

General feline behavior questionnaire

<p>1. Client(s):</p>	<p>2a. Today's date: ___ (day) / ___ (mo) / ___ (year)</p> <p>2b. Cat's date of birth: ___ (day) / ___ (mo) / ___ (year)</p> <p>q Estimated? q Known?</p>
<p>3. Patient's name:</p>	<p>4a. Breed: _____</p> <p>4b. Weight: _____ lbs / _____ kg</p> <p>4c. Sex: ___ M ___ MC ___ F ___ FS</p> <p>4d: If your cat is castrated or spayed [neutered] at what age was this done? _____ weeks / months (circle)</p>

<p>5a. Age in weeks at which your cat was adopted?</p> <p>5b. How many owners has your cat had?</p> <p>5c. How long have you had this cat?</p>	<p>a. _____ weeks / months (circle)</p> <p>b. q 0 q 1 q 2 q 3 q 4 q 5+ q Unknown</p> <p>c. _____ months</p>
<p>6a. Is your cat (please circle):</p> <p>a. Indoor only</p> <p>b. Outdoor only</p> <p>c. Indoor/outdoor</p>	<p>6b. How many litter boxes does your cat have? q 0 q 1 q 2 q 3 q 4 q 5+</p> <p>6c. What types of litter do you use?</p> <p>6d. How often do you change the litter box completely? _____ times weekly/monthly (circle)</p> <p>6e. How often do you scoop the box? _____ times daily/weekly (circle)</p>

7a. Does your cat leave urine or feces outside the litter box?

Yes No Don't know

If you answered **yes**:

Urine—where specifically?

Feces—where specifically?

Both—where specifically?

7b. Does your cat “spray”?

Yes No Don't know

If you answered **yes**, where specifically?

8. Do you have any concerns, complaints or problems with urination in the house now?

q Yes q No

If you answered **yes**:

(a) Where is the cat urinating that you find undesirable (list all areas)?

(b) How many times per week is the cat urinating in places you find undesirable?

(c) At what time of day is the urination occurring?

(d) Is the pattern different on days when you are home and days you are not home?

(e) Are you at work during the hours when the cat urinates?

(f) How many times per day does your cat usually urinate when he or she is not urinating in places you find undesirable?

9. Do you have any concerns, complaints or problems with defecation in the house now?

q Yes q No

If you answered **yes**:

(a) Where is the cat defecating that you find undesirable (list all areas)?

(b) How many times per week is the cat defecating in places you find undesirable?

(c) At what time of day is the defecation occurring?

(d) Is the pattern different on days when you are home and days you are not home?

(e) Are you at work during the hours when the cat defecates?

(f) How many times per day does your cat usually defecate when he or she is not defecating in places you find undesirable?

<p>10. Does your cat destroy any objects or anything else by chewing, sucking or eliminating on them (e.g., furniture, rugs, clothes)?</p>	<p>q Yes q No</p> <p>If you answered yes, what objects—specifically—does the cat destroy? Please list all of them and note which are destroyed when you are home or not home. Please note if they destroy at both times by ticking both columns.</p> <p>Object When home When gone</p>
<p>11. Does your cat mouth, bite, suck or nip anything or anyone?</p>	<p>a. q Yes q No</p> <p>If you answered yes, to whom is this behavior directed?</p> <p>b. Is this a problem for you? q Yes q No</p>

<p>12. Does your cat exhibit any vocalization about which you are concerned?</p>	<p>q Yes q No</p> <p>If you answered yes, what is/are the vocalization(s) and when do they occur?</p> <p>Vocalization Situation in which it occurs</p> <p>q a. Yowling</p> <p>q b. Growling</p> <p>q c. Meowing</p> <p>q d. Hissing</p>
<p>13. Does your cat show any signs of hissing, growling or biting?</p>	<p>q Yes q No</p> <p>If you answered yes, what does the cat do and when does he or she do it?</p> <p>Sign Situation in which it occurs</p> <p>q a. Hissing</p> <p>q b. Growling</p> <p>q c. Biting</p>
<p>14. Have you ever been concerned that your cat is “aggressive” <i>to people</i>?</p>	<p>q Yes q No</p> <p>If you answered yes, why?</p>
<p>15. Have you ever been concerned that your cat is “aggressive” <i>to cats</i>?</p>	<p>q Yes q No</p> <p>If you answered yes, why?</p>

<p>16. Have you ever been concerned that your cat is “aggressive” <i>to animals other than cats</i>?</p> <p>Does your cat hunt or prey on other animals?</p>	<p>q Yes q No</p> <p>If you answered yes, why?</p> <p>q Yes q No</p> <p>If you answered yes, which animals and where?</p>
<p>17. Has your cat ever bitten or clawed anyone, regardless of the circumstances?</p>	<p>q Yes q No</p> <p>If yes, what happened?</p>
<p>18. Has your cat had any changes in sleeping habits?</p>	<p>q Yes q No</p> <p>If you answered yes, what are these changes?</p>
<p>19. Has your cat had any changes in eating habits?</p>	<p>q Yes q No</p> <p>If you answered yes, what changes have occurred?</p>
<p>20. Has your cat had any changes in locomotory behaviors or the ability to get around or jump on the bed, etc.?</p>	<p>q Yes q No</p> <p>If you answered yes, what changes have occurred?</p>
<p>21. Has anyone ever told you that they were afraid of your cat?</p>	<p>q Yes q No</p> <p>If you answered yes, what did they say?</p>

<p>22. Has anyone every told you that your cat was ill-mannered?</p>	<p>q Yes q No</p> <p>If you answered yes, why—what did the cat do that made them say this?</p>
<p>23. Do you have any concerns about your cat's grooming behaviors?</p>	<p>q Yes q No</p> <p>If you answered yes:</p> <ul style="list-style-type: none"> a. Little to no grooming b. Sucking c. Chewing d. Licking e. Self-mutilation/sores f. Barbering/trimming g. Plucking out clumps of hair
<p>24. Is the cat exhibiting any behaviors about which you are concerned, worried or would like more information?</p>	<p>q Yes q No</p> <p>If you answered yes, please list these behaviors below:</p>

Adapted from: Overall KL. *Manual of clinical behavioral medicine for dogs and cats*. St. Louis, Mo: Elsevier, 2011.

