

BEHAVIORAL QUESTIONNAIRE

1. How many cats are in your household _____
2. Are they Indoor_____ or Indoor/outdoor_____
3. How many litter boxes in the household _____
4. What size litter pan _____ Height _____ Length _____ Width _____
5. Are the litter boxes covered _____ or Open _____
6. What type of litter do you use _____
7. How long have you used this litter _____
8. What is your cat'(s) weight _____
9. When was the last time you purchased a new litter box _____
10. What products do you use to clean litter box _____
11. Is the cat urinating outside of litter box _____
12. Is the cat defecating outside of litter box _____
13. Does the cat use the litter box sometimes _____
14. Have you seen the cat urinate in front of you _____
15. Have you seen the cat straining to urinate _____
16. How long has this cat been urinating outside of litter box _____
17. Does the cat spray urine on the wall (streaks) _____
18. Does the cat squat / urinate on floor or chairs (puddles) _____
19. How long has this cat been having stool outside of litter box _____
20. Does the cat scratch in the box after urinating or stool _____
21. How long does the cat scratch in the box after urinating or stool _____
22. Have you cleaned the urine/ stool areas in your home _____
23. How often do you clean urine from litter box _____
24. How often do you empty and clean litter box thoroughly _____
25. Have you corrected the cat when you have caught him/her outside the box _____
26. What room is/are the litter pans kept _____
27. Where does the cat eat _____
28. How many food bowls are available _____
29. With multiple cats, who eats first _____
30. What is the feeding order _____
31. Is the food available all the time? _____ Or are they fed at certain times of the day

32. Does the cat have multiple areas to climb and sleep _____
33. Which cat in the household sleeps the highest _____ Which sleeps the lowest _____
34. What type of interactions do the cats have with each other

35. Where in the house is the cat the happiest _____
36. How long do you play with the cat each day _____

DATE: _____ PATIENT'S NAME: _____