

# 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 name:    |  |
| Owner's phone number: | Client number: | Today's date:  |
| Breed of pet:         | Pet's age:     | Sex: M <input type="radio"/> F <input type="radio"/> |

For office use only

Reference limb:

LF

RF

LH

RH

## Background

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

- 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?

No

Yes

Please list these if you can:

### 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

1. In the last week, on average, how far has your dog exercised each day?

0 - 1 km

1 - 2 km

2 - 3 km

3 - 4 km

More than 4 km

2. In the last week, on average, how many walks has your dog had each day?

0

1

2

3

4

more than 4

3. What type of exercise is this?

Always on leash

Mostly on leash

Mostly off leash

Always off leash

Working

4. Are there particular days of the week upon which your dog has significantly more exercise? (Check more than one box if necessary.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Reset

5. On what sort of terrain does your dog most often exercise?

On level grass

In woodland

On street

Over rough ground

6. At exercise, how is your dog handled?

Walk on leash

Walk off leash

Trot

Run freely

7. Who limits the extent to which your dog exercises?

You

Your dog

## Mobility

Generally

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### 1. How is your dog's mobility in general?

Very good

Good

Fair

Poor

Very poor

### 2. How disabled is your dog by his/her lameness?

Not at all disabled

Slightly disabled

Moderately disabled

Severely disabled

Extremely disabled

### 3. How active is your dog?

Extremely active

Very active

Moderately active

Slightly active

Not at all active

### 4. What is the effect of cold, damp weather on your dog's lameness?

No effect

Mild effect

Moderate effect

Severe effect

Extreme effect

### 5. To what degree does your dog show stiffness in the affected leg after a 'lie down'?

No stiffness

Mild stiffness

Moderate stiffness

Severe stiffness

Extreme stiffness

At exercise

### 6. At exercise, how active is your dog?

Extremely active

Very active

Fairly active

Not very active

Not at all active

### 7. How interested is your dog in exercising?

Extremely interested

Very interested

Fairly interested

Not very interested

Not at all interested

### 8. How would you rate your dog's ability to exercise?

Very good

Good

Fair

Poor

Very poor

