

Feather Picking/Plucking Questionnaire

1. Does anyone in the house smoke cigarettes? Yes ____ No ____
If yes, do you/they smoke around the bird? Yes ____ No ____
2. Does anyone use cleaning products around the cage? Yes ____ No ____
If yes, what types and how often? _____
3. Are there any children under 10 years of age in the house? Yes ____ No ____
4. Are there any other pets in the room with the bird? Yes ____ No ____
If yes, please name types? _____
5. Have there been any changes to cage (i.e. toys, food)? Yes ____ No ____
If yes, what? _____
6. Have there been any changes to house (i.e. paint, carpet)? Yes ____ No ____
If yes, what? _____
7. Have there been any increases/decreases to pets in house? Yes ____ No ____
8. Are there any new people living in the house? Yes ____ No ____
9. Has anyone left the household? Yes ____ No ____
10. Have there been any behavior changes in your bird? Yes ____ No ____
If yes, what? _____
11. Has your bird been diagnosed with a medical illness before? Yes ____ No ____
If yes, What disease? _____
12. What brand of food do you feed? _____
13. What types of treats does your bird get? _____
14. Does your bird eat any fruits or vegetables? Yes ____ No ____
If yes, how much per day? _____
15. Is your bird caged with or play with another bird(s)? Yes ____ No ____
16. How often does your bird get bathed or take a shower? _____
17. Is your bird a male, female, or unknown? Male ____ Female ____ Unknown ____
If female, has she ever laid eggs? Yes ____ No ____
18. Is the cage a wire mesh type cage (hardware cloth)? Yes ____ No ____