

Composite oral pain scale-canine/feline (COPS-C/F)

Owner Specific Questionnaire

1st Evaluation	Follow-up
What type of food do you give to your pet?	
Dry	
Wet	
Mixed	
Q1. Considering the food that you give and compared with the past, your pet:	
0 Eats normally	
1 Eats more slowly	
2 Eats less	
3 Has some unusual behaviors (e.g., retracts/complains while chewing; drops the bite while chewing, other)	
4 Does not eat at all	
Q2. Have you noticed any change in your pet's feeding behavior compared with the past?	
0 No change	
1 Shows interest in food but after a few bites goes away from it	
2 Shows less interest in food	
3 It is uninterested in food	
Q3. Have you noticed any change in your pet's willingness to interact/play with people or other pets compared with the past?	
0 No change	
1 Less active than usual, but still willing to interact/play	
2 Depressed, less willing to interact/play	
3 Nervous, anxious, sometimes aggressive toward people/other pets	
4 No longer interacts with people/other pets; tends to hide or to lay in its kennel	
Q4. Have you noticed any change in your pet's personal hygiene (grooming, licking) compared with the past?	
0 No change	
1 Spends less time cleaning itself	
2 Does not clean itself (it is dirty; the fur is disheveled)	
Q5. Have you noticed any change in your pet's physical activity/mobility (running, walking, etc.) compared with the past?	
0 No change	
1 Less willing to do physical activity	
2 Refuses to do any physical activity	
Q6. Have you noticed the presence of one or more of the following behaviors?	
1 Moans/groans	
1 Increased aggressiveness and/or nervousness	
1 Avoids being touched around nose/mouth	
1 Has less interest in playing involving the use of mouth (wooden sticks, toys, etc.)	
1 Often scratches the mouth area	
1 Has difficulties in yawning and/or opening the mouth	
1 Produces more saliva and/or swallows more frequently	
1 Bad breath	
1 Grinds its teeth	
1 Chewing without food in its mouth	

Veterinary Specific Questionnaire

1st Evaluation	Follow-up
Q1. The animal is:	
0 Lively, happy	
1 Quiet	
2 Indifferent to its surroundings	
3 Nervous, anxious, scared	
4 Depressed, unresponsive to stimuli	
Q2. When manipulating the oral cavity, the animal is:	
0 Calm, relaxed	
1 Looks around	
2 Tries to avoid manipulations	
3 Complains	
4 Growls/hisses and/or attempts to bite/scratch	
Q3. During the visit, did you observe any of the following?	
1 Ptyalism	
1 Nasal discharge	
1 Resistance/difficulty in opening the mouth	
1 Crackles when manipulating the temporomandibular joint	
1 Atrophy of masseter/temporalis muscles	
1 Swelling of masseter/temporalis muscles	
1 Mouth swelling or asymmetry	
1 Sensitivity and/or increase in resistance to the eye pressure	
Q4. While examining the oral cavity, did you observe any of the following?	
1 Accumulation of food in the oral cavity	
1 Halitosis	
1 Spontaneous/provoked gums bleeding	
1 Dental fractures	
1 Dental malformations	
1 Tooth discoloration	
1 Tooth mobility	
1 Enamel hypocalcification or hypoplasia	
1 Hyperplasia of the gums or presence of gum tumors	
1 Ulcerative lesions of the oral mucosa/tongue/palate/gums	
1 Maxillary or peri-zygomatic fistulas	
1 Gum or mucosae fistulas	