

## PHYSIOTHERAPY FUNCTIONAL QUESTIONNAIRE

Please complete the questions on this form pertaining to your pet's functional abilities. When you get to the last 5 questions you can turn over and write on the back side to elaborate.

1 = not able to perform this activity – needs help 100% of the time

2 = moderate assistance to perform this activity – needs help more than 50% of the time

3 = minimal assistance to perform this activity – needs help < 50% of the time

4 = independent with activity – no help needed

5 = N/A, not applicable to my animal

CLIENT \_\_\_\_\_ PATIENT \_\_\_\_\_ DATE \_\_\_\_\_

Able to position self to urinate	1	2	3	4	5
Able to position self to defecate	1	2	3	4	5
Able to transfer from lying to sitting and vice versa	1	2	3	4	5
Able to transfer from down to standing and vice versa	1	2	3	4	5
Able to roll over	1	2	3	4	5
Able to scratch ear	1	2	3	4	5
Able to ascend (go up) stairs	1	2	3	4	5
Able to descend (go down) stairs	1	2	3	4	5
Able to walk up incline or hill	1	2	3	4	5
Able to get in and out of the car	1	2	3	4	5
Able to get on or off sofa or bed	1	2	3	4	5
Able to walk	1	2	3	4	5
Able to jump	1	2	3	4	5
Able to run	1	2	3	4	5
	YES			NO	
Experienced increase in weight					
Experienced decrease in weight					
Experienced increase in endurance					
Experienced decrease in endurance					
Temperament or attitude has changed for the worse					
What does your pet like to do for fun?					
Can he/she currently do that? Please elaborate					
Has your pet been able to resume normal activity? Please elaborate					
Able to go on a walk? How long? _____ minutes , or how far?					
Does anything prevent him/her from taking longer walks? Does he/she keep up, or lag behind?					
Do you notice any limp or stiffness after taking a walk (or worse than before)? What?					