

Dog's Name:

Chart 2.

Anxiety Progress Tracker

Date of Assessment:

Instructions: This form is to be filled out by the owner on the day before treatments start and once a week for four weeks during treatment.

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What type of anxiety does your dog have? CHECK all that apply.					
	Separation anxiety				
	Thunder or noise phobia				
	General anxiety				
	Travel anxiety				
	Stranger anxiety				
	Situational anxiety (including anxiety in starge or new places; anxiety at the vet, etc.)				
	Other: (please explain):				
dog bas	g's anxiety related behavior fo sed on the behavior that your	checking the box that best de or each behavior listed. This a dog exhibited <mark>since the last</mark> I in the questionnaire based or	assessment is to be scored assessment. If this is the first		
Please use the following scale to guide you in your ratings: 0=None/ Absent . The behavior was not exhibited by your dog. 1 = Mild . The behavior was exhibited but not to a troubling or concerning degree. 2= Moderate . The behavior was exhibited to a somewhat troubling or concerning degree. 3= Severe . The behavior was exhibited to a very troubling or very concerning degree.					

Owner's Name:

If your dog only has separation anxiety, and no other anxieties, you can limit your response to Chart 1 below. If your dog has anxieties in addition to sperartion anxiety, please fill out Chart 1 and Chart 2. If your dog does not have separation anxiety but *ONLY* has other anxieties (e.g. thunder or noise sensitivity, situational anxiety, general anxiety) fill in only

Dog's Name:	Owner's Name:	Date of Assessment:

Chart 1: Anxiety Symptom Severity Score -- for Dogs with Separation Anxiety

Separation related behavior	0= absent	1= mild	2= moderate	3= severe
Destructive behavior (chewing, breaking, tearing, scratching, biting at windows, doors and exits, etc.) includes crate				
Rearranging behavior (i.e. moving household objects around without destruction)				
Excessive Vocalization (barking, howling, whining)				
Inappropriate Urination				
Inappropriate Defecation				
Overall (Global) Score = (overall impression of your dog's behavior when separated from you)				

Dog's Name:	Owner's Name:	Date of Assessment:

Chart 2: Other Anxiety Behavior Symptom Severity Score (not related to separation)

Please list up to five of the most significant anxiety related behaviors that are troubling to you regarding your dog and that you believe are signs of anxiety. Use these same behaviors each time you fill out this form.

Example: trembles during thunderstorms; hides when unfamiliar people come to visit; paces back and forth during car rides

- 1. Trembles during thunderstorms
- 2. Hiding when unfamiliar people visit
- 3. Pacing during car rides

Please use the following scale to guide you in your ratings: **0=None/ Absent**. The behavior was not exhibited by your dog. **1 = Mild**. The behavior was exhibited but not to a troubling or concerning degree. **2= Moderate**. The behavior was exhibited to a somewhat troubling or concerning degree. **3= Severe**. The behavior was exhibited to a very troubling or very concerning degree.

Anxiety related behavior	0= absent	1= mild	2= moderate	3= severe
1.				
2.				
3.				
Overall (Global) Score = (overall				
impression of your dog's anxiety related behavior)				