



Patient/Client: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ Scanned to File Date: \_\_\_\_\_

### FELINE MUSCULOSKELETAL PAIN INDEX:

Please read the following questions and think about your responses as it affects your cat.

Please circle what **BEST** describes your cat's ability to complete the following tasks on a **scale of 0-4**

**0 = unable to perform task at all, 4 = able to perform task without hesitation or problems**

*If you need to elaborate or qualify, please add short note on back of page*

**1. The ability to get up from a resting position?**

0                      1                      2                      3                      4

**2. The ability to lie and / or sit down?**

0                      1                      2                      3                      4

**3. The ability to jump up to a low or average height ~ couch, ottoman?**

0                      1                      2                      3                      4

**4. The ability to jump up to higher heights ~ kitchen counter, beds in one attempt?**

0                      1                      2                      3                      4

**5. The ability to jump down ~ how successful and easily is it performed**

0                      1                      2                      3                      4

**6. The ability to play with toys, chase laser pointer or other objects?**

0                      1                      2                      3                      4

**7. The ability to play and interact with family members or other pets?**

0                      1                      2                      3                      4

**8. The ability to stretch?**

0                      1                      2                      3                      4

**9. The ability to groom?**

0                      1                      2                      3                      4