QUALITY OF LIFE EVALUATION

When evaluating quality of life, personalized patient and client information is needed to reach an educated, informed, and supported choice that fits not only the pet’s medical condition but also the family’s wishes. In short, quality of life applies not only to the pet; it also applies to the family.

RECOMMENDATIONS

1. Complete the scale at different times of day to note the fluctuations; most pets do better during the day and worse at night.
2. Ask multiple family members to complete the scale; compare their observations.
3. Take periodic photos of the pet to help remember his or her physical appearance.

QUESTIONS TO ASK YOURSELF

These questions will help to you gauge your own time, emotions, and (when appropriate, financial) budgets:

1. Have you ever had the loss of a pet before? If so, what was your experience (good or bad, and why)?
2. What do you hope the life expectancy of your pet will be? What do you think it will be?
3. What is the ideal situation you wish for your pet’s end-of-life experience (at home, pass away in her sleep)?

May I Go Now?
by Susan A. Jackson

“May I go now?
Do you think the time is right?
May I say good-by to pain-filled days and endless lonely nights?

I’ve lived my life and done my best, an example tried to be.
So can I take that step beyond and set my spirit free?

I didn’t want to go at first,
I fought with all my might.
But something seems to draw me now to a warm and loving light.

I want to go. I really do.
It’s difficult to stay.
But I will try as best I can to live just one more day.

To give to you time to care for me and share your love and fears.
I know you’re sad and afraid, because I see your tears.

I’ll not be far, I promise that, and hope you’ll always know that my spirit will be close to you wherever you may go.

Thank you so for loving me.
You know I love you, too.
That’s why it’s hard to say good-bye and end this life with you.

So hold me now just one more time and let me hear you say, because you care so much for me, you’ll let me go away.”

Questions and handout adapted from “Quality of Life Scale” by Dani McVety, DVM, published by Veterinary Team Brief
**Part 1: Pet’s Quality of Life**

Score each subsection on a sale of 0-2:

- 0 = I agree with the statement/the statement is true and describes my pet
- 1 = I see some changes
- 2 = I disagree/the statement is not true or doesn’t describe my pet

<table>
<thead>
<tr>
<th>Social Functions</th>
<th>Natural Functions</th>
<th>Mental Health</th>
<th>Physical Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Desire to be with the family has not changed</td>
<td>a. Appetite has stayed the same</td>
<td>a. Enjoys normal play activities</td>
<td>a. Shows no changes in breathing or panting patterns</td>
</tr>
<tr>
<td>b. Interacts normally with family or other pets (ie, no increased aggression or other changes)</td>
<td>b. Drinking has stayed the same</td>
<td>b. Still dislike the same things (ie, “still hates the mailman” = 0; “doesn’t bark at the mailman anymore” = 2)</td>
<td>b. Shows no outward signs of pain</td>
</tr>
<tr>
<td>c. Urination habits have stayed the same</td>
<td>c. Urination habits have stayed the same</td>
<td>c. No outward signs of stress or anxiety</td>
<td>c. Does not pace around the house</td>
</tr>
<tr>
<td>d. Bowel movements have stayed the same</td>
<td>d. Bowel movements have stayed the same</td>
<td>d. Does not seem confused or apathetic</td>
<td>d. Overall condition has not changed recently</td>
</tr>
<tr>
<td>e. Ability to ambulate (walk around) has stayed the same</td>
<td>e. Ability to ambulate (walk around) has stayed the same</td>
<td>e. Nighttime activity is normal, with no changes seen</td>
<td></td>
</tr>
</tbody>
</table>

**Part 2: Family’s Concerns**

Score each item on a sale of 0-2:

- 0 = I am not concerned at this time/do want to do this
- 1 = There is some concern
- 2 = I am concerned about this/don’t want to do this

<table>
<thead>
<tr>
<th>I am concerned about the following things:</th>
<th>1. My pet’s suffering</th>
<th>2. My desire to perform nursing care for my pet (ie. want to do injections or oral meds daily if it may help them)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My pet’s suffering</td>
<td>2. My desire to perform nursing care for my pet (ie. want to do injections or oral meds daily if it may help them)</td>
<td></td>
</tr>
<tr>
<td>3. My ability to perform nursing care for my pet</td>
<td>4. My pet dying alone</td>
<td>5. Not knowing the right time to euthanize</td>
</tr>
<tr>
<td>6. Coping with loss</td>
<td>7. Concern for other animals in my household</td>
<td>8. Concern for other members of the family (ie, children)</td>
</tr>
</tbody>
</table>

**TOTAL FOR PART 2**

**Part 1: Pet’s Quality of Life Evaluation**
- 0–8 = Quality of life is most likely adequate, but consult with your veterinarian.
- 9–16 = Quality of life is questionable, veterinary oversight, and guidance is needed.
- 17–36 = Quality of life is a definite concern, changes will likely become more progressive and more severe. Understanding the end stages of your pet’s disease process is crucial to make a more informed decision of whether to continue hospice care or elect peaceful euthanasia.

**Part 2: Family’s Concerns**
- 0–4 = Your concerns are minimal, but you are already evaluating your own concerns and limitations.
- 5–9 = Your concerns are mounting. Educate yourself on your pet’s condition to prepare for the changes ahead.
- 10–16 = Your concerns about your pet are valid. Veterinary guidance will help you prepare for the changes in your pet and make the decisions needed for your pet. Other health professionals can begin helping you with anticipatory grief.