



Utah Pet Rehab & Acupuncture Center, LLC

FUNCTIONAL ABILITY QUESTIONNAIRE

Please complete the following questions pertaining to your pet's functional abilities. You will repeat this evaluation at specific intervals in the treatment plan to help us evaluate your pet's progress.

- 1 = not able to perform this activity (needs assistance 100% of the time)
- 2 = moderate assistance to perform activity (needs assistance >50% of the time)
- 3 = minimal assistance to perform this activity (needs assistance <50% of the time)
- 4 = independent with activity (no assistance needed)
- 5 = N/A

Client: _____ Patient: _____ Date: _____

Medications (type/frequency/dose): _____

- | | | | | | |
|---|----------|---|----------|---|------|
| 1. Able to position to urinate? | 1 | 2 | 3 | 4 | 5 |
| 2. Able to position to defecate? | 1 | 2 | 3 | 4 | 5 |
| 3. Able to transfer from lying to sitting and vice versa? | 1 | 2 | 3 | 4 | 5 |
| 4. Able to transfer from sitting to standing and vice versa? | 1 | 2 | 3 | 4 | 5 |
| 5. Able to transfer from lying to standing and vice versa? | 1 | 2 | 3 | 4 | 5 |
| 6. Able to roll over? | 1 | 2 | 3 | 4 | 5 |
| 7. Able to scratch behind ears? | 1 | 2 | 3 | 4 | 5 |
| 8. Able to ascend stairs? | 1 | 2 | 3 | 4 | 5 |
| 9. Able to descend stairs? | 1 | 2 | 3 | 4 | 5 |
| 10. Able to walk up an incline/hill? | 1 | 2 | 3 | 4 | 5 |
| 11. Able to get in and out of your car? | 1 | 2 | 3 | 4 | 5 |
| 12. Able to get on/off a couch or bed? | 1 | 2 | 3 | 4 | 5 |
| 13. Able to run? | 1 | 2 | 3 | 4 | 5 |
| 14. Able to jump? | 1 | 2 | 3 | 4 | 5 |
| 15. Experienced an increase or decrease in weight? | Increase | | Decrease | | Same |
| 16. Experienced an increase or decrease in endurance? | Increase | | Decrease | | Same |
| 17. Have you noticed a change in your pet's temperament/attitude? | Y | | | N | |

Please elaborate: _____

18. What does your pet like to do for fun?

19. Is he or she able to do that activity? Y N

Please elaborate: _____

20. Has your pet been able to resume normal activities? Y N

21. Able to go on a walk? Y N How long? _____ minutes

Could your pet walk longer? Y N



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- Does anything prevent him/her from taking longer walks? Y N
 If so, what? _____
22. Do you notice any problems (limping, stiffness) or are the problems worse after taking a walk? Y N
 If yes, how so? _____
23. Does your pet tire quickly, have to make rest stops, or lag behind during walks? Y N
 Please elaborate: _____
24. Does your pet seem to be in pain? Y N
 What makes you think this? _____
25. Does your pet have trouble rising in the morning or after rest? Y N
 Please elaborate: _____

LAMENESS SCALE

<p>Stance:</p> <p>0 = Normal Stance</p> <p>1 = Slightly abnormal stance (partial weight-bearing)</p> <p>2 = Moderately abnormal stance (toe-touch weight-bearing)</p> <p>3 = Severely abnormal stance (holds limb off the floor)</p> <p>4 = Unable to stand</p>	<p>Lameness:</p> <p>0 = No lameness</p> <p>1 = Lameness barely perceptible</p> <p>2 = Lameness obvious, but not severe</p> <p>3 = Severe lameness</p> <p>4 = Partial or complete non-weight-bearing lameness</p>
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26. Does your dog walk or trot with a limp? (Please select degree of lameness according to the chart above)

Degree of lameness standing: _____
 Degree of lameness walking: _____
 Degree of lameness at a trot: _____

27. Are there any other problems that you have noticed that have not been covered in this form?

28. What are your goals and expectations for your pet?

29. Additional comments:
