

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*):

- Morning Afternoon Evening Late Night Only when owner gone unknown

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*):

- Bully cat behavior occurs around litter box (*blocking exits when trying to get out, guarding when trying to get in*)
- One cat has been ambushed by another while in the litter box
- Cat is chased or threatened by other animals in the house
- 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:
