

QUALITY OF LIFE CALENDAR



Month _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Use this monthly snapshot to help track your pet's overall day's experience:  for good days and **X** for bad days.

Monthly Tally: Good Days _____ Bad Days _____



Thank You to Lap of Love for content
www.lapoflove.com

Powered By
GATEWAY

PET QUALITY OF LIFE SCALE AND DAILY DIARY

Directions: Use the key factors of quality of life below to help assess your pet’s condition. Use the Daily Diary to keep track of your pet’s progress. Fill in the appropriate number for each category and then add the numbers from each category for that day. The maximum score is 12 and you can determine your own scale. You can even add categories that pertain to your pet’s particular situation. For example, ‘Respiratory Rate’ if your pet suffers from heart failure or lung cancer. You can give half or quarter points if appropriate.

MOBILITY

- 2 Good Mobility** - No difficulty getting around, enjoys walks and going outside
- 1 Poor Mobility** - Difficulty getting up, hard to get in position to eliminate, short walks only
- 0 Bare Minimum Mobility** - Needs assistance, pain medication/ anti-inflammatory medications do not help

NUTRITION

- 2 Good Appetite**
- 1 Poor Appetite** Hand feeding, needs enticing
- 0 No Appetite**

HYDRATION

- 2 Adequate Intake**
- 1 Poor Intake** /or increased in some patients with particular diseases
- 0 No intake** (not drinking)

INTERACTION/ATTITUDE

- 2 Interacts Normally** with family and other pets
- 1 Some Interaction** with family and other pets
- 0 Hides** in the closet or under the bed

ELIMINATION

- 2 Normal** urination and/or defecation
- 1 Reduced/Irregular** urination and/or defecation
- 0 None**

FAVORITE THINGS

- 2 Normal** favorite activities, hobbies, etc
- 1 Decrease** in doing their favorite things
- 0 No Interest** in their favorite things

EXAMPLE SCALE IS AS FOLLOWS

- 12-9** Everything is okay
- 6-8** Requires intervention
- < or = 5** Consider humane tranquilization and euthanasia

DAILY DIARY

Date	Mobility	Nutrition	Hydration	Interaction/ Attitude	Elimination	Favorite Things	Total & Daily Notes

