



# CAPE HORN Veterinary Associates

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## PAIN ASSESSMENT SURVEY

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

### Description of Pain:

Rate your dog's pain.

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

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

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

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

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

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

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

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

### Description of Function:

Circle **one** number that describes how, during the past 7 days, **pain has interfered** with your dog's:

1. **General Activity**

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

2. **Enjoyment of Life**

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

**Description of Function (cont.):**

3. **Ability to Rise to Standing From Lying Down**

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

4. **Ability to Walk**

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

5. **Ability to Run**

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

6. **Ability to Climb Up** (for example Stairs or Curbs)

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

**Overall Impression:**

Circle **one** statement that best describes your dog's overall quality of life over **the last 7 days**:

Poor

Fair

Good

Very Good

Excellent