Thank you for filling out this questionnaire. Your answers give us the information we need to help you with house-soiling problems occurring in your household. Please check every box that applies and enter additional information where needed.

1. Your name: __________________________ Date: __________________________
   Spouse, partner or roommate: ____________________________________________
   Children and ages: ______________________________________________________

2. Cat’s name, age, sex and breed: _________________________________________

3. How does your cat interact with family members?
   - Friendly
   - Aggressive
   - Nervous
   - Avoids contact
   Who is your cat’s favorite person: __________________________

4. How does your cat interact with strangers?
   - Friendly
   - Aggressive
   - Nervous
   - Avoids contact

5. Name and age of other cats. Please label the order they arrived into the house:
   _________________________________________________________________
   _________________________________________________________________

6. Other pets (species, breeds and ages): ________________________________
   _________________________________________________________________
   _________________________________________________________________

7. If you have other cats or pets in the household, have you recently seen your cat responding to them in any of the following ways?
   - Playing together
   - Sleeping together
   - Mutual grooming
   - Being aggressive (e.g., hissing, growling, swiping)
   - Running away
   Please describe: ______________________________________________________
   _________________________________________________________________
   _________________________________________________________________

8. How do you think your pets get along? _________________________________
   _________________________________________________________________
   _________________________________________________________________

9. Does your cat go outside?
   - Yes
   - No
   - Occasionally sneaks out
   - Goes outside supervised
   - Goes outside unsupervised
   - Has pen or outside enclosure

   _______________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
10. Do you have a cat door or flap to the outdoors?  
   [ ] Yes  [ ] No  
   Type: _________________________________________________________________

11. Can your cat see other animals from inside your home?  
   [ ] Yes  [ ] No  
   If yes, describe (i.e., cats, birds at feeder, etc):
   _________________________________________________________________
   _________________________________________________________________

12. What type of food do you feed your cat?  
   [ ] Canned food: ________________________________________________________  
   [ ] Dry food: ____________________________________________________________  
   Have you changed the food recently? _______________________________________

13. How many litter boxes are in your home? ____________  
   Type:  [ ] Open  [ ] Hooded or covered  [ ] Automatic  
   [ ] Liners used: ________________________________________________________  
   [ ] Deodorizers used: ___________________________________________________  
   Average size in cm or inches: _____________________________________________

14. Who scoops the litter box? ____________________________________________  
   How often:  [ ] Twice daily  [ ] Daily  [ ] Weekly  
   Other: _________________________________________________________________

15. Type of litter used:  
   [ ] Fine grain (clumping)  [ ] Non-clumping clay  [ ] Coarse granules  
   [ ] Wood or paper-based pellets  [ ] Scented  [ ] Silica granules or beads  
   [ ] Corn- or wheat-based  [ ] Garden soil  [ ] Other: ____________________________

16. How often do you wash the litter box and what cleaning products do you use? ____________________________

17. If your cat urinates when house-soiling, how would you describe the urine?  
   [ ] Normal  [ ] Large volume  [ ] Small volume  
   [ ] Strong odor  [ ] Sticky consistency  [ ] Bloody  
   [ ] Passed more/less frequently than usual  

18. If your cat defecates when house-soiling, how would you describe the stools?  
   [ ] Normal  [ ] Small and hard  [ ] Soft and watery  
   [ ] Blood/mucus  [ ] Formed in part, then softer  
   [ ] Other: _____________________________________________________________
19 How long has the house-soiling been occurring?
Years:____________________  Months:____________________  Weeks:__________________

20 Do you remember the first incident?
☐ Yes  ☐ No
If yes, please describe:______________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

21 What kind of surface is targeted?
☐ Carpet  ☐ Wood  ☐ Vinyl
☐ Tile  ☐ Bedding/clothing:  ☐ Bath/shower/sink/basin
☐ A particular family member:_________________________________________________________________
☐ Other:____________________________________________________________________________________

22 Is the cat targeting vertical surfaces with urine?
☐ Yes  ☐ No
If yes, what volume is being passed?___________________________________________________________

23 How often is the house-soiling occurring?
☐ Once daily  ☐ Multiple times daily  ☐ Weekly
☐ Other:____________________________________________________________________________________

24 How has the frequency changed since the problem started?
☐ Increased  ☐ Decreased  ☐ Remained the same  ☐ Don’t know

25 Have there been any changes recently (or around when the house-soiling started)?
☐ Moved to new home  ☐ New baby or pet  ☐ Absence of family member/pet
☐ Other (including work/school schedule changes, please provide details):__________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

26 Please detail what you have been doing to clean the soiled areas:________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

27 Have you used any physical punishment in response to the house-soiling (eg, rubbing nose in the urine or stool, spanking, water pistol, shouting, confinement)?
☐ Yes  ☐ No
Please describe:______________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

28 Is your cat easy to medicate?  ☐ Yes  ☐ No
What are your preferred formulations for any medications?

- [ ] Pills
- [ ] Oral liquids
- [ ] Medication in food
- [ ] Transdermal gel (where available)

Draw a basic house floor plan in the box below (or on a separate sheet). This is very important but it does not have to be to perfect scale. Mark all items listed below on the house floor plan so we can get a feeling for the environment where your cat lives.

- a = Litter box locations
- b = House-soiling locations
- c = Windows and doors
- d = Scratching post locations
- e = Food and water bowl locations
- f = Cat doors or flaps

Please number the house-soiling locations in chronological order in terms of when you became aware of deposits in those locations (eg, b1, b2, etc).