

Patient Name: \_\_\_\_\_

Approximate Age: \_\_\_\_\_

**Which of the following indoor noise(s) evoke a fearful response from your dog?  
(select all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Air conditioner / heater     | <input type="checkbox"/> Phone                     |
| <input type="checkbox"/> Alarms / security system     | <input type="checkbox"/> Vacuum cleaner            |
| <input type="checkbox"/> Doorbell                     | <input type="checkbox"/> Washer / dryer            |
| <input type="checkbox"/> Home improvement             | <input type="checkbox"/> Party noise / celebration |
| <input type="checkbox"/> Kitchen equipment            |  |
| <input type="checkbox"/> Other (please specify) _____ |  |

**Which of the following outdoor noise(s) evoke a fearful response from your dog?  
(select all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Construction work            | <input type="checkbox"/> Rescue vehicle sirens   |
| <input type="checkbox"/> Lawn equipment               | <input type="checkbox"/> Thunder                 |
| <input type="checkbox"/> Fireworks                    | <input type="checkbox"/> Traffic or street noise |
| <input type="checkbox"/> Sporting events / festivals  | <input type="checkbox"/> Garbage truck           |
| <input type="checkbox"/> Other (please specify) _____ |  |

**How does your dog behave when reacting to these sounds? (select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Scared look or ears back     | <input type="checkbox"/> Refusing to eat      |
| <input type="checkbox"/> Cowering                     | <input type="checkbox"/> Trembling or shaking |
| <input type="checkbox"/> Freezing or unable to move   | <input type="checkbox"/> Yawning              |
| <input type="checkbox"/> Lip licking                  | <input type="checkbox"/> Panting              |
| <input type="checkbox"/> Other (please specify) _____ |   |

**Which of the following best describes your dog's behavior when they hear the noise(s) previously identified? (select all that apply)**

- Being extra alert or more alert than usual
- Whining or barking at the sound
- Destroying objects around the home
- Hiding
- Running away
- Other (please specify) \_\_\_\_\_
- Not wanting to leave your side (clinginess)
- Hurting himself / herself
- Pacing or unable to stay still
- Party noise / celebration

**How often do noise(s) evoke a fearful response from your dog?**

- Every day
- Every week
- Other (please specify) \_\_\_\_\_
- Once or twice a month
- Once or twice a year

**Which of the following best describes the overall impact of noise anxiety to your dog?**

- Completely terrified with an extreme impact on my dogs life
- Somewhat scared with a moderate impact on my dogs life
- Slightly scared with a mild impact on my dogs life

**How long does it take for your dog to recover after hearing the noises previously identified?**

- A day or more after the noise stops
- Several hours after the noise stops
- Immediately after the noise stops
- Other (please specify) \_\_\_\_\_

