Your Pet's Pain Scale

Animal Medical Center OF MID-AMERICA
Benefiting animals in need at the Humane Society of Missouri

1. Circle the number that best describes the pain at its **worst** in the last 7 days.

0	1	2	3	4	5	6	7	8	9	10
No pain										Extreme pain

2. Circle the number that best describes the pain at its **least** in the last 7 days

0	1	2	3	4	5	6	7	8	9	10
No pain										Extreme pain

3. Circle the number that best describes the pain at its **average** in the last 7 days.

0	1	2	3	4	5	6	7	8	9	10
No pain										Extreme pain

4. Circle the number that best describes the pain as it is **right now**.

0	1	2	3	4	5	6	7	8	9	10
No pain										Extreme pain

Circle the number that best describes how during the last 7 days **pain has interfered** with your pet's:

5. General Activity

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

6. Enjoyment of Life

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

7. Ability to Rise to Standing From Lying Down

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

8. Ability to Walk

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

9. Ability to Run

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

10. Ability to Climb Stairs, Curbs, Doorsteps, etc.

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

Overall Impression:

Fill in the oval next to the one number that best describes your pet's overall quality of life over the last 7 days.

Poor	Fair	Good	Very Good	Excellent