

# **Liverpool Osteoarthritis in Dogs (LOAD)** Owner questionnaire for dogs with mobility problems

Dear Owner,

Thank you for agreeing to complete this questionnaire.

Your assistance in this endeavour will enable us to gather valuable information about your pet, and is a vital component in our ongoing quest to combat painful and debilitating diseases such as arthritis. It is important that all questions are answered to the best of your ability and if you have a question regarding the questionnaire, please contact a health care member from your veterinary clinic. Thank you again for your help.

#### Answering the questions

Most of the questions are fairly simple. It is important that you only check one box per question except where otherwise requested (e.g. Question 4 under Lifestyle).

If you are in any doubt as to how to answer a particular question, please contact a member of staff for assistance.

Owner's name:		Pet's na	Pet's name:			
Owner's phone number:		Client n	Client number:		Today's date:	
Breed of pet:		Pet's ag	ge:		Sex: M	O F O
For office use only	Reference limb:	LF 🔿	RF 🔵	LH 🔵	RHO	Reset

### Background

#### **1.** How long has your pet been suffering with his/her mobility problem?

0	0	0	0	0
Up to 6 months	6–12 months	12–24 months	24–36 months	more than 36 months

#### 2. Has your dog been diagnosed as suffering from any other problems in addition to his/ her orthopedic disease?

0	0	Please list these if you can:
No	Yes	

**3.** If you can, please list any medications that your pet is currently receiving, stating when he/she received the last dose of each:

# Lifestyle

0	0	0	0	0	
0–0.6 miles	0.6–1.2 miles	1.2–1.9 miles	1.9–2.5 miles	more than 2.5 miles	
In the las	t week, on averag	e, how many v	walks has your	dog had each day	/?
0	0	0	0	0	0
0	1	2	3	4	more than
. What type	e of exercise is th	is?			
0	0	0	0	0	
Always on leash	Mostly on leash	Mostly off leash	Always off leash	Working	
exercise?	e particular days o (Check more than on O O Tuesday Wednesday	e box if necessary	.) (	dog has significar	ntly more Reset
exercise?	Check more than one of the contract of the con	e box if necessary	.) O ( Friday Satu	) O rday Sunday	
exercise?	<b>Check more than on</b>	e box if necessary	.) O ( Friday Satu	) O rday Sunday	
exercise?	Check more than one of the contract of the con	e box if necessary	.) O ( Friday Satu	) O rday Sunday	
exercise Monday On what On level grass	Check more than on Concern that on Tuesday Wednesday Sort of terrain doe	e box if necessary Thursday s your dog mo On street	.) Friday Satu	) O rday Sunday	
exercise Monday On what On level grass	Check more than on Comparison of terrain doe In woodland	e box if necessary Thursday s your dog mo On street	.) Friday Satu	) O rday Sunday	
exercise Monday On what On level grass	Check more than on Comparison of terrain doe In woodland	e box if necessary Thursday s your dog mo On street	.) Friday Satu	) O rday Sunday	
exercise Monday On what On level grass At exercise Walk on leash	Check more than one (Check more than one Tuesday Wednesday sort of terrain doe In woodland se, how is your do	e box if necessary Thursday Thursday es your dog me On street Dg handled? Trot	.) Friday Satu Ost often exerce Over rough ground	) O rday Sunday	
exercise a Monday On What a On level grass At exercise Walk on leash	Check more than one (Check more than one Tuesday Wednesday sort of terrain doe In woodland se, how is your do Walk off leash	e box if necessary Thursday Thursday es your dog me On street Dg handled? Trot	.) Friday Satu Ost often exerce Over rough ground	) O rday Sunday	

Mobility					
Generally					For office use only
1. How is you	r dog's mobilit	ty in general?			
O Very good	O Good	O Fair	O Poor	O Very poor	
2. How disabl	ed is your dog	by his/her lame	ness?		
O Not at all disabled	O Slightly disabled	O Moderately disabled	O Severely disabled	O Extremely disabled	
3. How active	is your dog?				
O Extremely active	O Very active	O Moderately active	O Slightly active	O Not at all active	
<b>4.</b> What is the	effect of cold	, damp weather c	on your dog's la	ameness?	
O No effect	O Mild effect	O Moderate effect	O Severe effect	O Extreme effect	
5. To what de 'lie down'?		r dog show stiffi	ness in the affe	cted leg after a	
O No stiffness	O Mild stiffness	O Moderate stiffness	O Severe stiffness	O Extreme stiffness	
At exercise					
6. At exercise	, how active is	your dog?			
O Extremely active	O Very active	O Fairly active	O Not very active	O Not at all active	
7. How interes	sted is your do	og in exercising?			
O Extremely interested	O Very interested	O Fairly interested	O Not very interested	O Not at all interested	
8. How would	you rate your	dog's ability to e	exercise?		
O Very good	Good	O Fair	O Poor	O Very poor	

What over	all offect deep	ovorcico have en	wour dog's log	2000002	use onl
No effect	Mild effect	exercise have on	Severe effect	Extreme effect	
). How often	does your dog	ı rest (stop/sit do	wn) during exe	rcise?	
O Never	O Hardly ever	Occasionally	O Frequently	O Very frequently	
Ⅰ. What is th	e effect of cold	, damp weather o	on your pet's al	bility to exercise?	2
O No effect	O Mild effect	O Moderate effect	O Severe effect	O Extreme effect	
	egree does you following exerc	r dog show stiffn sise?	ess in the affe	cted leg after a	
O No stiffness	O Mild stiffness	O Moderate stiffness	O Severe stiffness	O Extreme stiffness	
<b>3.</b> What is th	e effect of you	r dog's lameness	on his/her abil	ity to exercise?	
	0	0	O Severe effect	O Extreme effect	



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