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Pain Questionnaire

1. Do you believe there is pain? ___yes ___no. If yes, how would you rate the pain with 1 being the least and 10 being the highest level of pain? _____
2. What part of the body do you think is painful?

3. Are there vocalizations that indicate pain? ___yes ___no
Comments: _____
4. Is there something about the body position that indicates pain? ___yes ___no
Comments: _____
5. Have you noticed any behavioral changes? ___yes ___no (i.e., grumpy, aggressive, depression).
Comments: _____
6. How many hours a day does your pet sleep? _____
7. How many hours a day does your pet “lay around” in a resting position?

8. Is your pet restless at night? ___yes ___no
Comments: _____
9. How would you rate your pet’s activity level on a scale of 1 to 10 with 1 being the lowest and 10 being extremely active? _____
Comments: _____
10. Have you noticed any stiffness in the morning when your pet rises? ___yes ___no
11. Have you noticed any changes in running and jumping? ___yes ___no
Comments: _____
12. Have you noticed changes in the hair coat or grooming behavior? ___yes ___no
Comments: _____
13. Any back pain, disc disease, arthritis, or any other painful disease diagnosed in the past? ___yes ___no. -Describe: _____

COMMENTS: _____
