

**CHARLOTTE STREET  
ANIMAL  
HOSPITAL**



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**Rehabilitation Questionnaire**

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

**Client Name:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Please answer the following according to this scale:**

- 1= needs assistance **100%** of the time to perform this activity
- 2= needs assistance **50-100%** of the time to perform this activity
- 3= needs assistance **0-50%** of the time to perform this activity
- 4= needs assistance **0%** of the time to perform this activity
- 5= not applicable

1. Able to position to urinate? \_\_\_\_\_
2. Able to position to defecate? \_\_\_\_\_
3. Able to move from sitting to lying and vice versa? \_\_\_\_\_
4. Able to move from sitting to standing? \_\_\_\_\_
5. Able to move from lying to standing? \_\_\_\_\_
6. Able to roll over? \_\_\_\_\_
7. Able to scratch normally? \_\_\_\_\_
8. Able to go up stairs? \_\_\_\_\_
9. Able to go down stairs? \_\_\_\_\_
10. Able to get in and out of car? \_\_\_\_\_
11. Able to get in bed/on and off couch? \_\_\_\_\_
12. Able to walk up a hill? \_\_\_\_\_
13. Able to run? \_\_\_\_\_
14. Able to jump? \_\_\_\_\_

Has body weight had increased/decreased/stayed same? (circle one)

Has endurance increased/decreased/stayed same? (circle one)

What does your pet enjoy doing for fun? \_\_\_\_\_

Is he/she able to do that? Explain. \_\_\_\_\_

Able to go on walks? Y or N. How long? \_\_\_\_\_ minutes

Do you notice stiffness, soreness or limping after a walks? Y or N

Does he/she have to take breaks or lag behind during walks? Y or N

Do you think he/she is in pain? Y or N. Explain. \_\_\_\_\_

When standing is there partial weight bearing/barely toe touching/holding leg in air/unable to stand? (circle one)

When walking is there mild lameness/obvious lameness/severe lameness/non weight bearing lameness of affected leg? (circle one)

When trotting, is there mild lameness/obvious lameness/severe lameness/non weight bearing lameness of affected leg? (circle one)