

How Do I Know When it's Time?

Assessing a Pet's Quality of Life and Making Decisions

Survey Date: _____ Weight: _____

MY PET...	STRONGLY AGREE (ALL THE TIME) (SEVERE)	AGREE (MOST OF THE TIME) (SIGNIFICANT)	NEUTRAL	DISAGREE (OCCASIONALLY) (SLIGHT)	STRONGLY DISAGREE (NEVER) (NONE)
does not want to play	1	2	3	4	5
does not interact with me in the same way as before	1	2	3	4	5
does not enjoy activities as before	1	2	3	4	5
is hiding	1	2	3	4	5
displays a different behaviour than prior to diagnosis/illness	1	2	3	4	5
does not seem to enjoy life	1	2	3	4	5
has more bad days than good days	1	2	3	4	5
is sleeping more than usual	1	2	3	4	5
seems dull and depressed	1	2	3	4	5
seems to be or is experiencing pain	1	2	3	4	5
is panting (even while resting)	1	2	3	4	5
is trembling or shaking	1	2	3	4	5
is vomiting and/or seems nauseous	1	2	3	4	5
is not eating well - (may only be eating treats or only if fed by hand)	1	2	3	4	5
is not drinking well	1	2	3	4	5
is losing weight	1	2	3	4	5
is having diarrhea often	1	2	3	4	5
is not urinating well	1	2	3	4	5
is not moving normally	1	2	3	4	5
is not as active as normal	1	2	3	4	5
does not move around as needed	1	2	3	4	5
needs my help to move around normally	1	2	3	4	5
is unable to groom	1	2	3	4	5
has coat that is greasy, matted, or rough-looking	1	2	3	4	5
How is my pet's overall health compared to the initial diagnosis/illness?	1 Worse	2	3 Same	4	5 Better
Current quality of life (place "X" along the line that best fits your pet's quality of life)	<div> <div>Poor</div> <div>Good</div> </div>				

Much of this document has been adapted, with permission, from the following sources: The HHHHHMM Quality of Life Scale: Dr. Alice Villalobos; Quality of Life Survey: Dr. David Vail; End-of-Life Values and Goals worksheet, University of Tennessee Veterinary Social Work Department



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