

## NOVAVIVE QUALITY OF LIFE QUESTIONNAIRE<sup>®</sup>

SURVEY DATE \_\_\_\_\_ PET OWNER \_\_\_\_\_  
 NAME OF PERSON COMPLETING SURVEY \_\_\_\_\_  
 PET NAME \_\_\_\_\_ WEIGHT \_\_\_\_\_ BREED \_\_\_\_\_

INSTRUCTIONS: Please indicate your assessment by circling the number on the scale next to each question, providing your opinion on your pet's CURRENT health status.

**Each new form should be filled out without reference to any previous forms**

	1	2	3	4	5
Example:					
MY Pet ... Dog [ ] Cat [ ]	Strongly Disagree	Disagree	Generally or Mostly Agree	Agree	Strongly Agree
<b>HAPPINESS</b>					
wants to play	1	2	3	4	5
responds positively to my presence	1	2	3	4	5
Appears to enjoy life	1	2	3	4	5
<b>MENTAL STATUS</b>					
has more good days than bad days	1	2	3	4	5
does not sleep more than normal	1	2	3	4	5
is alert & interested	1	2	3	4	5
<b>PAIN</b>					
does not appear to be in pain	1	2	3	4	5
does not pant at rest or have laboured breathing	1	2	3	4	5
does not shake or tremble for no apparent reason	1	2	3	4	5
<b>APPETITE</b>					
is eating well	1	2	3	4	5
is maintaining or gaining weight	1	2	3	4	5
eats treats/snacks	1	2	3	4	5
is not nauseous and does not vomit frequently	1	2	3	4	5
has normal bowel movements	1	2	3	4	5
<b>WATER INTAKE (HYDRATION)</b>					
drinks adequately	1	2	3	4	5
Urinates normally – frequency & volume	1	2	3	4	5
<b>HYGIENE</b>					
keeps him/herself clean	1	2	3	4	5
does not have skin irritation(s)	1	2	3	4	5
has a normal hair coat - not greasy, matted or rough	1	2	3	4	5
<b>MOBILITY</b>					
moves normally (relative to age)	1	2	3	4	5
is as active as he/she has been previously	1	2	3	4	5
does not stumble or have trouble with stairs	1	2	3	4	5
does not lay in one place most of the day	1	2	3	4	5
<b>VERBAL ANALOGUE HEALTH SCORE</b>	LEAVE BLANK FOR NOVAVIVE			out of <b>115</b>	
<b>GENERAL QUALITY OF LIFE</b>					
	<b>Very Poor</b>	<b>Poor</b>	<b>Okay</b>	<b>Good</b>	<b>Excellent</b>
My pet's current Quality of Life is	1	2	3	4	5
<b>TOTAL QUALITY OF LIFE SCORE</b>					
	LEAVE BLANK FOR NOVAVIVE			out of <b>120</b>	

See reverse for additional comments

Additional Comments:

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Have there been any health issues since the last evaluation?

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Has your pet been on any new medications since the last evaluation?

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