

CANINE CANCER TREATMENT SURVEY

Owners Instructions in Completing the Canine Cancer Treatment Survey

Fill out the top of the form completely, including the pet's name, date that the survey was completed, name of the pet owner and the name of the person completing the form, as well as the current body weight of the pet.

Circle the number that best approximates your response to each statement. This should assess your pet's CURRENT health status. Indicate whether you agree, disagree or are neutral on a given statement. At the bottom of the form, please assess your pet's general health.

The Quality of Life assessment would like you to mark the place on the line where you feel that your pet's current quality of life would fall, ranging between Excellent and Very Poor.

Once completed, please give the completed form to the clinic staff member. This survey should only take a minute or two to complete.

CANINE CANCER TREATMENT SURVEY

SURVEY DATE _____ PET OWNER _____

NAME OF PERSON COMPLETING SURVEY _____

PET NAME _____ WEIGHT _____

INSTRUCTIONS: Please indicate your assessment by circling the number on the scale next to each question, providing your opinion on your pet's CURRENT health status.

EXAMPLE: 1 2 3 4 5
 Disagree Neutral Agree

HAPPINESS					
My pet wants to play	1	2	3	4	5
My pet responds to my presence	1	2	3	4	5
My pet enjoys life	1	2	3	4	5

MENTAL STATUS					
My pet has more good days than bad days	1	2	3	4	5
My pet sleeps more, is awake less	1	2	3	4	5
My pet seems dull or depressed, not alert	1	2	3	4	5

PAIN					
My pet is in pain	1	2	3	4	5
My pet pants frequently, even at rest	1	2	3	4	5
My pet shakes or trembles occasionally	1	2	3	4	5

APPETITE					
My pet eats the usual amount of food	1	2	3	4	5
My pet acts nauseous or vomits	1	2	3	4	5
My pet eats treats / snacks	1	2	3	4	5

HYGIENE					
My pet keeps him/herself clean	1	2	3	4	5
My pet smells like urine or has skin irritation	1	2	3	4	5
My pet's hair is greasy, matted, rough looking	1	2	3	4	5

WATER INTAKE (HYDRATION)					
My pet drinks adequately	1	2	3	4	5
My pet has diarrhea	1	2	3	4	5
My pet is urinating a normal amount	1	2	3	4	5

MOBILITY					
My pet moves normally	1	2	3	4	5
My pet lays in one place all day long	1	2	3	4	5
My pet is as active as he/she has been	1	2	3	4	5

GENERAL HEALTH					
General health compared to last evaluation	1 Worse	2	3 Same	4	5 Better
General health compared to initial diagnosis of cancer	1 Worse	2	3 Same	4	5 Better
Current quality of life	Very Poor _____ Excellent				