**A picture containing line art, sketch, drawing, linedrawing

Description automatically generated**

Quality of Life Calendar

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
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Use this monthly snapshot to help track your pet’s overall day’s experience: 😊 for good days or **X** for bad days.

Monthly tally: 😊 Good days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**  Bad days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chesapeake Veterinary Hospital | 410-643-3101

Quality of Life Scale & Daily Diary

Directions: Use the key factors of quality of life below to help assess your pets condition. Use the daily diary to keep track of your pets 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 pets 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 partic

ular 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.

**12-9** | Everything is okay **6-8** | Requires intervention **0-5** | Consider humane euthanasia

Fill out the 14-day scale as shown below.

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