|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **During the COVID-19 epidemic, Veterinary Physiotherapists are committed to helping animal owners meet the of their pets, while also doing our part to help combat the spread of the disease.**  **Please help us find the best way to help your animal by completing this form.** | | | | | | |
|  |  |  |  |  |  |  |
|  | **Patient Name:** | **DATE:** |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Canine Brief Pain Inventory**  **Description of Pain** |  |  |  |  |  |
|  | In this section, we would like you to provide us with a score that ***best*** describes your pet's symptoms, where **1 = No Pain and 10 = Extreme Pain** | |  |  |  |  |
|  |  |  |  |  |
|  | Score your pet's pain at it's worst in the last 7 days | **0 - 10** |  |  |  |  |
| 0 |
|  | Score your pet's pain at it's least in the last 7 days  Score your pet's pain on average in the last 7 days | 0  0 |  |  |  |  |
|  | Score your pet's pain as it is right now | 0 |  |  |  |  |
|  | **Description of Function** |  |  |  |  |  |
|  | In this section, we would like you to provide us with a score that ***best*** describes how your pet's pain has interfered with his/her daily activity, where **1 = Does Not Interfere and 10 = Completely Interferes** | |  |  |  |  |
|  |  |  |  |  |
|  | **In the last 7 days, how has pain interfered with your dog's** | |  |  |  |  |
|  | **0 - 10** |
|  | General Activity  Enjoyment of life | 0  0 |  |  |  |  |
|  | Ability to rise to standing from lying down | 0 |  |  |  |  |
|  | Ability to walk  Ability to run | 0  0 |  |  |  |  |
|  | Ability to climb stairs | 0 |  |  |  |  |
| **AVERAGE SCORE** | 0 |
|  |  |  |  |  |  |  |
|  | **Recommendation based on average score** | 0 - 4  4 - 7 | Accept online support from your veterinary physiotherapist | | | |
| Consider a physical Physiotherapy consultation with precautions | | | |
|  |  | 8 - 10 | Please see your Veterinarian | | | |
|  |  |  |  |  |  |  |
|  | **Cincinnati Orthopaedic Disability Index (CODI)** | | |  |  |  |
| **PATIENT-SPECIFIED QUESTIONNAIRE** |  |  |
|  | Please tell us what specific activities have become most troublesome to you or your dog, scoring each activity on the following scale: 0 = No Problem, 1 = A little, 2 = Quite a bit, 3 = Severe, 4 = Impossible | | |  |  |  |
|  |  |  |  |
| 1 |  | **0 - 4** |  |  |  |  |
| 0 |
| 2  3 |  | 0  0 |  |  |  |  |
| 4 |  | 0 |  |  |  |  |
| 5 | **STANDARD ORTHOPEDIC QUESTIONNAIRE** | 0 |  |  |  |  |
|  | How difficult are these activities for your dog? Please score each activity on the following scale: 0 = No Problem, 1 = A little, 2 = Quite a bit, 3 = Severe, 4 = Impossible | | |  |  |  |
|  |  | **0 - 4** |  |  |  |  |
|  | Walking | 0 |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Running  Jumping | 0  0 |  |  |  |  |
|  | Getting Up  Lying Down | 0  0 |  |  |  |  |
|  | Climbing Stairs | 0 |  |  |  |  |
|  | Descending Stairs  Posturing to urinate or defecate | 0  0 |  |  |  |  |
|  | **AVERAGE SCORE** | 0 |  |  |  |  |
|  |  |
|  | **Recommendation based on average score** | 0 - 2 | Accept online support from your veterinary physiotherapist | | | |
|  |  | 3 - 4 | Consider a physical Physiotherapy consultation with precautions | | | |
| In case of dramatic deterioration, please see your veterinarian | | | |