

COGNITIVE DYSFUNCTION SCREENING CHECKLIST

Owner's Name: _____

Species: Canine _____ Feline _____

Pet's Name: _____

Breed: _____

Age: _____

Date: _____

Key: 0 – none, 1 – mild, 2 – moderate, 3 – severe	Date:	Date:	Date:
A: Confusion – Awareness – Spatial orientation			
– gets lost in familiar locations			
– goes to wrong side of door (e.g., hinge side)			
– gets stuck, cannot navigate around or over obstacles			
– decreased responsiveness to stimuli			
B: Relationships – Social behavior			
– decreased interest in petting/contact			
– decreased greeting behavior			
– alterations/problems with social hierarchy			
– in need of constant contact, overdependent, 'clingy'			
C: Activity – Increased/repetitive			
– stares/fixation/snaps at objects			
– pacing/wanders aimlessly			
– licking owners, household objects			
– vocalization			
– increased appetite (eats quicker or more food)			
D: Activity – Decreased – Apathy			
– decreased exploration/activity/apathy			
– decreased responsiveness to stimuli			
– decreased self-care			
– decreased appetite			
E: Anxiety – Increased irritability			
– restless/agitation			
– anxiety about being separated from owners			
– increased irritability			
F: Sleep–wake cycles; Reversed day/night schedule			
– restless sleep/waking at nights			
– increased daytime sleep			
G1: Learning and Memory – Housesoiling			
– indoor elimination at random sites or in view of owners			
– decrease/loss of signaling			
– goes outdoors, then returns indoors and eliminates			
– elimination in crate or sleeping area			
– incontinence			
G2: Learning and Memory – Work, Tasks, Commands			
– impaired working ability			
– decreased recognition of familiar people/pets			
– decreased responsiveness to known commands and tricks			
– decreased ability to perform tasks			
– inability/slow to learn new tasks (retrain)			

