



Pet's Quality of Life Scale

When evaluating the quality of life of your pet, personalized patient and family information is important when reaching an educated, informed, and supported choice that fits not only your pet's medical condition but also your wishes and expectations. In short, *quality of life* applies not only to the pet; it also applies to you!

Score each subsection on a scale of 0-2:

0 = agree with statement (describes my pet)

1 = some changes seen

2 = disagree with statement (does not describe my pet)

Social Functions

- Desire to be with the family has not changed
- Interacts normally with family or other pets (i.e., no increased aggression or other changes)

Physical Health

- No changes in breathing or panting patterns
- No outward signs of pain (excessive panting, pacing, and whining are most commonly seen)
- No pacing around the house
- My pet's overall condition has not changed recently

Mental Health

- Enjoys normal play activities
- Still dislikes the same thing (i.e., still hates the mailman = 0, or doesn't bark at the mailman anymore = 2)
- No outward signs of stress or anxiety
- Does not seem confused or apathetic
- Nighttime activity is normal, no changes seen

Natural Functions

- Appetite has stayed the same
- Drinking has stayed the same
- Normal urination habits
- Normal bowel movement habits
- Ability to ambulate (walk around) has stayed the same

Results:

- 0-8 Quality of life is most likely adequate. No medical intervention required yet, but guidance from your veterinarian may help you identify signs to look for in the future.
- 9-16 Quality of life is questionable and medical intervention is suggested. Your pet would certainly benefit from veterinary oversight and guidance to evaluate the disease process he/she is experiencing.
- 17-36 Quality of life is a definite concern. Changes will likely become more progressive and more severe in the near future. Veterinary guidance will help you better understand the end stages of your pet's disease process in order to make a more informed decision of whether to continue hospice care or elect peaceful euthanasia.

Family's Concerns

Score each section on a scale of 0-2:

0 = I am not concerned at this time.

1 = There is some concern.

2 = I am concerned about this.

I am concerned about the following things:

- | | |
|--|--|
| <input type="checkbox"/> Pet suffering | <input type="checkbox"/> Desire to perform nursing care for your pet |
| <input type="checkbox"/> Pet dying alone | <input type="checkbox"/> Ability to perform nursing care for your pet |
| <input type="checkbox"/> Not knowing the right time to euthanize | <input type="checkbox"/> Coping with loss |
| <input type="checkbox"/> Concern for other household animals | <input type="checkbox"/> Concern for other members of the family (i.e. children) |

Results:

0-4 Your concerns are minimal at this time. You have either accepted the inevitable loss of your pet and understand what lies ahead, or have not yet given it much thought. If you have not considered these things, now is the time to begin evaluating your own concerns and limitations

5-9 Your concerns are mounting. Begin your search for information by educating yourself on your pet's condition; it's the best way to ensure you are prepared for the emotional changes ahead

10-16 Although you may not place much value on your own quality of life, your concerns about the changes in your pet are valid. Now is the time to prepare yourself and to build a support system around you. Veterinary guidance will help you prepare for the medical changes in your pet while counselors and other health professionals can begin helping you with anticipatory grief

Discuss these questions below, and the entire Quality of Life Scale, with your veterinarian.

Below are some open-ended questions that assist gauge your family's time, emotional, and (when appropriate, financial) budgets:

1. Have you ever been through the loss of a pet before? If so, what was your experience (good or bad, and why)?
2. What do you *hope* the life expectancy of your pet will be? What do you *think* it will be?
3. What is the ideal situation you wish for your pet's end of life experience? (at home, pass away in her sleep, etc.)

Suggestions on using this quality of life scale:

1. Complete the scale at different times of the day, note circadian fluctuations in well-being. (We find most pets tend to do worse at night and better during the day.)
2. Request multiple members of the family complete the scale; compare observations.
3. Take periodic photos of your pet to help you remember their physical appearance.

Resources:

1. AAHA/AAFP Pain Management Guidelines for Dogs and Cats, www.aahanet.org/Library/PainMgmt.aspx
2. Online hospice journal and quality of life scale: www.PetHospiceJournal.com

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 **Requires Clysis** (subcutaneous fluids)

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