

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 No Pain		<input type="checkbox"/> B: Breathing normally <input type="checkbox"/> E: Eyes bright and alert <input type="checkbox"/> A: Walks normally and remains agile <input type="checkbox"/> A: Engages in play and all normal activities	<input type="checkbox"/> A: Eating and drinking normally <input type="checkbox"/> A: Happy and content; interested in surroundings; playful behavior; seeks attention <input type="checkbox"/> P: Comfortable at rest and during play; perky ears; upright, alert tail; whiskers relaxed <input type="checkbox"/> P: Enjoys being touched, petted and brushed; no body tension present
1-2 Mild Pain <small>Speak to your vet during your next appointment</small>		<input type="checkbox"/> B: Breathing normally <input type="checkbox"/> E: Eyes bright and alert <input type="checkbox"/> A: Slightly more hesitant to jump onto very high places such as counter tops but still able to easily jump onto couch or bed <input type="checkbox"/> A: May show only subtle change in normal activity and behaviors	<input type="checkbox"/> A: Eating and drinking normally <input type="checkbox"/> A: Will often still remain happy and interested in surroundings <input type="checkbox"/> P: Tail may be down just a little more; ears up; whiskers generally appear relaxed <input type="checkbox"/> P: Enjoys being touched, petted and brushed; no body tension present
3-4 Moderate Pain <small>See your vet to assess pain</small>		<input type="checkbox"/> B: Breathing generally normal but may be at slightly increased rate <input type="checkbox"/> E: Eyes may be slightly more dull in appearance; eyes may be held partially closed <input type="checkbox"/> A: Hesitant to jump to higher places; may also not jump onto lower places, such as couch or bed <input type="checkbox"/> A: Not eager to interact but still in tune with surroundings; changes in normal routine; may hide; decreased grooming	<input type="checkbox"/> A: Appetite more finicky, such as wanting only treats or "junk" food such as canned food <input type="checkbox"/> A: Generally more subdued and quiet <input type="checkbox"/> P: Difficulty posturing to eliminate or cover waste; subtle changes in posture; tail held low and ears more flattened, whiskers slightly down <input type="checkbox"/> P: Does not mind touch except on painful area; turns head to look where touched; mild body tension
5-6 Moderate to Severe Pain <small>CONCERNING! See your vet</small>		<input type="checkbox"/> B: Breathing rate and effort may be increased <input type="checkbox"/> E: Dull eyes; eyes may remain partially or fully closed; pupils may be more dilated <input type="checkbox"/> A: Moves more slowly or gingerly; no longer jumps up onto couch or bed; difficulty on stairs <input type="checkbox"/> A: Withdraws from family and other pets; seeks solitude; decreased grooming; may excessively lick painful area; may have "accidents" outside the litter box	<input type="checkbox"/> A: Will frequently lose appetite <input type="checkbox"/> A: Very subdued and quiet; increased facial tension; decreased enjoyment of being brushed <input type="checkbox"/> P: "Meatloaf" position; whiskers move forward slightly from face; rough or fluffed up fur; difficulty posturing to eliminate or cover waste fully <input type="checkbox"/> P: Pulls away painful area or tries to escape; moderate body tension when being touched
7-8 Severe Pain <small>VERY CONCERNING! See your vet</small>		<input type="checkbox"/> B: Faster breathing rate with more noticeable effort <input type="checkbox"/> E: Dull eyes; generally remain partially or fully closed; may have distressed look; pupils dilated <input type="checkbox"/> A: Unlikely to move if left alone <input type="checkbox"/> A: Avoids all interaction; will "go off" and hide, often in new places; stops grooming; frequently licks or chews at painful area, sometimes to the point of fur loss	<input type="checkbox"/> A: Loss of appetite; may not want to drink <input type="checkbox"/> A: Reclusive; agitated; potentially aggressive; tail flicking; may be growling or hissing <input type="checkbox"/> P: Tail held close, ears flattened or pinned back, whiskers move forward and tend to bunch; "grimace face"; flattened posture <input type="checkbox"/> P: Significant body tension when painful area touched; may growl or hiss in pain; guards painful area by pulling away or trying to escape
9-10 Worst Pain Possible <small>EMERGENCY! See your vet</small>		<input type="checkbox"/> B: Increased breathing rate and effort; may have periods of open-mouthed breathing or panting <input type="checkbox"/> E: Dull, closed eyes; eyes may also widen with a look of panic; pupils dilated <input type="checkbox"/> A: Unable or unwilling to walk <input type="checkbox"/> A: Difficulty in being distracted from pain, even with gentle touch or soothing voice; may bite or chew painful area; may eliminate where lying	<input type="checkbox"/> A: No interest in food or water <input type="checkbox"/> A: Extremely depressed or minimally responsive ("flat out"); quiet, growling or hissing; distressed <input type="checkbox"/> P: Lying on side; tail may appear "fluffed" <input type="checkbox"/> P: Rigid body tension when touched; will not tolerate touch of painful area; hissing when other areas that are not painful are touched

Specific behaviors or physical changes I see:

Breathing: _____
 Eyes: _____
 Ambulation: _____
 Activity: _____
 Appetite: _____
 Attitude: _____
 Posture: _____
 Palpation: _____

