

CAT INTERVIEW QUESTIONNAIRE

Litter Box Habits Supplement



Cat's Name: _____

A# _____

Interviewer Initials: _____

INDICATORS OF INAPPROPRIATE LITTER BOX HABITS FROM QUESTIONNAIRE

Previous Question: How many cats total in the home? _____ How many litter boxes? _____

Previous Question: Has your cat ever been diagnosed or treated for: ☐ Urinary tract infection ☐ Urinary blockage
☐ Other urinary problems ☐ FLUTD

Previous Question: Frequency of "bathroom accidents." ☐ Occasionally ☐ Sometimes ☐ Only if litter box is dirty
☐ Regularly ☐ Daily ☐ Other _____

FURTHER EXPLORATION OF LITTER BOX HABITS

Please describe the elimination problem.

When spraying, the cat stands, backs up against a vertical object, and sprays urine (generally a smaller quantity than when squatting).

Voiding urine in a squatting posture is usually elimination; spraying urine from a standing posture is usually urine-marking

☐ Urination ☐ Defecation ☐ Urination and defecation ☐ Urine spraying / marking

How long ago did you first notice the problem? _____

☐ only once ☐ within past week ☐ within past month ☐ within past 6 mo. ☐ 6+ months ago

Has your cat seen the veterinarian for the problem? _____

☐ Yes ☐ No

If yes, when? _____ What was the result? _____

Have you noticed any of the following signs that could indicate a medical problem?

☐ Increased frequency of elimination ☐ Diarrhea ☐ Small amounts of urine
☐ Blood in urine ☐ Blood in stool ☐ Vocal when eliminating (meow/yowl)
☐ Frequent squatting, little urine ☐ Constipation ☐ None of these

Please describe your cat's litter box(es):

Number of boxes in the home: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
(C)overed or (U)ncovered #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
Do you use box liners (yes/no)? #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
Type of litter used: ☐ Clay ☐ Clumping ☐ Pellets ☐ Newspaper ☐ Soil/Sand
☐ Scented ☐ Other (explain): _____
Depth of litter in box: ☐ < 1" ☐ 1-2" ☐ 2-3" ☐ 4" ☐ >4"

Is the litter box large enough for the cat to get into and easily turn around? ☐ Yes ☐ No

Please describe the location of your cat's litter box(es):

What different rooms in your home have litter boxes? Are they upstairs/downstairs? _____

Where are the litter boxes located in the rooms? ☐ against a wall ☐ in the corner
☐ out in the open ☐ under or behind furniture or objects

Is the cat's food, bed, or scratching post near box? ☐ Yes ☐ No

Are there strong scents near box (room deodorizer, etc)? ☐ Yes ☐ No

Are there appliances or loud noises near the litter box?
(e.g. washing machine, water heater, water pipes, fax machine) ☐ Yes ☐ No

Are all litter boxes always accessible to the cat (e.g. door opened/closed)? ☐ Yes ☐ No

Please describe how frequently the litter box(es) are maintained (*check all that apply*):

How frequently are feces scooped / removed?	<input type="checkbox"/> daily	<input type="checkbox"/> every other day	<input type="checkbox"/> two times per week
	<input type="checkbox"/> once a week	<input type="checkbox"/> every other week	<input type="checkbox"/> Other: _____
How frequently is <i>all</i> litter completely changed?	<input type="checkbox"/> daily	<input type="checkbox"/> every other day	<input type="checkbox"/> once a week
	<input type="checkbox"/> every other week	<input type="checkbox"/> once a month	<input type="checkbox"/> Other: _____
How frequently is the litter box washed out?	<input type="checkbox"/> once a week	<input type="checkbox"/> every other week	<input type="checkbox"/> once a month
	<input type="checkbox"/> every six months	<input type="checkbox"/> never	<input type="checkbox"/> Other: _____

Please describe the texture of soiled surfaces (*check all that apply*):

Soft surfaces:	<input type="checkbox"/> carpet	<input type="checkbox"/> throw rugs	<input type="checkbox"/> clothing	<input type="checkbox"/> bedding
	<input type="checkbox"/> furniture	<input type="checkbox"/> towels	<input type="checkbox"/> Other: _____	
Slick surfaces:	<input type="checkbox"/> tile / cement	<input type="checkbox"/> tub / sink	<input type="checkbox"/> plastic / vinyl	<input type="checkbox"/> wood
	<input type="checkbox"/> linoleum	<input type="checkbox"/> counters	<input type="checkbox"/> Other: _____	

What is the location of the soiled surface (*in which rooms of the home does the cat soil*)?

Relationship to litter box:	<input type="checkbox"/> directly outside litter box	<input type="checkbox"/> same room as box
	<input type="checkbox"/> near litter box	<input type="checkbox"/> on the same floor as box (e.g. upstairs)
Location in room(s):	<input type="checkbox"/> out in the open	<input type="checkbox"/> in the corner / near a wall
	<input type="checkbox"/> under furniture / objects	<input type="checkbox"/> Other: _____
Is there a favorite location to soil?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, where?</i> _____	

When does the soiling occur (*check all that apply*):

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Late Night	<input type="checkbox"/> Only when owner gone	<input type="checkbox"/> unknown
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Describe your cat's behavior while in the litter box (*check all that apply*):

<input type="checkbox"/> covers urine	<input type="checkbox"/> "misses" the box / hangs over edge	<input type="checkbox"/> scratches in litter prior to elimination
<input type="checkbox"/> covers feces	<input type="checkbox"/> quickly runs away from box	<input type="checkbox"/> scratches surroundings before or after
<input type="checkbox"/> shakes feet	<input type="checkbox"/> vocalizes	<input type="checkbox"/> doesn't bury or scratch
<input type="checkbox"/> Other (<i>please describe</i>): _____		

Describe any household changes at or around the time the behavior began (*check all that apply*):

<input type="checkbox"/> Pet added/lost	<input type="checkbox"/> family moved	<input type="checkbox"/> conflicts between resident pets
<input type="checkbox"/> New boyfriend/girlfriend/roommate	<input type="checkbox"/> cat left with pet sitter	<input type="checkbox"/> cat ill or hospitalized
<input type="checkbox"/> Human death / divorce / marriage	<input type="checkbox"/> owner has been ill	<input type="checkbox"/> Construction / redecoration
<input type="checkbox"/> Human schedule changes	<input type="checkbox"/> owner has been on vacation	<input type="checkbox"/> Neighbor cats visiting
<input type="checkbox"/> New baby born	<input type="checkbox"/> Member of household added	<input type="checkbox"/> Member of household moved away
<input type="checkbox"/> Other (<i>please describe</i>): _____		

If this cat came from a multi-cat home, what was the relationship like between the cats (*check all that apply*):

<input type="checkbox"/> Bully cat behavior occurs around litter box (<i>blocking exits when trying to get out, guarding when trying to get in</i>)
<input type="checkbox"/> One cat has been ambushed by another while in the litter box
<input type="checkbox"/> Cat is chased or threatened by other animals in the house
<input type="checkbox"/> There is mutual avoidance between animals, even if no conflicts occur.

What have you done to try and prevent the problem?

Type of punishment used:	<input type="checkbox"/> catch in the act and yell at cat to stop	<input type="checkbox"/> catch in the act and interrupt the cat
	<input type="checkbox"/> catch in the act and touch / pick up cat	<input type="checkbox"/> punish after the fact
	<input type="checkbox"/> Other: _____	

Modifications made to litter box:

Modifications made to soiled area:

Products used to clean soiled area:

Other: