Belton Animal Clinic and Exotic Care Center
Feather Picking Questionnaire for Acupuncture

Does your bird show signs of any of the following? (Mark all that apply)
Frustration __________ Moodiness __________
Aggressive behavior __________ Never Relaxes __________
Relaxes sometimes __________ Describe situation when relaxes __________

Hyperactivity __________ Restlessness __________ Restless especially at night __________
Screaming __________ Territorial behavior __________ Easily startled __________
Anxiety or appears Worried __________ Sudden panic attacks __________
Lack of focus __________ Prolonged emotional sadness __________
Chronic Illness __________ Describe __________
Blood loss __________ Describe __________
Sleeps more than normal __________ Loss of interest in activities __________
Fearful __________ Trembling __________
Dry/flaky skin __________ Dull beak color __________
Itchiness/Rubbing __________ Face and neck __________ Body __________ Wings __________ Legs __________
Color changes in eyes ______, cere ______, beak ________ or feet ________, If so describe the color change: __________

Decreased appetite __________
-How long has the feather picking been going on? ___________ (back, legs, wings – underneath or on top, neck, chest, crop, top of keel, head)
-Does the bird use its beak or its feet to pluck? ___________
-What seemed to get the feather picking started? ___________

-Does your bird seek heat (ie wants to be held close or wants to be under a blanket)? ___________
-Does your bird seek to be cool (ie likes the AC vents, doesn’t like to be held close, pants or open mouth breathes when warm) ___________
-What do you feed your bird? ___________
-What does your bird eat the most of? ___________
-What foods does it like to eat? Hot ______ Cold ______ Wet ______ Dry ______
-What nutritional, herbal or homeopathic supplements do you provide (if any)? ___________

-Have there been any changes in environment ______; schedule ______; people or pets in the house ______; diet ______
-Has your bird had any bloodwork or xrays taken in the last year? ______ In the last 2 years? ______
-Ever? ______
-Strong jerky movements when plucking feathers? ______
-Grooming normally and then bites feathers? ______
-Plucking only or mostly at night? ______
-Pluck when owner present? ______