

## Lameness Questionnaire

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

1) Which leg is lame? Please circle area below, or write below:

\_\_\_\_\_

2) On a scale from 0-10, how bad is the limp? (please circle)

**0(walking normally) 1 2 3 4 5 6 7 8 9 10(Holding up leg completely)**

3) When do you notice the limp more? (please check all that apply)

- In the morning**
- In the afternoon**
- After lying down**
- After a walk**
- Constant lameness**

4) When did these symptoms start? \_\_\_\_\_

5) Is your pet able to get up and down the stairs or furniture?(please circle) **YES NO**

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

6) Was there an event such as a fall, or increased activity that may have caused the symptoms? (please circle) **YES NO**

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7) Has your pet ever had these symptoms before? (please circle) **YES NO**

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

8) Is your pet acting normally otherwise? (please circle) **YES NO**

If not, please explain: \_\_\_\_\_

\_\_\_\_\_