Reviewing My Animal's Quality of Life (QOL) with My Veterinary Team

(Wasson & Shirazi Nameth, 2024)

| 1. | What Quality of Life Indicators am | n I watching most closely? |
|----|------------------------------------|----------------------------|
|----|------------------------------------|----------------------------|

- 2. What am I doing to help them with this QOL issue (medications, changes to their living space etc.)?
- 3. What changes have I noticed in this/these QOL issue(s) since my last appointment?
- 4. What questions or concerns do I have about I have about this/these change(s) for my next veterinary appointment?

The next date that I will review this concern is:

- For Self/Family Use QOL Calendars
- With my vet team scheduled follow-up appointment _____

Quality Of Life Monitoring Calendar

We know that monitoring your animal's QOL can be challenging especially over the course of days and months as the picture can change so gradually. These tools are designed to help inform your conversation with your veterinary team so that we can best support you during this difficult time.

| The Qual | lity of Life Indicators for | that I am watching for are: | |
|-----------------------------------|--|--|---|
| 1 | | | |
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| | | | |
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| that you a examples | are the expert when it comes to your states of the supporting QOL | sonal knowledge of and relationship with our animal and their personality and ways of being document. Make these indicators as specific as p d drinks" – indicating how they eat and drink or sh | g. If you need possible to allow for |
| each day for. If mo use QOL | that you are monitoring them. Fonitoring day-to-day or week to v Calendar 2. Place an indicator f | et make sense to you) to scale how Place an indicator for each day based on the thin week use QOL Calendar 1. If monitoring over a for for each day based on the things you are watching to the things you are watching. | ngs you are watching ew weeks or months, ng for. Please bring |
| | | | |









Quality of Life Decision-Making Calendar

Week of _____

| | Morning | Evening | | |
|---|---------------------------------|---------|--|--|
| M | | | | |
| | 2. | | | |
| | 3.4. | | | |
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Month

Indicators:

1.

3.

2.

4.









| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
| 1. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
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