Caregiver Name: _____

Cat's Name: _____

Date: _____

Instructions: Pick 3 activities that your cat has difficulty with or behaviors that have changed that you are concerned about (related to pain or mobility). Be as specific as possible.

Examples: going up stairs; getting in and out of the litterbox; jumping on the counter

List these 3 activities and then assign a score to each problem.

Score	Description
0	No problem
1	A little problem
2	Moderate problem
3	Significant problem
4	Cannot do

Problem Specific to OA	Score

Re-evaluate these specific problems 2 - 4 weeks after starting or modifying the treatment plan.