

# Limping Problem Questionnaire

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

Patient: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

Pick up time: \_\_\_\_\_

1. When did you first notice a problem? \_\_\_\_\_

Has it: **CIRCLE ONE**

    Gotten better

    Gotten worse

    Stayed the same

2. Is the problem constant or does it come and go? \_\_\_\_\_

Does it seem to be: **CIRCLE ONE**

    Worse in the AM after sleep

    Worse after exercise

    Better after exercise

    Affected by cold/damp

3. Which leg(s) are affected? **CIRCLE ALL THAT APPLY**

    Front:      Left      Right      Variable

    Back:      Left      Right      Variable

4. Is your pet reluctant to: **CIRCLE ALL THAT APPLY**

    Run                      Sit-up                      Get up from sleeping

    Walk                      Stand on hind legs                      Get into car/bed

    Jump                      Lay down                      Climb stairs

5. When thinking about the affected leg(s), does your pet:

**CIRCLE ALL THAT APPLY**

    Hold leg up                      Walk on toes, only

    Move "stiffly"                      Take smaller steps

    Cry when touched                      "Skip" when walking

6. Does your pet have a history of lameness problems? YES NO

    Explain: \_\_\_\_\_

7. Is it okay to:                      Sedate: YES NO                      X-ray: YES NO

8. Is your pet fasted? YES NO

Owners signature: \_\_\_\_\_