

# Does your dog suffer from noise aversion?

Use this checklist to identify triggers and behaviors.

## Noise Triggers

Which of these trigger your dog's behavioral changes?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Fireworks                 | <input type="checkbox"/> Phone                     | <input type="checkbox"/> Gun shots                 | <input type="checkbox"/> Vacuum cleaner         |
| <input type="checkbox"/> Thunder                   | <input type="checkbox"/> Washer/dryer              | <input type="checkbox"/> Garbage trucks/snow plows | <input type="checkbox"/> Air conditioner/heater |
| <input type="checkbox"/> Celebrations/party noises | <input type="checkbox"/> Sporting events/festivals | <input type="checkbox"/> Door bell                 | <input type="checkbox"/> Home improvement       |
| <input type="checkbox"/> Lawn equipment            | <input type="checkbox"/> Kitchen equipment         | <input type="checkbox"/> Alarms/security system    | <input type="checkbox"/> Rescue vehicle sirens  |

## Behaviors

Which behaviors happen during noise events?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pacing                  | <input type="checkbox"/> Being extra alert/more alert than usual | <input type="checkbox"/> Not wanting to leave your side/clinginess            |
| <input type="checkbox"/> Lip licking             | <input type="checkbox"/> Cowering                                | <input type="checkbox"/> Refuses to eat                                       |
| <input type="checkbox"/> Trembling or shaking    | <input type="checkbox"/> Hiding                                  | <input type="checkbox"/> Yawning  |
| <input type="checkbox"/> Panting                 | <input type="checkbox"/> Scared look/ears back                   | <input type="checkbox"/> Vocalization (whining or barking at the sounds)      |
| <input type="checkbox"/> Running away            | <input type="checkbox"/> Freezing or immobility                  | <input type="checkbox"/> Causes destruction of home and/or injures themselves |
| <input type="checkbox"/> Hurting himself/herself |  |   |

## More Information

How often does your dog react to noise triggers?

- |   |  |                                 |                                |
|---|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Once or twice a month | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
|---|--|---------------------------------|--------------------------------|

Describe the intensity of your dog's reaction to noise triggers:

- |  |
|--|
| <input type="checkbox"/> <b>Mild</b> - Has a minor impact on our dog's quality of life         |
| <input type="checkbox"/> <b>Moderate</b> - Has a modest impact on our dog's quality of life    |
| <input type="checkbox"/> <b>Severe</b> - Has a significant impact on our dog's quality of life |

How long does it take for your dog to recover from a reaction to noise triggers?

- |  |
|--|
| <input type="checkbox"/> <b>Immediately</b> after the noise trigger stops    |
| <input type="checkbox"/> <b>Within an hour</b> after the noise trigger stops |
| <input type="checkbox"/> <b>Several hours</b> after the noise trigger stops  |
| <input type="checkbox"/> <b>A day or more</b> after the noise trigger stops  |

