

## Oakland Before-the-Vet, Anticipatory Fear & Anxiety Assessment: OBAFAA For \_\_\_\_\_ (Cat's Name)

Date of form completion: \_\_\_/\_\_\_/20\_\_\_ Name of person completing the survey: \_\_\_\_\_

Cat's date of birth: \_\_\_\_\_ and/or age: \_\_\_\_\_

Sex:  F/intact  F/spayed  M/intact  M/neutered

Color or description: \_\_\_\_\_ Breed (if known) \_\_\_\_\_

This scale is designed to objectively measure and monitor your cats stress and anxiety prior to a routine "healthy" veterinary visit. We know cats and their owner's may be distressed at the veterinary hospital, this survey is regarding your perception of your cat's anxiety *before arrival*. **Please consider your cats' distress from the moment you first do anything to prepare to leave the house for the trip to the veterinarian such as, taking out the carrier. Observe your cats' level of stress or "mood" from that first moment of the journey up until your cat begins interacting with a veterinary technician or the veterinarian.**

Please reflect upon your cat's behavior immediately prior to a specific veterinary visit  
on \_\_\_ / \_\_\_ /20\_\_\_ seen for routine "heathy" visit  (confirm this was not a illness/injury related visit)

### Oakland Before-the-Vet (Anticipatory) Fear & Anxiety Assessment: Pet Parent Score (OPPS)

	Strongly agree	Agree	Neither disagree or agree	Disagree	Strongly disagree	Not applicable
1) My cat was confident and relaxed at home but seemed to know when I scheduled the appointment.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
2) My cat stopped coming to me when I called her when I was preparing to go to the vet.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
3) It was easy to get my cat in the carrier, my cat went in voluntarily or with minimal resistance.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
4) My cat hid, hissed or tried to flee when I was preparing for the journey (e.g. as soon as the travel carrier was visible).	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
5) Had to chase and capture my cat to get him/her to the veterinary clinic.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
6) It took more than 15 minutes to seek and locate my cat.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
7) It took more than 1 hour to seek and locate my cat. And/or the process included chasing, grabbing and capturing.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
8) My cat tried to bite or scratch me, which is unusual as I attempted to capture her to go to the vet.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
9) My cat doesn't flee, bite or scratch, but my cat does lie flat, crouches and looks miserable, though I may be able to easily herd the cat into the carrier	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
10) My cat seems anxious on the way to the clinic.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
11) As soon as we arrive at the clinic my cat's anxiety increases.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
12) While waiting, my cat becomes increasingly anxious or worried.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
13) My cat likes people but not the veterinary staff	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
14) It was easy to get my cat back in the carrier at the vet office; my cat went in voluntarily or minimal resistance.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
15) My cat seemed anxious even on the way home from the clinic.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
16) My cat continued to behave fearfully even after arriving home from a veterinary visit	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
17) Once home, my cat was mean to another person or animal.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>
18) Due to my cats fear, I am already dreading the next veterinary visit.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	NA <input type="checkbox"/>



Be sure you checked one box and only one box on each line. Incomplete or incorrect surveys cannot be included.

## Oakland Before-the-Vet (Anticipatory) Fear & Anxiety Assessment: Feline Stress Scale

Physical and physiological indicators of stress

**So, how can you tell if your cat is anxious or distressed?** Sometimes it's clear, sometimes cats are subtle. This survey involves interpreting your cat's body postures as indicators of distress. Please consider your cats distress from the moment you even think about preparing to leave for your appointment up to the time your cat is taken into an exam room. Check one best answer from each row as the best fit for each of the signs, symptoms, and signals described. **Make only one check in every row.**

OFSS				
	DISTRESSED	WORRIED	COMFORTABLE	
<b>Tail</b>	Puffed/twitching/slashing. Tense/stiff <input type="checkbox"/>	Lashing/flipping or tucked <input type="checkbox"/>	Even, level or wrapped <input type="checkbox"/>	Upright/vertical; relaxed, like a question mark <input type="checkbox"/>
<b>Activity</b>	Frantic flee, active swatting or biting or uncharacteristically aggressive <input type="checkbox"/>	Lean away/avoid <input type="checkbox"/>	Still/ motionless <input type="checkbox"/>	Approaching/ head bunting or rubbing/ leaning toward <input type="checkbox"/>
<b>Posture</b>	Crouched, head low and averted gaze <input type="checkbox"/>	Crouched <input type="checkbox"/>	Sitting or resting upright, Sphinx loaf <input type="checkbox"/>	Curled or side resting <input type="checkbox"/>
<b>Muscle tone</b>	Extremely tight/tense muscles or trembling, skin twitching <input type="checkbox"/>	Moderately tight and tense/stiff <input type="checkbox"/>	Firm, moderately tense muscles <input type="checkbox"/>	Soft and "dish rag" <input type="checkbox"/>
<b>Vocalizations</b>	Numerous hiss or growl or scream, constant meowing /complaining <input type="checkbox"/>	Few hiss or growl, some meowing <input type="checkbox"/>	Silent <input type="checkbox"/>	Friendly "meow" <input type="checkbox"/>
<b>Ears</b>	Flat, fully flat and/or back <input type="checkbox"/>	Partially flat or sideways <input type="checkbox"/>	Forward/erect, watchful scanning <input type="checkbox"/>	Forward/relaxed <input type="checkbox"/>
<b>Eyes</b>	Fully dilated pupils– wide eyes <input type="checkbox"/>	Partially dilated pupils/vertical oval-wide eye <input type="checkbox"/>	Pupils are slits- eyes half open – blinking <input type="checkbox"/>	Pupils are slits – eyes closed/blinking <input type="checkbox"/>
<b>Physiological stress</b> <small>(pant, drool, vomit, defecate or urinate)</small>	Extreme distress characterized by more than 2 of the following: pant, drool, vomit, defecate or urinate <input type="checkbox"/>	Moderate distress characterized by 1 of the following: pant, drool, vomit, defecate or urinate <input type="checkbox"/>	Minor distress but one of the following did occur: pant or drool <input type="checkbox"/>	No signs of physiological distress did occur <input type="checkbox"/>
<b>Your overall assessment of your cat's distress</b>	<b>Extreme distress</b> <input type="checkbox"/>	<b>Moderate distress</b> <input type="checkbox"/>	<b>Minimal distress or tolerant</b> <input type="checkbox"/>	<b>Quite comfortable and at ease</b> <input type="checkbox"/>

Be sure you checked one box and only one box on each line. Incomplete or incorrect surveys cannot be included.

Please return completed survey form within 7 days of appointment to: Theresa DePorter DVM DACVB by email:TheresaDVM@aol.com, fax: 248-334-6877 or mail: Oakland Veterinary Referral Services 1400 Telegraph Road Bloomfield Hills, MI 48302

*This section is optional:* Owner's name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Best phone contact: \_\_\_\_\_

Would you like to be contacted about participation in a follow up study to track and reduce the development of your cats score on the Oakland Before-the-Vet (Anticipatory) Fear & Anxiety Assessment? Yes  No

Investigator use only: Date received: \_\_\_\_\_ within 7 days  Complete  Not complete   
 OPSS  + OFSS  = Total OBAFAA:  Study ID: \_\_\_\_\_ TD review

