



Feline Mobility Questionnaire

1. Mobility

Tell me about your cat's behavior. _____

Does your cat still want to interact by jumping to the table, chair, etc? _____

Tell me about your cat's ability to jump up to or down from higher places. _____

Does your cat jump to the chair first and then to a higher or lower place? _____

Tell me about any changes in toileting behavior. _____

Please describe your litterbox:

- Height _____
- Width _____
- Cleaning frequency _____
- Type of litter used _____

2. Activity Level

Describe your cat's sleeping behavior. _____

Does your cat frequently adjust his/her position to try to be more comfortable? _____

Tell me about your cat's playing/interacting with members of the family. _____

- Human or animal? _____
- Have you noticed any changes? _____

3. Grooming

Describe your cat's grooming behavior. _____

Describe your cat's coat/fur. _____

Does your cat have difficulty reaching certain areas to groom or clean? _____

Have you noticed if your cat's claws are overgrown? _____

How often do you clip your cat's claws? _____

4. Temperament

Is cat hiding from family members? _____

Does the cat appear to be "grumpy" and irritable? _____

Weight of cat: _____

Body condition score: _____

Muscle condition score: _____