

## Separation anxiety: Monitoring diary

Dog's Name: \_\_\_\_\_

Case Number: \_\_\_ / \_\_\_

### **1. ELICITING CONTEXT AND DEPARTURES CUES**

<b>Eliciting context Identification Number:</b>	<b>ECO1</b>
<b>Eliciting context</b>	
<b>Departure Cues:</b>	

<b>Eliciting context Identification Number:</b>	<b>ECO2</b>
<b>Eliciting context</b>	
<b>Departure Cues:</b>	

<b>Eliciting context Identification Number:</b>	<b>ECO3</b>
<b>Eliciting context</b>	
<b>Departure Cues:</b>	





**DURING TREATMENT**

Dog's Name: \_\_\_\_\_

Case Number: \_\_\_ / \_\_\_

- Behaviour modification plan

**AT HOME**

**BEFORE LEAVING**

**WHEN RETURNING**

**OTHER**

**UPON RETURN OF THE COMPLETE BOOK**

I, the Investigator, confirm that I have reviewed the entries recorded on pages \_\_\_ to \_\_\_ of this book

Investigator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ELICITING CONTEXTS

Only record details of the eliciting contexts that have been identified by the consulting clinician (and recorded on the page(s) ELICITING CONTEXT AND DEPARTURE CUES). Each time that one of these eliciting contexts occurs, record the following details:

- The date that the context has occurred-this is to be recorded in the format DD/MM/YY (e.g. 12/JUL/10)
- The approximate time that the eliciting context started.
- The eliciting context identification number (the eliciting context identification number is on the page(s) titled ELICITING CONTEXT AND DEPARTURE CUES)
- Record the signs of separation anxiety that are associated with the eliciting context, this should include all signs shown until the end of the separation. If your dog shows none of the signs listed you should tick 'None box'
- Record whether or not you complied with the 'Before Leaving' and 'When Returning' aspects of the behaviour modification plan

Date	Approximate Time	Eliciting context Identification Number	Separation Anxiety Signs									Behaviour Modification Plan Compliance		Recorded by (Initials)		
			Tick the box that corresponds to each sign that your dog has shown on the occasion, if none of the signs are shown tick 'None'- at least one tick must be recorded for each occasion													
			Inappropriate urination	Inappropriate defecation	Destructive behaviour	Excessive salivation	Excessive licking or grooming	Excessive vocalization	Shaking or shivering	Restlessness	Apparent depression	None	Did you comply with the 'Before Leaving' aspects of the behaviour modification plan?	Did you comply with the 'When Returning' aspects of the behaviour modification plan?		
1. ___ / ___ / ___ Day month year	___ : ___ 24 hour clock	<b>ECO</b> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. ___ / ___ / ___ Day month year	___ : ___ 24 hour clock	<b>ECO</b> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			