Seeks more affection than usual    | <input type="checkbox"/> Has difficulty getting up from a lying position | <input type="checkbox"/> Lies very still  |
| <input type="checkbox"/> Reluctant to move                  | <input type="checkbox"/> Shows trembling                                 | <input type="checkbox"/> Becomes restless |
| <input type="checkbox"/> Repetitively gets up and lies down | <input type="checkbox"/> Shows circling                                  | <input type="checkbox"/> Other            |

## Has your pet's appetite or thirst changed?

Yes  No

## Does your pet have trouble in areas where it never used to need assistance?

- |   |  |
|---|--|
| <input type="checkbox"/> Cannot manage any steps without assistance                     | <input type="checkbox"/> Cannot jump onto the furniture without assistance |
| <input type="checkbox"/> Cannot manage a full flight of steps (only 2 to 4 steps alone) | <input type="checkbox"/> Cannot get into the vehicle without assistance    |
| <input type="checkbox"/> Manages a full flight of steps, but has difficulty             | <input type="checkbox"/> Has no problem jumping                            |
| <input type="checkbox"/> Can only go upstairs without assistance                        |  |
| <input type="checkbox"/> Can only go downstairs without assistance                      |  |
| <input type="checkbox"/> No problems on stairs  |  |

## Has your pet become protective of itself? If so, select all that apply:

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Protects hurt body part              | <input type="checkbox"/> Hides |
| <input type="checkbox"/> Doesn't put weight on a limb         | <input type="checkbox"/> Limp  |
| <input type="checkbox"/> Doesn't want to be held or picked up | <input type="checkbox"/> Other |

## Does your pet have pain, swelling, or stiffness?

Yes, in many joints  Yes, in a few joints  Yes, in 1 joint  Very rarely  Never

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**How long can your pet walk without getting tired, limping, or stopping?**

- Less than 5 minutes     More than 30 minutes/my pet doesn't get tired or sore  
 10 to 20 minutes     Does not show signs until finished walking and rests for a while (ie, will stiffen up)

**Does your pet favor one side of its body more than the other?**

- No     Yes (details: \_\_\_\_\_)

**Did your pet's signs begin slowly or suddenly?**

- Slowly, over the course of a few months     Suddenly, within days or a few weeks

**Has the joint pain suddenly gotten worse?**

- Within the past few days     Within the past few weeks     Not applicable

**In the morning, are the affected areas stiff for more than half an hour?**

- Yes     No     There is no morning stiffness

**Has your pet had a joint/bone injury or surgery?**

- Yes (details: \_\_\_\_\_)     No     Unsure

**Which of the following methods do you use to manage your pet's pain, swelling, or stiffness?**

[Check all that apply.]

- Physical activity/exercise  
 Nutritional supplements  
 Weight management  
 Physical rehabilitation/chiropractic/massage  
 Cold or heat treatment  
 Medication  
 Other: \_\_\_\_\_  
 None of the above

**Which medication and/or joint supplements do you currently give your pet? [Check all that apply.]**

- Prescription medication from veterinarian: \_\_\_\_\_  
 Over-the-counter medication: \_\_\_\_\_  
 Aspirin: \_\_\_\_\_  
 Glucosamine human medication (brand): \_\_\_\_\_  
 Veterinary joint supplement (brand): \_\_\_\_\_  
 Herbal supplement (brand): \_\_\_\_\_  
 Other: \_\_\_\_\_  
 None

**Does your pet have any of the following conditions? [Check all that apply.]**

- |   |   |
|---|---|
| <input type="checkbox"/> Kidney disease         | <input type="checkbox"/> Skin disease     |
| <input type="checkbox"/> Liver disease          | <input type="checkbox"/> Active infection |
| <input type="checkbox"/> Lung disease           | <input type="checkbox"/> Bladder problems |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Other            |

**Is there anything else we should know about your pet?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_