Client Questionnaire: Acute Colitis Study – Royal Canin – OSU

Patient Name:
ID Number:
Age:
Breed:
Gender:
Date of Enrollment:
Date of Questionnaire:

University of Melbourne Pain Scale (Questions 1 through 12)
*This scale includes multiple categories. If any descriptor correlates with a patient’s behavior those points are added to the total patient score. Certain parameters are mutually exclusive, where this occurs, they are grouped together and only one should be chosen.

Minimum Score: 0
Maximum Score: 11

Veterinarian or Owner
1. How would you describe your dog’s response to touch (interact with wound, snapping at handler, tense muscles, guarding posture)?
   A. No change from pre-procedural behavior (0)
   B. Guards/reacts when touched (2)
   C. Guards/reacts before touched (3)

2. How would you describe your dog’s activity level most of the day?
   A. At rest – sleep or semiconscious, eating (0)
   B. At rest – awake, moving around (1)
   C. Restless – pacing/getting up and down (2)
   D. Rolling, thrashing, whining (3)

3. How would you describe your dog’s posture and body language?
   A. Guarding or protecting affected area (2)
   B. lateral recumbency (0)
   C. Sternal recumbency (1)
   D. Sitting/standing, head up (1)
   E. Standing, head hanging down (2)
   F. Moving (0)
   G. Abnormal posture (prayer position, hunched) (2)

4. How would you described your dog’s vocalization/groaning?
   A. Not vocalizing (0)
   B. Vocalizing when touched (1)
   C. Intermittent vocalization (2)
   D. Continuously vocalizing (3)

General Questions:

5. How would you rate your dog’s discomfort?
   A. No discomfort
   B. Mild discomfort
   C. Moderate discomfort
   D. Severe discomfort
   E. Extreme pain
6. How would you rate the study diet palatability?
   A. Poor palatability
   B. Fair palatability
   C. Average palatability
   D. Good palatability
   E. Excellent palatability

**NRS Discomfort Scales**

**Visual Analog Scale (Adapted from Hudson Thesis)**

7. How would you describe your overall assessment of your dog in the last week/since the treatment?
   Poor 1 2 3 4 5 6 7 8 9 10 Excellent

8. What kind of mood has your dog been in the last week/since the procedure?
   Bad 1 2 3 4 5 6 7 8 9 10 Good

9. How has your dog’s attitude been in the last week/since starting treatment?
   Negative 1 2 3 4 5 6 7 8 9 10 Positive

10. Has the amount/type of physical interaction your dog seeks changed in the last week/since the treatment?
    Less 1 2 3 4 5 6 7 8 9 10 More

11. Has your dog changed the frequency or type of their daily activities in the past week/since the treatment?
    Less 1 2 3 4 5 6 7 8 9 10 More

12. How willing is your dog to play voluntarily in the past week/since the treatment?
    Less 1 2 3 4 5 6 7 8 9 10 More

13. How would you describe your assessment of your dog’s appetite in the last week/since the treatment?
    Poor 1 2 3 4 5 6 7 8 9 10 Excellent

