



INAPPROPRIATE DEFECATION QUESTIONNAIRE

Owner's Name: _____ **Date:** _____

Patient's Name: _____ **Age:** _____ **Sex:** _____

Please help us gather background information about your cat. The information is critical to assess the problem. Think carefully about your answers to insure accuracy. If you don't know the answer to a question, don't guess – just write that you don't know. This is confidential.

1. A) What brand of cat food do you feed your cat? _____
B) Dry : YES NO
C) Can: YES NO
2. A) Have you seen your cat have bowel movements out of the litter box? YES ___ NO ___
B) Does your cat urinate outside of the litter box? YES ___ NO ___
C) What percent of the time does your cat have bowel movements out of the litter box?

D) What percent of the time does you cat urinate out of the litter box? _____
3. How many cats are there in your household? _____

Please list the cats by name and record the sex, age, and the dates each cat entered the household.

	Cat's Name	Month & Year cat entered the home	Age	Sex
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

4. When did you first notice your cat having bowel movements outside the litter box?

Month and YEAR _____

5. How many litter boxes are in the house and where are they located specifically?

Litter Box	Covered	Non-Covered	Location in the house
1.			_____
2.			_____
3.			_____

6. A) What brand and type of cat litter do you use? _____

B) Is the litter scented? YES _____ NO _____ DON'T KNOW _____

C) Have you changed brands of litter within the time period when your cat began having bowel movements outside of his/her box? YES _____ NO _____ DON'T KNOW _____

If yes then please provide dates of litter brand changes:

7. A) How often do you clean bowel movements from the litter box?

B) If you use clumping litter, how often do you clean the urine clumps from the litter box?

C) How often do you replace all of the litter in the box with completely new litter?

D) Do you wash the litter box before placing clean litter in it?

E) Do you use plastic cat box liners?

F) Do you use any other type of cat box liners?

8. Have you changed the location of the litter boxes? YES _____ NO _____

If yes, give the dates the litter boxes were moved.

9. What is the approximate size of your litter boxes?

10. If you have more than one cat, does this cat seem to like or not like any of the other cats? YES ___ NO ___

Briefly explain:

11. Do you have any dogs in your household? YES ___ NO ___

If yes, please fill out the following information:

	Dog's Name	Month & Year dog entered the home	Age	Sex	Breed
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

12. If you have dog(s), how does your cat relate to the dog(s)?

Briefly explain:

13. Indicate the percentage of time your cat spends inside the house and outside the house during a day.

INSIDE _____ OUTSIDE _____

14. Does your cat make frequent trips to the litter box to urinate? YES___ NO ___ DON'T KNOW ___

15. Does your cat urinate very small amounts of urine? YES___ NO ___ DON'T KNOW ___

16. Does your cat urinate excessively large volumes of urine? YES___ NO ___ DON'T KNOW ___

17. Have you seen any blood in the urine? YES___ NO ___ DON'T KNOW ___

18. Are your cat's bowel movements formed and normal consistency? YES___ NO ___ DON'T KNOW ___

19. Does your cat have diarrhea? YES ___ NO ___

How often?

How long does it last?

20. Are bowel movements excessively hard? YES ___ NO ___ DON'T KNOW ___

21. Are the bowel movements outside of the litter box formed or diarrhea?

22. How often does your cat have a bowel movement?

Once a day ___ Twice a day ___ Three or more daily ___ I don't know ___

23. Do you have any other pets besides cats and dogs? Please list them:

	Pet's Name	Month & Year pet entered the home	Species
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

24. Have you moved households? YES ___ NO ___

If yes, list the dates of moves.

25. Have there been any new people join the household within the past 2-3 years? YES ___ NO ___

If yes list the persons and the dates they moved in.

	Person's Name	Date moved in
1	_____	_____
2	_____	_____
3	_____	_____

26. Have any people left the household in the past 2-3 years? YES ___ NO ___

If yes, list the persons and dates.

	Person's Name	Date moved out
1	_____	_____
2	_____	_____
3	_____	_____

27. Have you obtained new furniture in the past 2-3 year? YES ___ NO ___

If yes, list dates and what obtained:

28. Have you had carpets replaced or removed in the past 2-3 years? YES ___ NO ___

Explain briefly and give dates:

29. Have you had any construction done at your house in the past 2-3 years?

Explain briefly and give dates:

30. Do outside cats roam around your house? YES ___ NO ___ DON'T KNOW ___

31. Does your cat strain for long periods of time in the litter box before evacuating a bowel movement?

YES ___ NO ___ DON'T KNOW ___

32. Has any traumatic event happened near the litter box or when your cat was in the litter box?

(Example: Another cat in the household attacked this cat in the litter box, something fell on your cat while in the box). YES ___ NO ___ DON'T KNOW ___

If yes, briefly explain:

33. Is there any time when your cat increases the frequency of having bowel movements out of the litter box?
(Example: After family comes for the holidays, after a party at the house, etc.)
YES ___ NO ___ DON'T KNOW ___

If yes, briefly explain:

34. Please draw a picture of your house/apartment floor plan. Ask for a ruler if you need one.

Draw all the rooms (approximate size), location of litter boxes, and note flooring type in each room (wood, carpet, vinyl, etc.). After you have the floor plan drawn; go back and using red ink, note the exact areas where the cat is defecating.