

Fear and Anxiety Diary

Patient:

Case number

Eliciting Context Summary

1. Eliciting Context EC1: _____
2. Eliciting Context EC2: _____
3. Eliciting Context EC3: _____
4. Eliciting Context EC4: _____

Instructions for Completing the Table

Every time your dog is exposed to one of the eliciting contexts we have identified as triggering a fearful or anxious response, please record the following details:

- The date that the context has occurred-this is to be recorded in the format DD/MM (e.g. 12th November = 12/11);
- The eliciting context number (e.g. EC₁) or a description of the event if you are not sure;
- Under 'Event occurrence' tick either 'Yes' or 'No' to indicate your dog's response in relation to this measure. Please do NOT leave both of them blank, as we need you to confirm one way or the other each sign.
- If a response was seen which is not included in the table, please add it in at '21. Others'
- Under 'Severity' please grade this 1-5;
- The 'Score' column is for office use only, so please leave this blank

Date: __/__/__ (DD/MM)

Eliciting context number - EC__

Dog's Response	Event occurrence		Severity					Score <i>(for office use only)</i>
	Yes	No	1	2	3	4	5	
1. Running around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount – occasional burst of activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount – continuously running around	
2. Drooling saliva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount – damp around mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount – pools of saliva	
3. Hiding (e.g. under furniture, behind owner etc.) – please indicate where: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount - retreats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount – will not be moved from hiding area	
4. Destructiveness (e.g. furniture, doors, carpets, etc) – please indicate which items tend to be damaged: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount – small items, e.g. pens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount – e.g. holes in wall	
5. Cowering (e.g. tucks tail, flattens ears, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount - uneasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount – petrified	
6. Restlessness/pacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount – fixed route continuously traced	
7. Aggressive behaviour (e.g. growling, snarling, snapping, biting) – please indicate which of these: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount – occasional growl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount – severe biting attempts made	
8. "Freezing" to the spot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occurs sporadically within the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Most of the time during the event	
9. Barking/whining/howling – please indicate which of these: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount	
10. Panting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occurs sporadically within the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Most of the time during the event	

11. Vomiting/defecating/ urinating and/or diarrhoea – please indicate which of these: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount	
12. Owner-seeking behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Seeks out owner occasionally during the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Will not leave owner in any circumstance	
13. Vigilance/scanning of environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occurs sporadically within the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Most of the time	
14. Bolts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occurs then seems to settle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occurs frequently and cannot settle in between	
15. Exaggerated response when startled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occurs then seems to settle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Remains very jumpy throughout	
16. Shaking or trembling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slight tremble / twitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Severe shaking throughout	
17. Self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount – e.g. licking feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount – e.g. serious wound	
18. Yawning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Single event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frequent during the event, before and afterwards	
19. Licking lips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Single event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frequent during the event, before and afterwards	
20. Moving away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occurs then seems to settle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occurs frequently and cannot settle in between	
21. Others – please detail: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Small amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive amount	

Total score = _____