MY CAT BEHAVIOUR HELP FACEBOOK GROUP OFFER

FELINE BEHAVIOUR PROBLEM QUESTIONNAIRE.

**Comprehensive Feline Behavioural Assessment Questionnaire**

This questionnaire is designed to gather detailed information about your cat's behaviour to help identify and address any challenges you may be experiencing. Your thorough responses are crucial for an accurate assessment and effective treatment plan.

**Owner and Household Information**

**Owner's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner's Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cat's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:** \_\_\_\_\_\_\_\_\_ **Sex:** \_\_\_\_\_\_\_\_\_ **Breed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Colour:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neutered/Spayed:** Y / N **At what age?** \_\_\_\_\_\_\_\_\_

**Household Members**

**How many adults are in your household?** \_\_\_\_\_\_\_\_\_

**How many children? Please list their ages:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does your cat interact with everyone, or does it have favourites? If so, who?

**Other Pets**

Do you have other pets? Y / N If yes, please list:

Species: \_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Species: \_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Species: \_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ How does your cat interact with them?

**Early History**

How old was your cat when you obtained it? \_\_\_\_\_\_\_\_\_

Where did you get your cat (e.g., breeder, shelter, rescue, stray)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your cat's early experiences (e.g., littermates, mother, previous living conditions):

Do you know anything about your cat's mother's temperament or previous litters?

**Medical History and Physical Health**

**Does your cat have any current medical problems of which you are aware?** Y / N If yes, please describe and include diagnosis dates:

**Do you know of any previous medical problems?** Y / N If yes, please describe:

**Is your cat on any medication (including homeopathic or herbal remedies)?** Y / N If yes, please list medication, dosage, and reason:

**When was your cat's last veterinary check-up?** \_\_\_\_\_\_\_\_\_ **Please describe your cat's general physical health (e.g., weight, coat condition, mobility):**

**Diet and Eating Behaviours**

**What do you feed your cat (brand, type – wet/dry/raw)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How many times a day is it fed?** \_\_\_\_\_\_\_\_\_ **At what times?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **By whom is it usually fed?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Where does it eat?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Do you give any supplements (e.g., vitamins, joint support) and how often?**

**Does your cat enjoy its food, or is it fussy?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does your cat eat quickly or slowly?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does your cat guard its food or bowls?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What type of treats/tit-bits does your cat enjoy?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does your cat like catnip?** Y / N **How does it react?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hunting and Foraging Behaviours**

**Does your cat hunt?** Y / N **What does it typically hunt (e.g., insects, rodents, birds)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What does it do with prey once caught (e.g., eat, bring home, leave at door)?**

**Do you provide any foraging toys or opportunities for your cat?** Y / N If so, describe:

**Environment and Routine**

**Does your cat have access to all areas of the house?** Y / N If no, please specify restricted areas and why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does your cat go outside?** Y / N If yes, is it supervised? Y / N **Is there a cat flap?** Y / N **Is the cat allowed out at night or just during the day?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does the cat stay out for long periods of time? How long on average?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does the cat stay on the doorstep, stay in the garden, or visit other areas?**

**Where does the cat typically sleep during the day?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Where does the cat typically sleep at night?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What is your cat's daily routine like (e.g., feeding times, playtime, sleep)?**

**How does your cat react to changes in routine or environment (e.g., new furniture, guests, travel, weather)?**

**Litter Box Habits**

**Does your cat use a litter tray indoors?** Y / N **What type of litter do you use (e.g., clumping, non-clumping, pelleted)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How many litter trays do you have and where are they located?**

**How often are the litter trays cleaned (scooped/fully changed)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does your cat ever toilet in the garden/outside area?** Y / N **Has your cat ever toileted anywhere other than in its litter tray inside?** Y / N If yes, where, when, and how often?

**Have you noticed your cat spraying inside or outside the house (urine marking)?** Y / N If yes, where, when, and how often?

**Do any other cats ever spray, either in your home or outside it?** Y / N If so, where?

**Social Behaviours**

**With Humans**

**Does your cat tend to follow you or any other family member around the house?** Y / N If so, who?

**Does your cat sit on laps?** Y / N If so, whose and for how long at a time?

**Does your cat enjoy being stroked?** Y / N If so, for how long and where on its body?

**Who usually initiates physical interaction with your cat, and who finishes it?**

**Do you ever have any problems associated with stroking your cat (e.g., biting, scratching)?** Y / N If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What does your cat do when guests visit?**

**Does your cat seek attention?** Y / N If yes, how (e.g., rubbing, meowing, nudging, getting underfoot)?

**With Other Animals (including other cats)**

**How does your cat interact with other cats in the household (e.g., play, groom each other, avoid)?**

**Does your cat ever observe cats from inside your home (e.g., through windows)?** Y / N **Do other cats ever enter your garden?** Y / N **Do other cats ever enter your home?** Y / N **How does your cat react to other cats/animals outside the home?**

**Does your cat display any territorial behaviours (e.g., chasing off other cats, scent marking, guarding resources)?**

**Activity and Play**

**Does your cat play?** Y / N **H**

**ow often per day?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who does your cat play with (e.g., you, other pets, alone)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When is the cat most interested in play (e.g., morning, evening, specific times)?**

**What does the cat like to play (e.g., chase, pounce, fetch)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the cat have a specific play centre or designated play area?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does the cat have favourite toys? What are they?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How do you typically engage your cat in play?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grooming Behaviours**

**Does your cat groom itself regularly?** Y / N **How often?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does your cat over-groom (e.g., licking bald spots, pulling out fur)?** Y / N If yes, where and when?

**Does your cat groom other animals or humans?** Y / N If yes, who and how often?

**Does your cat allow you to groom it (e.g., brush, nail trim)?** Y / N

**Vocalisation Patterns and Communication**

**How often does your cat vocalise?** (Rarely / Sometimes / Often / Constantly) **Describe your cat's typical vocalisations (e.g., purrs, meows, chirps, trills, hisses, growls, caterwauls):**

**When does your cat typically vocalise (e.g., when hungry, seeking attention, greeting, stressed)?**

**Do you notice any changes in vocalisation intensity or frequency when your cat is stressed or anxious?**

**Stress, Anxiety, and Fear Indicators**

**Have you observed any of the following stress/anxiety indicators in your cat? (Check all that apply and describe)**

* \_\_ Hiding more frequently
* \_\_ Excessive grooming/licking
* \_\_ Changes in appetite (eating more/less)
* \_\_ Changes in litter box habits (e.g., urinating/defecating outside box)
* \_\_ Increased vocalisation
* \_\_ Destructive behaviours (e.g., scratching furniture, chewing)
* \_\_ Aggression towards humans or other animals
* \_\_ Restlessness or pacing
* \_\_ Trembling or shaking
* \_\_ Dilated pupils
* \_\_ Flattened ears
* \_\_ Hunched posture
* \_\_ Tail tucked
* \_\_ Excessive shedding
* \_\_ Refusal to play or interact
* \_\_ Changes in sleep patterns
* \_\_ Panting (without exertion)
* \_\_ Drooling

**Please describe the context in which these behaviours occur and their frequency:**

**Does your cat appear fearful of specific stimuli (e.g., loud noises, strangers, objects, specific rooms)?**

**How does your cat react to these fear-inducing stimuli?**

**Does your cat have a preferred retreat or hiding location? Where is it?**

**Cognitive and Problem-Solving Behaviours**

**How would you describe your cat's curiosity level?** (Low / Moderate / High) **Does your cat investigate new objects or environments?** Y / N **Does your cat appear to solve problems (e.g., opening doors, getting to high places, manipulating toys)?**

**Does your cat respond to its name or other verbal cues?** Y / N

**Destructive and Undesirable Behaviours**

**Does your cat use a scratching post?** Y / N **Where is it located?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does your cat scratch items inside the house (other than scratching posts)?** Y / N If yes, what and where?

**Does your cat scratch things outside the house (e.g., trees, fences)?** Y / N **Does your cat ever chew or suck on anything inappropriate?** Y / N If so, what type of materials does it like and when does it do this?

**Has your cat caused damage to household items or furniture in other ways (e.g., climbing where it shouldn't, knocking things over)?** Y / N If yes, please describe:

**Travel and Veterinary Visits**

**How does your cat react to being in a carrier?**

**How does your cat react to car journeys?**

**How does your cat react to veterinary visits and handling by veterinary staff?**

**Sleep Patterns and Circadian Rhythms**

**What are your cat's typical sleep patterns during the day and night?**

**Does your cat wake you up at night?** Y / N If so, how and when?

**Have you noticed any changes in your cat's sleep patterns recently?** Y / N If so, describe:

**Response to Sensory Stimuli**

**How does your cat react to different textures (e.g., carpet, tile, rough surfaces)?**

**How does your cat react to different sounds (e.g., doorbell, vacuum, music, children playing)?**

**How does your cat react to different visual stimuli (e.g., reflections, sudden movements, new objects)?**

**Does your cat exhibit any sensitivity to light or darkness?** Y / N

**Seasonal or Weather-Related Behavioural Changes**

**Have you noticed any changes in your cat's behaviour that seem to be seasonal or weather-related (e.g., more active in summer, more withdrawn in winter)?**

**The Problem Behaviour**

**Please describe the specific problem(s) you are having with your cat in as much detail as possible. Use additional pages if necessary.**

**What happens immediately *before* your cat displays these problems? Try to think of what both you and the cat are doing.**

**What happens to your cat and yourself immediately *after* the problem behaviour occurs?**

**When did the problem begin? Can you describe the first incidence you recall?**

**When does the problem typically occur? Is there a pattern of circumstances, times, or triggers?**

**How frequently does it happen? Is it becoming more or less frequent?**

**Where does it happen (specific locations in the house/outside)?**

**Who is usually present when the problem occurs?**

**When was the last incident? Please describe it in detail.**

**What do you typically do if you wish to reprimand your cat for the problem behaviour?**

**How does your cat react to your reprimands?**

**What have you tried to do to prevent or stop the problem behaviour? What were the outcomes?**

Thank you for taking the time to complete this comprehensive questionnaire. Your detailed responses will greatly assist in understanding your cat's unique behavioural profile and developing an effective support plan. Please upload this form to the website.

