

Questionnaire 8: My 6 year old cat

Thank you for taking the time to update us about your cat's progress, now that he/she is 6 years old.

As before, this questionnaire contains a mixture of new questions, as well as some questions that you have answered previously – so that we can see what, if anything, has changed for your cat.

Completing this questionnaire should be straightforward and take about 20 minutes. If there are any questions which you do not wish to answer, please leave them blank and move to the next question.

Please return your completed questionnaire in the envelope enclosed.

Thank you for your help – information about the “Bristol Cats” and early results from the study will be available from our website.

www.bristol.ac.uk/vetscience/cats

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Cat-study@bristol.ac.uk

SECTION A: Your cat's household

A1	Do you still have this cat?	
	Tick one box	
	Yes	
	No	
	If "Yes", please go to question A4	
A2	Why do you no longer have this cat?	
	Reason:	
A3	Approximately how old was your cat when he/she left your household)?	
	Age of cat:	
	We are sorry to learn that you no longer have your cat. Please proceed to Section H to fill in your personal details.	
	If you would like to remain on our mailing list for newsletters please tick this box. <input type="checkbox"/>	
	Thank you for participating in this study.	
A4	How happy do you think your cat is?	
	Tick one box	
	Very happy	
	Quite happy	
	Not very happy	
	Not at all happy	
	I don't know	
A5	What factors contributed towards your answer above?	
A6	How many cats in total (including your 'Bristol cat(s)') currently live in this household?	
	
A7	How frequently is this cat in a room where people smoke?	Tick one box
	Never (currently and previously)	
	Never (currently), but was previously (e.g. household member has stopped smoking)	
	Less than once a week	
	Once a week or more often	

A8	Please indicate whether or not your cat has spent time during the last week in these types of places <i>inside</i> your home:				
	Tick one box per row				
		Not available to my cat	Available to my cat		
			Used by cat	Not used by cat	Don't know if used by cat
	A 'hiding' place that you have created for your cat (e.g. a 'pyramid' bed or cardboard box)				
On a platform / ledge / raised area that your cat has previously used (but you didn't specifically create for your cat, e.g. on top of boiler, on windowsill)					
On a platform / ledge / raised area that you have provided for your cat (e.g. a cat climbing frame bought from a shop)					
A9	Please indicate whether or not your cat has spent time during the last week in the following activities <i>inside</i> your home:				
	Tick one box per row				
		Not available to my cat	Available to my cat		
			Used by cat	Not used by cat	Don't know if used by cat
	Using a scratching post that you have provided for your cat				
Using something else (other than a purpose built cat scratching post) to scratch on					
Playing with bought or home-made cat toys					
Playing with objects (not designed as a toy!) that the cat finds (e.g. a leaf)					

SECTION B: About your cat's activity levels and indoor/outdoor lifestyle

B1	<p>How often, if at all, do you believe that your cat</p> <p>a) hunts outside for prey ?</p> <p>b) eats prey that he/she has caught?</p>										
	Tick one box per row										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Most days</td> <td style="width: 20%; padding: 5px;">Quite often (1-2 times/week)</td> <td style="width: 20%; padding: 5px;">Not very often (1-3 times/month)</td> <td style="width: 20%; padding: 5px;">Never</td> <td style="width: 20%; padding: 5px;">Don't know</td> </tr> </table>	Most days	Quite often (1-2 times/week)	Not very often (1-3 times/month)	Never	Don't know					
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B2	<p>Which of these statements best describes your cat's indoor/outdoor access?</p>								
	Tick one box								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Inside only – cat is not allowed outside</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 5px;">Inside only – cat only goes out into enclosed 'run' or on a lead</td> <td></td> </tr> <tr> <td style="padding: 5px;">Inside and outside</td> <td></td> </tr> <tr> <td style="padding: 5px;">Outside only – cat is not allowed in the house</td> <td></td> </tr> </table>	Inside only – cat is not allowed outside		Inside only – cat only goes out into enclosed 'run' or on a lead		Inside and outside		Outside only – cat is not allowed in the house	
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Inside and outside									
Outside only – cat is not allowed in the house									
	<p><i>If 'inside only', please go to section C.</i></p> <p><i>If 'inside and outside', please continue with question B3.</i></p> <p><i>If 'outside only', please go to question B4.</i></p>								

B3	<p>Which of these statements best describes how much time your cat currently spends outside, when he/she has unrestricted access to the outside?</p>										
	Tick one box										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">He/she hardly ever spends time outside</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 5px;">He/she spends a little time outside, but most of his/her time is spent inside</td> <td></td> </tr> <tr> <td style="padding: 5px;">He/she spends roughly equal amounts of time inside and outside</td> <td></td> </tr> <tr> <td style="padding: 5px;">He/she spends a little time inside, but most of his/her time is spent outside</td> <td></td> </tr> <tr> <td style="padding: 5px;">He/she hardly ever spends time inside</td> <td></td> </tr> </table>	He/she hardly ever spends time outside		He/she spends a little time outside, but most of his/her time is spent inside		He/she spends roughly equal amounts of time inside and outside		He/she spends a little time inside, but most of his/her time is spent outside		He/she hardly ever spends time inside	
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He/she spends a little time inside, but most of his/her time is spent outside											
He/she hardly ever spends time inside											

B4	<p>To what extent does your cat have access to outdoor space beyond your garden?</p>								
	Tick one box								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Restricted at all times by a lead</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 5px;">Restricted to the garden by a "cat proof" fence</td> <td></td> </tr> <tr> <td style="padding: 5px;">No restrictions</td> <td></td> </tr> <tr> <td style="padding: 5px;">Other (please specify):</td> <td></td> </tr> </table>	Restricted at all times by a lead		Restricted to the garden by a "cat proof" fence		No restrictions		Other (please specify):	
Restricted at all times by a lead									
Restricted to the garden by a "cat proof" fence									
No restrictions									
Other (please specify):									

SECTION C: About your cat's diet

Many of these questions will be familiar as we would like to find out about any changes in your cat's diet, appetite and food preferences.

C1	Which of the following sources of water do you know, or think, that your 'Bristol cat' drinks from?	<i>Tick all that apply</i>			
	Bowl of unfiltered tap water				
	Bowl of filtered tap water				
	Bowl of mineral water				
	Cat drinking fountain – filtered tap water				
	Cat drinking fountain – unfiltered tap water				
	Toilet				
	Running tap				
	Outside source (stream, pond, puddles, etc)				
C2	How much do you feed your cat the following types of food?				
	<i>Tick one box per row</i>				
	<i>Only food in diet</i>	<i>Major part (half or more) of daily diet</i>	<i>Minor part (less than half) of daily diet</i>	<i>Only feed occasionally</i>	<i>Never feed</i>
	Commercial wet adult cat food (e.g. tins, pouches, foil packs)				
	Commercial adult dry food (e.g. biscuits, kibbles)				
	Uncooked/raw fresh food (e.g. fish, chicken)				
	Cooked fresh food (e.g. fish, chicken)				
	Cow's milk/cream				
	Cat milk				

C3 Now, using the label on your cat's commercial wet food (e.g. tins, pouches, foil packs), please estimate which of these phrases best describes the total weight of commercial wet food that you think your cat eats each day.

	Tick one box
None	
100g (e.g. one pouch or quarter of a standard-sized tin)	
150g (e.g. one and a half pouches, or just over a third of a standard-sized tin)	
200g (e.g. two pouches or half a standard-sized tin)	
250g (e.g. two and a half pouches, or nearly two-thirds of a standard-sized tin)	
300g (e.g. three pouches, or three-quarters of a standard-sized tin)	
Other (<i>please specify</i>):	

C4 Please can you estimate (preferably using your kitchen scales) the weight (in grams) of dry food (e.g. biscuits, kibbles) that you think your cat eats each day, and enter this amount below. (*If your cat does not have dry food, please enter "0".*)

.....grams

Is this an accurate or estimated weight?

Accurate	
Estimate	

C5 If your cat receives home-prepared food (e.g. fresh fish), please describe what you would typically feed per day:

Please include information on the type (i.e. cut of meat, fish), preparation method and amount.

C6 If you feed your cat commercial cat food and you mainly feed one or two brands (e.g Whiskas Tasty Textures / Felix Sensations etc, dry or tinned), what brands and varieties are they?

Brand:	
Variety:	
Brand:	
Variety:	

C7

If you use 'wet food', which of the following do you usually feed?

	Tick all that apply
N/A, do not feed wet food	
Tins	
Pouches/sachets	
It varies	
Meat/fish in gravy	
Meat/fish in jelly	
Meat/fish pate	
Meat/fish Supermeat / Meaty Loaf	
Other (please specify):	

C8

Using the following instructions, please assess the body condition of your 'Bristol Cat' and indicate the body condition score below:

To work out your cat's individual body condition score, you need to do three checks:

1. Rib Check: Run both your hands, palms facedown across your cat's ribcage on either side
2. Profile Check: View your standing cat from a side-on angle, this is best done if you are level with your pet
3. Overhead Check: Look down at your standing cat from an overhead angle

Pet Size-O-Meter

Size-O-Meter Score:

Score	Description	Characteristics
1	Very Thin More than 20% below ideal body weight	<ul style="list-style-type: none"> Ribs, spine & hip bones are very easily seen (in short haired pets) Pronounced waist Obvious loss of muscle mass with no belly fat
2	Thin Between 10-20% below ideal body weight	<ul style="list-style-type: none"> Ribs, spine and hip bones easily visible Obvious waist Very little belly fat
3	Ideal	<ul style="list-style-type: none"> Ribs, spine and hip bones easily felt Visible waist A small amount of belly fat
4	Overweight 10-15% above ideal body weight	<ul style="list-style-type: none"> Ribs, spine and hip bones are hard to feel No defined waist Slightly sagging belly
5	Obese More than 15% above ideal body weight	<ul style="list-style-type: none"> Ribs, spine and hip bones are extremely difficult to feel under a padding of fat No waist can be seen Heavy fat pads on lower back and legs and an obvious sagging belly - skin rolls may sway from side to side when walking

■ Your pet is a healthy weight.
 ■ Seek advice about your pet's weight.
 ■ Seek advice as your pet could be at risk.

Please note
There are some cases where the natural characteristics of your cat may mean this simple system does not translate as easily. For example, if your cat has a long coat it may be difficult to judge the shape. There are also some breeds of cats, such as the Maine Coon, that are generally larger than the average moggie - however they should still have the same body shape. If you need help using this tool, download a hard copy version and take it to your local vet or pet care professional for advice.

Derived from BCSC validated by Larlomme DP. Development and validation of a body condition score system for cats: A clinical tool. Feline Practice 18(7), 25-37. Larlomme DP, Hume E, Harrison J. Evaluation of zoonotic measures as an assessment of body composition of dogs and cats. Compendium 2001, 23(5), pp119-128

pfma
pet food manufacturers' association
www.pfma.org.uk

Source: www.pfma.org.uk/assets/images/general/file/PFMA%20Cat%20PSOM%20Final%20Web%20Version%20070809.pdf

Body condition score of 'Bristol Cat':

SECTION D: About your cat's health and veterinary contact

D1	Has your cat visited a veterinary practice during the last 12 months ? <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 2px;">Tick one box</td> </tr> <tr> <td style="padding: 2px;">Yes</td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="width: 40px; height: 20px;"></td> </tr> </table> <p>If 'No', go to D5.</p>	Tick one box		Yes		No																																																									
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D2	What was the purpose of this visit / these visits? <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 2px;">Tick all that apply</td> </tr> <tr><td style="padding: 2px;">Routine general health check</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Slimming club / weight watchers clinic</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Dental check</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Behavioural advice</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Vaccination</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Microchipping</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Neutering</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Flea prevention</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">To treat fleas</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Worm prevention</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">To treat worms</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Abscess / cat bite</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Attacked by dog</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Cat flu</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Coughing / wheezing</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Ear problem (e.g. ear mites)</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Urinary problem (e.g. cystitis, blocked bladder)</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Skin problem (e.g. itchy, excessive grooming, hair loss)</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Eye problem (e.g. conjunctivitis)</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Dental / tooth / mouth problem</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Lameness / limb problem, including broken or dislocated bone</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Checking / investigating heart problem (e.g. murmur)</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Vomiting / sickness</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Diarrhoea</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Cat 'off colour'</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Reduced appetite</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Increased appetite</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Increased thirst</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Weight loss</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Other (please give full details):</td><td style="width: 40px; height: 20px;"></td></tr> </table>	Tick all that apply		Routine general health check		Slimming club / weight watchers clinic		Dental check		Behavioural advice		Vaccination		Microchipping		Neutering		Flea prevention		To treat fleas		Worm prevention		To treat worms		Abscess / cat bite		Attacked by dog		Cat flu		Coughing / wheezing		Ear problem (e.g. ear mites)		Urinary problem (e.g. cystitis, blocked bladder)		Skin problem (e.g. itchy, excessive grooming, hair loss)		Eye problem (e.g. conjunctivitis)		Dental / tooth / mouth problem		Lameness / limb problem, including broken or dislocated bone		Checking / investigating heart problem (e.g. murmur)		Vomiting / sickness		Diarrhoea		Cat 'off colour'		Reduced appetite		Increased appetite		Increased thirst		Weight loss		Other (please give full details):	
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D3 Please use this space to provide further details of problems that have led to veterinary visits indicated above. If a vet has made a diagnosis please include this information.

D4 Has your cat had any of the following diagnosed by a vet?

	<i>Tick all that apply</i>
Hyperthyroidism	
Heart disease	
Renal failure	
Diabetes	
Cancer	
None of these	

D5 Please provide details of any medication (excluding routine flea/worming treatment) that your cat has received during the last 12 months. Information we are interested in includes: name of medication, dose, frequency medication given, date started, date finished (or length of course).

D6	During the last 12 months , has your cat had any of the following illnesses/injuries/conditions which you felt were not serious enough to seek veterinary attention for?				
	Tick one box per row				
		Yes	No	Not sure	
	Fleas				
	Worms				
	Abscess / cat bite				
	Attacked by dog				
	Cat flu				
	Coughing / wheezing				
	Scratching his/her ears and/or shaking his/her head				
	Urinary problem (e.g. cystitis, blocked bladder)				
	Skin problem (e.g. itchy, excessive grooming, hair loss)				
	Eye problem (e.g. conjunctivitis)				
	Dental / tooth / mouth problem				
	Lameness / limb problem				
	Heart problem (e.g. previously detected murmur)				
	Vomiting/sickness				
	Diarrhoea				
	Cat 'off colour'				
	Reduced appetite				
Increased appetite					
Increased thirst					
Weight loss					
Other (<i>please specify</i>):					
D7	Please use this space to provide further details of problems that your cat has had but which have not led to veterinary attention, as indicated above.				
D8	During the last 12 months , have you seen any worms, fleas / flea dirt or signs suggestive of worms or fleas (e.g. scratching, worms in vomit or faeces)?				
	Tick one box per row				
		Yes	No	Not sure	
Evidence of worms					
Evidence of fleas					
D9	How many times, if at all, have you wormed or used flea treatment/prevention on your cat during the last 12 months?				
	Tick one box per row				
		<i>Never</i>	<i>Once or twice</i>	<i>Three or more times</i>	<i>Don't know</i>
	Wormer				
Flea treatment					

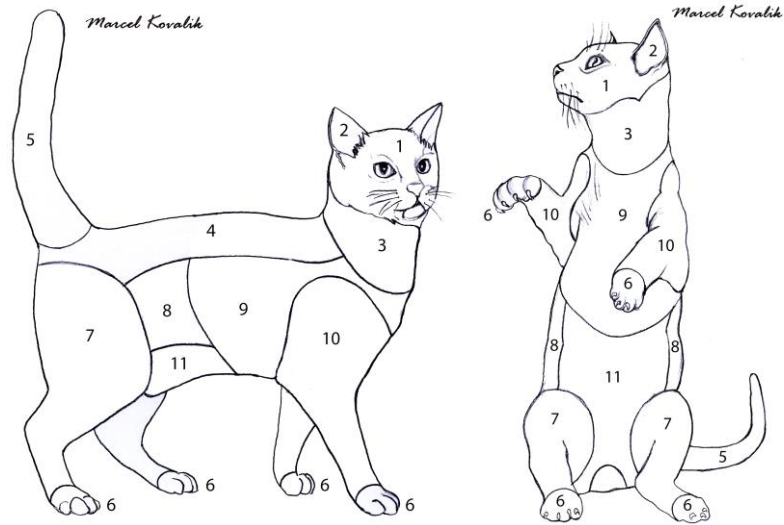
D10	Is your cat insured?	Tick one box					
		Yes	No				
	Insured						
D11	Please indicate the date of your cat's last vaccination. <i>(If not sure, please enter approximate month and year in space below):</i>						
	Date of last vaccination...../...../.....						
	Or, approximate date:.....(month)(year)						
	<input type="checkbox"/> Not applicable: never been vaccinated (go to D15)						
D12	Was your cat vaccinated at the practice that was your 'usual' veterinary practice at that time?		Tick one box				
	Yes – usual veterinary practice (please also tick if you are a vet and usually vaccinate your own cat)						
	No – I went to a different practice on this occasion						
D13	Are the details of your cat's most recent vaccination recorded on his/her vaccination card?						
	Tick one box						
	Yes						
	No						
	Can't remember						
D14	At the last vaccination, which of the following diseases did your vet recommend your cat was vaccinated against and which diseases was your cat actually vaccinated against?						
	Tick all that apply						
		Vet recommended			Cat vaccinated against		
	Disease	Yes	No	Not sure	Yes	No	Not sure
	Bordetella						
	Cat flu (Feline Herpes Virus (FHV-1) / Feline Calicivirus (FCV))						
	Feline Infectious Enteritis (FIE) or Panleucopenia						
	Feline Leukaemia Virus (FeLV)						
	Feline Chlamydia						
	Rabies						

D15	Excluding emergency/out of hours appointments, do you use different veterinary practices for different problems/treatments for this cat, or do you use the same veterinary practice for everything?					Tick one box				
	Same practice for everything									
	Different practices for different problems/illnesses/treatments									
	Prefer not to answer this question									
	Other (<i>please specify</i>):									
D16	Is your 'Bristol cat' neutered (desexed)?					Tick one box				
	Yes – at or before 5 years of age									
	Yes – since 5 years of age									
	No									
D17	How frequently, if at all, do you do the following to help keep your cat's teeth and mouth healthy?					Tick one box per row				
		<i>Every day</i>	<i>A few times a week</i>	<i>Once a week</i>	<i>Less frequently</i>	<i>Never</i>				
	Brush teeth									
	Use dental gel or mouth rinse									
	Use food or water additive									
	Feed dental treats									
	Feed a special dental health diet									
	Feed home-prepared fresh food									
	Other (<i>please specify</i>):									
D18	If you use any 'dental health' products mentioned in the question above, please name the product(s) used:									

D19	During the last 12 months, has a vet/vet nurse commented on the health of your cat's teeth and mouth?		Please tick the comment that applies best		
	Yes – advised that teeth and mouth are in good health				
	Yes – advised that cat has some dental/oral disease and that dental treatment (under anaesthetic) may be necessary in the future				
	Yes – advised that that cat has a 'scale and polish' (under anaesthetic)				
	Yes – advised that cat has dental/oral disease and recommended that dental treatment under anaesthetic (excluding a 'scale and polish only') was needed				
	No – no comment on teeth/mouth made				
	N/A – has not seen a vet or vet nurse in the past 12 months				
D20	Has your cat had any dental work carried out during the last 12 months by the vet?				
	Tick one box				
	Yes				
	No				
If 'no', please go to question D22.					
D21	If your cat has had dental work carried out during the last 12 months, please provide further information below regarding the work carried out:			Tick one box	
	Scale and polish only				
	A few teeth extracted (e.g. 1 or 2)				
	A moderate number of teeth extracted (e.g. 3-6)				
	A lot of teeth extracted (e.g. 7 or more)				
	Other (please specify, including reasons for extractions, if known:)				
D22	During the last 12 months, have you seen your cat drinking, urinating or defecating?				
	Tick one box for each row				
		Yes	No		
	Drinking				
	Urinating				
	Defecating				
D23	Please indicate whether you are aware of any changes in your cat in the areas of drinking and urination, during the last 12 months.				
	Tick one box for each row				
		Not aware of any changes	No change	Increased	Decreased
	Amount of water that cat drinks				
	Amount of urine that cat passes				

D24	If you think that your cat has been drinking more, or less, water during the last 12 months, please indicate the reason(s) for your answer.		Tick all that apply			
	Water bowl needs refilling more/less frequently					
	I see the cat drinking inside more/less often					
	I see the cat drinking outside more/less often					
	Other (<i>please specify</i>)					
D25	Which, if any, of the following have you been aware of whilst watching your cat urinating?			Tick one box for each row		
				Yes	No	<i>N/A have not seen cat urinating</i>
	He/she strains or appears to have difficulty urinating					
	He/she has passed blood when urinating					
	He/she vocalises (e.g. miaows) before or during urination					
He/she sometimes urinates in different locations (around the house and/or outside)						

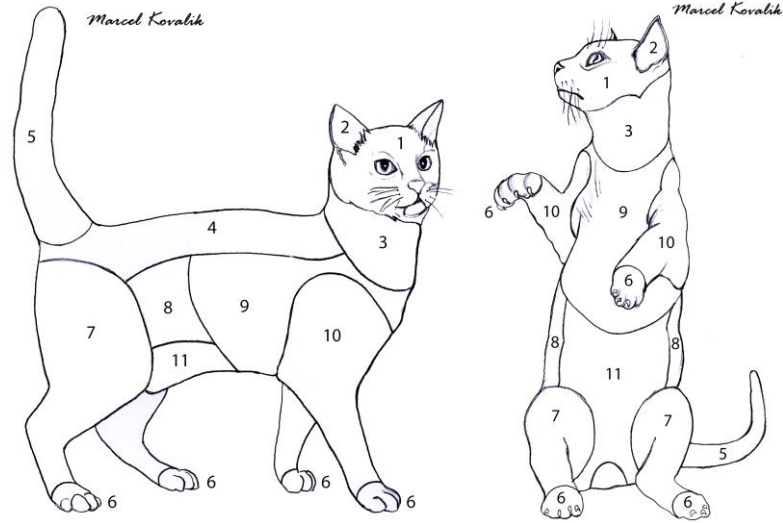
D26 Using the diagrams below, please indicate how frequently during the last week, if at all, has your cat been grooming, scratching, biting, licking, chewing, nibbling, rubbing (out of discomfort rather than 'normal rubbing or grooming behaviour') him/herself in any area within each of these marked regions.



Tick one box for each row

	Almost continuously	A lot of the time and/or for long spells of time (including when eating, playing or being distracted)	A moderate amount of time (but not when eating, playing or being distracted)	Only occasionally (and out of discomfort rather than 'normal rubbing or grooming behaviour')	Not at all (out of discomfort rather than 'normal rubbing or grooming behaviour')
1 (head)					
2 (ears)					
3 (neck)					
4 (back and base of tail)					
5 (tail)					
6 (paws)					
7 (back legs and thigh, excluding paws)					
8 (flank)					
9 (chest and sides)					
10 (front legs and shoulders, excluding paws)					
11 (tummy)					

D27 Using the same two diagrams, please indicate which of the following list, if any, you have noticed on your cat:



Tick all that apply one box

	Bald patches / clumps of hair missing / falling out	General thinning of the coat (including short barbered hair but excluding usual moulting)	Scabs / crusts	Lumps / bumps / swellings	Redness of the skin	Bleeding	None of these - hair and skin appear normal
1 (head)							
2 (ears)							
3 (neck)							
4 (back and base of tail)							
5 (tail)							
6 (paws)							
7 (back legs and thigh, excluding paws)							
8 (flank)							
9 (chest and sides)							
10 (front legs and shoulders, excluding paws)							
11 (tummy)							

SECTION E: What is normal for your cat at the moment?

E1	During a 'typical' week, which of these phrases best describes the <i>usual</i> consistency of your cat's faeces?																																																																																					
	<i>Tick one box</i>																																																																																					
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E2	Please select the statement that best applies to your cat for each of these activities.																																																																																					
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E4	Please indicate how easily your cat can jump up onto the following places:						
	Tick one box per row						
		Very easily	Quite easily	Not very easily	With a lot of difficulty	Cannot	Don't know
	Sofa						
	Your bed						
Kitchen work surface							
Kitchen / dining table							
<p>We are assuming the following <i>approximate</i> standard heights. Sofa: 40 cm (16") Work surface: 90 cm (36") Bed: 55 cm (22") Table: 78 cm (31")</p> <p>If your furniture is a 'non-standard' height, please provide a measurement at the end of the questionnaire in the space for further information.</p>							
E5	Please rate your perception of your cat's activity levels during the past week using the options below.						
	Tick one box						
	Very active						
	Quite active						
	Not very active						
Not at all active							
E6	Do you believe that there are currently any 'external' factors that are affecting your cat's mental or physical wellbeing? (E.g. bullying from another cat, moving house).						
	Tick one box						
	Yes						
	No						
If 'No', go to E8.							
E7	We would be grateful if you could provide further details about these 'external' factors.						
E8	Please rate your perception of your cat's overall quality of life during the past week using the options below.						
	Tick one box						
	Excellent						
	Good						
	Average						
	Fair						
Poor							
E9	What factors contributed towards your selection of this rating?						

SECTION F: About your cat's behaviour and characteristics

F1	<p><i>If you only have one cat, please go to F2.</i></p> <p>If you have more than one cat, which of these statements best describes how your 'Bristol Study cat' interacts with other cats in the household? He/she...</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 80%;"></th> <th colspan="2" style="text-align: center; font-weight: bold; font-size: small;">Tick one box per row</th> </tr> <tr> <th style="width: 10%; text-align: center; font-size: x-small;">Yes</th> <th style="width: 10%; text-align: center; font-size: x-small;">No</th> </tr> </thead> <tbody> <tr><td style="font-size: x-small;">Sleeps in the same room as another cat, but not close together</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Shares a sleeping place with another cat</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Sleeps with another cat where they are touching each other</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Grooms another cat</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Is groomed by another cat</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Rubs on another cat</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Is rubbed on by another cat</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Chases another cat</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Is chased by another cat</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Plays with another cat</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Hisses or spits at another cat</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Is hissed or spat at by another cat</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Is reluctant to pass another cat in a narrow space (e.g. doorway)</td><td></td><td></td></tr> <tr><td style="font-size: x-small;">Blocks or inhibits the movement of another cat</td><td></td><td></td></tr> </tbody> </table>		Tick one box per row		Yes	No	Sleeps in the same room as another cat, but not close together			Shares a sleeping place with another cat			Sleeps with another cat where they are touching each other			Grooms another cat			Is groomed by another cat			Rubs on another cat			Is rubbed on by another cat			Chases another cat			Is chased by another cat			Plays with another cat			Hisses or spits at another cat			Is hissed or spat at by another cat			Is reluctant to pass another cat in a narrow space (e.g. doorway)			Blocks or inhibits the movement of another cat		
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F2	<p><i>Does your cat display any undesirable behaviours?</i></p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center; font-weight: bold; font-size: small;">Tick one box</td> </tr> <tr> <td style="font-size: x-small;">Yes</td> <td></td> </tr> <tr> <td style="font-size: x-small;">No</td> <td></td> </tr> </table> <p><i>If 'No', please go to section G.</i></p>		Tick one box	Yes		No																																										
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F3	<p>If yes, please describe this/these behaviour(s).</p> <p>Behaviour 1:</p> <p>Behaviour 2:</p> <p>Behaviour 3:</p> <p>Other undesirable behaviours:</p>																																															

F4	For each of the behaviours listed above, (or for the first three listed), please provide the following information:				
	Tick all that apply				
	Behaviour	Is this behaviour a problem to you?		Please indicate whether or not you have sought help for these behaviour problems	
		Yes	No	Yes	No
	Behaviour 1				
	Behaviour 2				
Behaviour 3					
If 'No' to all behaviours, please go to section G.					
F5	Please tick which of these sources you have sought help from for each of these behaviour problems, (or for the first three listed).				
	Tick all that apply				
		Behaviour 1	Behaviour 2	Behaviour 3	
	Vet				
	Vet behaviourist				
	Behaviourist				
	Vet Nurse				
	Other members of vet practice staff				
	Friend				
	Books				
	Animal welfare organisation staff/online resources				
	Online sources not mentioned above (including forums)				
	Other (<i>please provide details</i>)				
Have not sought help					

SECTION G: Your cat's neighbourhood

G1 If your cat has been registered with a veterinary practice (for the first time, or with a different veterinary practice), since you completed the last questionnaire for the 'Bristol Cats' study, and you are happy for us to access your cat's veterinary records, please provide the **name and address** of your cat's new veterinary practice below:
 Name of veterinary practice:
 Address:

G2 Have you moved house within the last 12 months?

	Tick one box
Yes	
No	

If 'No', please go to G5.

G3 Which of these phrases best describes the location of your home?

	Tick one box
In a rural area	
In a village or suburban location	
In a town or city location	
Don't know	

G4 Do you have a garden? (Include communal gardens.)

	Tick one box
Yes	
No	

The next few questions check for the contact your cat has with local dogs and cats, possibly due to new dogs/cats moving to your area, or because you have moved house.

G5 How many dogs (from other households) do you know of that are in your immediate neighbourhood? (I.e. dogs that your cat might see and/or hear outside regularly.)

	Tick one box
None	
1-5	
6-10	
11 or more	

G6 How many cats (from other households) do you know of that are in your immediate neighbourhood? (I.e. cats from other household that your cat might see and/or hear outside regularly.)

	Tick one box
None	
1-5	
6-10	
11 or more	

If 'None', go to G12.

G7	Do any of these cats stare into your house through catflaps, doors or windows?				
	Tick one box				
	Yes				
	No				
G8	In which of these ways does your cat react if he/she sees any of these cats in his/her house or garden?				
	Tick all that apply				
	Ignores them				
	Stays still				
	Hisses or spits				
	Chases them				
	Swipes his / her paw				
	Runs away				
	Rubs against them				
	Licks or grooms them				
	Plays with them				
	Skirts around them				
<i>If your cat is an 'indoor only' cat, please go to G12.</i>					
G9	How many cats (from other households) does your cat come into contact with at least once a week, in each of the following categories?				
	Tick one box per row				
		<i>None</i>	<i>1-3</i>	<i>4 or more</i>	<i>Don't know</i>
	'Friends' of my cat (e.g. they play, spend time together)				
	'Acquaintances' of my cat (e.g. they meet occasionally but there is little contact between them)				
	'Enemies' of my cat (e.g. they fight, one of them will chase the other, they avoid each other)				
Other (<i>please specify</i>):					
G10	Do any of these cats come into your house?				
	Tick one box				
	Yes				
	No				
G11	Do any of these cats come into your garden?				
	Tick one box				
	Yes				
	No				
	Don't know				

G12	During the last six months, how often, if at all, do you think your cat has been involved in a fight with another cat?	<i>Tick one box per column</i>	
		<i>Cats within the household</i>	<i>Cats from another household</i>
	Not applicable (e.g. no other cats in household, cat does not have outside access)		
	Never		
	Once a month or less often		
	2-4 times a month		
	Once a week or more often		
G13	Please use this space to tell us about any major changes relating to your cat's environment / behaviour / diet / health that have taken place over the last 12 months and which have not been covered in this questionnaire.		
G14	All things considered, how willing would you be to take on the life your cat is now living?		
		<i>Tick one box</i>	
	Very willing		
	Quite willing		
	Not very willing		
	Not at all willing		
	I don't know		
G15	Please use this space for any additional comments you would like to add:		

SECTION H: Final details

Finally, please complete the details below for our records. This final section is very important and enables us to link this questionnaire with others you have completed for your cat. Please be reassured that this information is strictly confidential and will be used for no other purposes. Your contact details will ONLY be used for the purposes of the 'Bristol Cats' study.

Date of questionnaire completion	
IDENTIFYING INFORMATION:	
Bristol Cat 'Owner ID'	
Bristol Cat 'Cat ID'	
Name of cat	
Your name	
Address	
Email address	
Contact telephone number	

Thank you very much for your time and help in completing this questionnaire.

We really appreciate the time that you have taken to complete this questionnaire to tell us about your cat. The information you give us about your cat will help us to help cats in the future. If you have any questions, please contact a member of the study team.

Signature:Date:

Please return your completed questionnaire in the envelope enclosed.

Freepost RSHR-AGRJ-UABZ

Bristol Cats: Dr Jane Murray

University of Bristol, Langford House, Langford, BRISTOL, BS40 5DU