

Many signs of chronic pain are non-specific. Make sure to see your vet to rule out other disease as a cause of these signs.

| 0<br>No Pain                                                                      |    | <input type="checkbox"/> <b>B:</b> Breathing normally<br><input type="checkbox"/> <b>E:</b> Eyes bright and alert<br><input type="checkbox"/> <b>A:</b> Walks normally on all four legs; no lameness present<br><input type="checkbox"/> <b>A:</b> Engages in play and all normal activities                                                                                                                                                                                                                     | <input type="checkbox"/> <b>A:</b> Eating and drinking normally<br><input type="checkbox"/> <b>A:</b> Happy; interested in surroundings and playing; seeks attention<br><input type="checkbox"/> <b>P:</b> Comfortable at rest and during play; perky ears and wagging tail<br><input type="checkbox"/> <b>P:</b> Enjoys being touched and petted; no body tension present                                                                                                                                                                        |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1-2<br>Mild Pain<br><small>Speak to your vet during your next appointment</small> |    | <input type="checkbox"/> <b>B:</b> Breathing normally<br><input type="checkbox"/> <b>E:</b> Eyes bright and alert<br><input type="checkbox"/> <b>A:</b> Walks normally; may exhibit very subtle lameness when walking<br><input type="checkbox"/> <b>A:</b> May show first signs of being just a little more slow to lie down or rise up (subtle!)                                                                                                                                                               | <input type="checkbox"/> <b>A:</b> Eating and drinking normally<br><input type="checkbox"/> <b>A:</b> Happy and engaged, may seem a little more subdued with some "off" moments interspersed with normal behaviors<br><input type="checkbox"/> <b>P:</b> May show occasional shifting of position; tail may be down just a little more, ears slightly flatter<br><input type="checkbox"/> <b>P:</b> Enjoys being touched and petted; no body tension present                                                                                      |
| 3-4<br>Moderate Pain<br><small>See your vet to assess pain</small>                |    | <input type="checkbox"/> <b>B:</b> May pant intermittently<br><input type="checkbox"/> <b>E:</b> Eyes slightly more dull in appearance; can have a slightly furrowed brow<br><input type="checkbox"/> <b>A:</b> Noticeably slower to lie down or rise up; may exhibit lameness when walking<br><input type="checkbox"/> <b>A:</b> May be slightly unsettled and more restless; difficulty getting comfortable; shifting weight                                                                                   | <input type="checkbox"/> <b>A:</b> Appetite more finicky, such as wanting only treats or "people" food<br><input type="checkbox"/> <b>A:</b> Subdued; engages less or does not initiate play<br><input type="checkbox"/> <b>P:</b> Difficulty squatting or lifting leg to urinate, subtle changes in posture; tail more tucked and ears more flattened<br><input type="checkbox"/> <b>P:</b> Does not mind touch except on painful area; turns head to look where touched; mild body tension                                                      |
| 5-6<br>Moderate to Severe Pain<br><small>CONCERNING! See your vet</small>         |   | <input type="checkbox"/> <b>B:</b> Panting often noted, possibly with an increased breathing effort<br><input type="checkbox"/> <b>E:</b> Dull eyes, worried look<br><input type="checkbox"/> <b>A:</b> Very slow to rise up and lie down; hesitation with movement; difficulty on stairs; reluctant to come when called; more obvious lameness<br><input type="checkbox"/> <b>A:</b> Not eager to interact but may be in tune with surroundings; obvious lameness when walking; may lick painful area           | <input type="checkbox"/> <b>A:</b> Will frequently lose appetite<br><input type="checkbox"/> <b>A:</b> Anxious, unsettled or restless; unable to settle or sleep well<br><input type="checkbox"/> <b>P:</b> Abnormal weight distribution when standing; difficulty posturing to eliminate; arched back, tucked belly, head hanging low; tucked tail; frequently shifts positions; ears more flattened<br><input type="checkbox"/> <b>P:</b> Pulls away painful area when touched; moderate body tension when being touched                        |
| 7-8<br>Severe Pain<br><small>VERY CONCERNING! See your vet</small>                |  | <input type="checkbox"/> <b>B:</b> Faster breathing rate with more noticeable effort; frequent panting episodes common<br><input type="checkbox"/> <b>E:</b> Dull eyes, may also have distressed look<br><input type="checkbox"/> <b>A:</b> Obvious difficulty rising up or lying down; will not bear weight on affected leg; avoids stairs; obvious lameness<br><input type="checkbox"/> <b>A:</b> Avoids interaction with family or environment; will often "go off" or hide; may frequently lick painful area | <input type="checkbox"/> <b>A:</b> Loss of appetite; may not want to drink<br><input type="checkbox"/> <b>A:</b> Agitated, fearful, worried, reclusive, potentially aggressive<br><input type="checkbox"/> <b>P:</b> Tail tucked, ears flattened or pinned back; abnormal posture when standing; more hesitant to move or stand<br><input type="checkbox"/> <b>P:</b> Significant body tension when painful area touched; may vocalize in pain; guards painful area by pulling away or changing position                                          |
| 9-10<br>Worst Pain Possible<br><small>EMERGENCY! See your vet</small>             |  | <input type="checkbox"/> <b>B:</b> Panting; increased breathing rate and effort<br><input type="checkbox"/> <b>E:</b> Dull eyes; may have panicked look<br><input type="checkbox"/> <b>A:</b> May refuse to get up; may not be able to (or willing to) take more than a few steps; will not bear weight on painful limb<br><input type="checkbox"/> <b>A:</b> Difficulty in being distracted from pain, even with gentle touch or soothing voice                                                                 | <input type="checkbox"/> <b>A:</b> No interest in food or water<br><input type="checkbox"/> <b>A:</b> Extremely depressed or minimally responsive ("flat out"); may vocalize in pain; in distress at rest<br><input type="checkbox"/> <b>P:</b> Prefers lying position or being on side; flat or pinned ears; may prefer to be very tucked up or stretched out<br><input type="checkbox"/> <b>P:</b> Severe body tension when touched; will not tolerate touch of painful area; becomes fearful when other areas that are not painful are touched |

### Specific behaviors or physical changes I see:

Breathing: \_\_\_\_\_

Eyes: \_\_\_\_\_

Ambulation: \_\_\_\_\_

Activity: \_\_\_\_\_

Appetite: \_\_\_\_\_

Attitude: \_\_\_\_\_

Posture: \_\_\_\_\_

Palpation: \_\_\_\_\_