**Center for Canine Behavior Studies – Survey Two TREATMENT**

Thank you for participating in our treatment study. The more people who participate, the better. The larger that number the more significant the data and our findings will be. We couldn’t do it without you.

HAVE YOU SOUGHT PROFESSIONAL HELP TO DEAL WITH YOUR DOG’S BEHAVIOR PROBLEM(S)?

\_\_\_YES \_\_\_NO

IF YES, WHAT TYPE OF PROFESSIONAL(S) DID YOU ENGAGE? (Check all that apply.)

**Veterinarian, DVM** for help other than health issues (e.g., advice, medication)

Did THE VETERINARIAN discover ANY MEDICAL ISSUE that might be relevant to the dog’s behavior? (for example, a thyroid problem, seizures, pain,) \_\_YES \_\_\_NO

IF YES, please check all that applly.

□ Thyroid PROBLEM

□ seizures

□ pain

□ tumor

□ cognitive dysfunction

□ other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-credentialed dog trainer** \_\_\_YES \_\_\_NO \_\_\_ Don’t know

**Credentialed dog trainer** \_\_\_YES \_\_\_NO \_\_\_ Don’t know

If yes, were they certified by:

\_\_\_\_\_Certification Council of Professional Dog Trainers (CPDT-KA or CPDT-KSA)

\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Don’t know

**Credentialed dog behavior consultant**  \_\_\_YES \_\_\_NO \_\_\_ Don’t know

If yes, was it by (check all that apply)

\_\_\_\_\_ Certification Council of Professional Dog Trainers Certified Behavior Consultant, CBCC-KA

\_\_\_\_\_International Association of Animal Behavior Consultants, Certified Dog Behavior

Consultant, CDBC

\_\_\_\_\_Animal Behavior Society Certified Behaviorist, CAAB or ACAAB (requires PhD or MS/MA)

\_\_\_\_\_Board Certified Veterinary behaviorist, DACVB

\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHICH OF THE ABOVE PROFESSIONAL(S) WORKED BEST?Check one.

□ Veterinarian (DVM)

□ Non-credentialed dog trainer

□ Credentialed dog trainer

□ Credentialed behavior consultant – CBCC-KA or CDBC

□ Certified behaviorist – ACAAB or CAAB

□ Certified veterinary behaviorist – DACVB

□ Combination of the above professionals

WHAT TRAINING METHODS WERE USED FOR BASIC OBEDIENCE? (Check all that apply.)

\_\_\_\_\_Reward-based training (e.g., food, play, praise)

\_\_\_\_\_Punishment-based training (e.g., collar jerk, spray bottle, shaker can)

\_\_\_\_\_Combination of reward-based training and punishment-based training

\_\_\_\_\_Compulsion (i.e., forcing the dog to do something)

WHAT TYPES OF EQUIPMENT WERE RECOMMENDED AND UTILIZED? (Check all that apply.)

\_\_\_\_\_Flat collar (leather or nylon)

\_\_\_\_\_Martingale collar

\_\_\_\_\_Slip collar, choke collar or prong collar

\_\_\_\_\_Head halter (e.g., Gentle Leader, Halti)

\_\_\_\_\_Body harness

\_\_\_\_\_Anti-bark collar that is not remote controlled (e.g., shock, tone, spray)

\_\_\_\_\_Remote controlled electric collar using shock, tone or vibration

\_\_\_\_\_Muzzle

\_\_\_\_\_Clicker or whistle

\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATION**

WAS MEDICATION PRESCRIBED? \_\_\_YES \_\_\_NO

DID YOU AVAIL YOURSELF OF THIS OPTION \_\_\_YES \_\_\_NO

IF YES, WHAT MEDICATION(S) WERE ADMINISTERED? (Check all that apply.)

\_\_\_\_\_Fluoxetine (Prozac)

IAN,

After each medication that a subject checks, we need a pop up that asks the following questions:

1. Dosage in mg. (lower limit 0.25, upper limit 10.00)
2. Number of doses per day (1-4)
3. Used only when necessary (i.e., prn)
4. Length of time used (slots for weeks, months and years)

\_\_\_\_\_ Sertraline (Zoloft)

­\_\_\_\_\_Paroxetine (Paxil)

\_\_\_\_\_Citalopram (Celexa)

\_\_\_\_\_Escitalopram (Lexapro)

\_\_\_\_\_Clomipramine (Clomicalm)

\_\_\_\_\_Trazadone

\_\_\_\_\_Buspirone

\_\_\_\_\_Valium-type drug (diazepam, alprazolam, clonazepam etc.)

\_\_\_\_\_Clonidine

\_\_\_\_\_Acepromazine (Ace)

\_\_\_\_\_Diphenhydramine (Benadryl)

\_\_\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHICH DRUG OR COMBINATION OF DRUGS WORKED BEST FOR YOUR DOG’S PROBLEM? (Check all that apply.)

\_\_\_\_\_Fluoxetine (Prozac

\_\_\_\_\_ Sertraline (Zoloft)

­\_\_\_\_\_Paroxetine (Paxil)

\_\_\_\_\_Citalopram (Celexa)

\_\_\_\_\_Escitalopram (Lexapro)

\_\_\_\_\_Clomipramine (Clomicalm)

\_\_\_\_\_Trazadone

\_\_\_\_\_Buspirone

\_\_\_\_\_Valium-type drug (diazepam, alprazolam, clonazepam etc.)

\_\_\_\_\_Clonidine

\_\_\_\_\_Acepromazine (Ace)

\_\_\_\_\_Diphenhydramine (Benadryl)

\_\_\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DID YOU USE ANY ALTERNATIVE TREATMENT** (either recommended or self-selected)? \_\_\_YES \_\_\_NO

Check all that apply.

□ Acupuncture/acupressure

□ Aromatherapy (essential oils)

□ CBD (cannabidiol) (e.g. Canapé™)

□ Chiropractic (manipulation of musculoskeletal system, especially the spine)

□ DOG TV

□ Herbal/botanical Medicine (e.g. Bach Flower Essences, Rescue Remedy)

□ Homeopathy (based "like cures like")

□ Hormonal (melatonin, estrogen [DES])

□ Hydrotherapy

□ Magnetic field therapy

□ Massage (including Tellington Touch [T-Touch])

□ Music therapy (bioacoustics music, e.g. Through a Dog’s Ear, Pet Acoustics)

□ Nutraceuticals (vitamins; minerals; enzymes; Zylkene™ [milk protein = alpha-casozepine];

L-tryptophan/TP/5HTP; Anxitane (L-theanine), Omega 3, Omega 6

□ Pheromone therapy (calming collars, diffusers, spray)

□ Pressure wraps (Thundershirt, Anxiety Wrap)

□ Reiki (laying on of hands)

□ Vision blocking (Calming cap/Thundercap)

WHICH BEHAVIOR MODIFYING PROGRAM WAS RECOMMENDED? (**FOR NICK to define**)

\_\_\_\_\_Systematic Desensitization (a process in which the aversive stimulus, e.g., strange dog, thunder, is made less threatening, e.g., quieter, farther away)

\_\_\_\_\_Counterconditioning (A process in which the presentation of the aversive stimulus, e.g., stranger approach, hand reach, is reliably followed something the dog really likes, e.g., cheese, steak)

\_\_\_\_\_A combination of systematic desensitization and counterconditioning

\_\_\_\_\_Medication - Did a veterinarian prescribe medication for use during behavior modification supervised by a trainer or behavior specialist?

\_\_\_\_\_Medication – Did a veterinarian prescribe medication as a standalone treatment (e.g., without the addition of training/behavior modification)

WERE ANY OF THE FOLLOWING TECHNIQUES USED? \_\_\_YES \_\_\_NO

If yes, check all that apply.

\_\_\_\_\_ Mental stimulation and enrichment (e.g., nose work, puzzle toys)

\_\_\_\_\_Relaxation protocol

\_\_\_\_\_Increase in physical exercise

\_\_\_\_\_Habituation (gradually increasing exposure to a lower level of an aversive stimulus, e.g., placing a nail clipper somewhere the dog can see it and over time moving it closer to the dog)

\_\_\_\_\_Flooding (inescapable exposure to a full strength aversive, e.g., throwing you into a swimming pool full of snakes and keeping you there until you stop screaming)

\_\_\_\_\_Response blocking (thwarting a dog from performing and undesirable behavior like lunging until the behavior stops)

\_\_\_\_\_Management (preventing exposure to a stimulus, e.g., putting the dog in another room when company arrives to prevent jumping)

\_\_\_\_\_Reduction or elimination of other stressors or distraction while training?

\_\_\_\_\_Marker or clicker training

\_\_\_\_\_Play

\_\_\_\_\_Ignoring bad behavior (reinforcement is removed, i.e., extinction)

\_\_\_\_\_Training alternatives to problem behavior (e.g., teach and reinforce sit and ignore jump)

\_\_\_\_\_Short but frequent sessions v. longer less than daily sessions

\_\_\_\_\_Group classes

\_\_\_\_\_Private sessions

\_\_\_\_\_Change in diet

\_\_\_\_\_Improve communication between dog and owner (understanding stress signals)

\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHICH TECHNIQUES OR COMBINATION OF TECHNIQUES WORKED BEST FOR YOUR DOG’S PROBLEM? (Check all that apply.)

IAN,

Can these techniques be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all of the above?

IAN,

Can these drugs be listed as a drop-down list in the same order so that they can select which ones without having to relist all the above?

**OUTCOME**

**Please use the following schedule to grade the success of the treatment, training or behavior modification program on this 7-point scale:**

**1 2 3 4 5 6 7**

 **** ****

**1. More the 75% worse**

IAN,

Can the sentence above the scale of number 1-7 plus the little faces be placed at the beginning of each new page?

2. 50% worse

3. 25% worse

**4. No change**

5. 25% better

6. 50% better

**7. More than 75% better**

**Enter appropriate rating next to each condition.**

RESPONSE TO TREATMENT FOR AGGRESSION (IF APPLICABLE)

\_\_\_\_\_AGGRESSION TO FAMILIAR PEOPLE IN THE HOME

\_\_\_\_\_AGGRESSION TO STRANGERS VISITING THE HOME

\_\_\_\_\_AGGRESSION TO STRANGERS AWAY FROM HOME

\_\_\_\_\_AGGRESSION TO ANOTHER DOG IN THE HOME

\_\_\_\_\_AGGRESSION TO UNFAMILIAR DOGS VISITING THE HOME

\_\_\_\_\_AGGRESSION TO UNFAMILIAR DOGS OUTSIDE ON WALKS **OFF** LEAD

\_\_\_\_\_AGGRESSION TO UNFAMILIAR DOGS OUTSIDE ON WALKS **ON** LEAD

\_\_\_\_\_AGGRESSION TO THE VETERINARIAN

\_\_\_\_\_AGGRESSION TO THE TRAINER

\_\_\_\_\_AGGRESSION TO THE GROOMER

\_\_\_\_\_AGGRESSION TO ANIMALS OTHER THAN DOGS IN THE HOME (e.g., cat, hamster)

APPROXIMATE TIME UNTIL IMPROVEMENT WAS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT FOR FEARFULNESS (IF APPLICABLE)

\_\_\_\_\_SEPARATION ANXIETY

\_\_\_\_\_THUNDERSTORM PHOBIA

\_\_\_\_\_OTHER NOISE PHOBIA

\_\_\_\_\_FRIGHTENED OF PEOPLE (**NO** AGGRESSION)

\_\_\_\_\_FRIGHTENED OF DOGS (**NO** AGGRESSION)

\_\_\_\_\_POST TRAUMATIC STRESS DISORDER (PTSD)

\_\_\_\_\_GENERALLY ANXIOUS (e.g., pacing, panting, easily startled)

\_\_\_\_\_OTHER FEAR (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROXIMATE TIME UNTIL IMPROVEMENT WAS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT FOR A REPETITIVE BEHAVIOR (e.g., light chasing, flank sucking, ball obsession) (IF APPLICABLE). Check all that apply.

IAN,

After each one that is checked we need these pop-up questions:

1. Rating for treatment without the use of medication – 1-7.
2. Rating for treatment with medication – 1-7.
3. Approximate time until improvement is first observed in weeks.
4. Approximate time until maximum improvement is observed in weeks.

\_\_\_\_\_SPINNING

\_\_\_\_\_TAIL CHASING

\_\_\_\_\_SHADOW or LIGHT CHASING

\_\_\_\_\_RUNNING IN A GEOMETRIC PATTERN

\_\_\_\_\_COMPULSIVE LICKING OF THE WRIST OR HOCK

\_\_\_\_\_FLY SNAPPING (NO FLIES AROUND)

\_\_\_\_\_SUCKING THE FLANK REGION AND/OR BLANKETS

\_\_\_\_\_TENNIS BALL FETTISH

\_\_\_\_\_COLLECTING OBJECTS, ARRANGING THEM IN PILES OR PATTERNS

\_\_\_\_\_NAIL BITING

\_\_\_\_\_DIGGING IN THE YARD

\_\_\_\_\_STONE/ROCK CHEWING

\_\_\_\_\_OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESPONSE TO TREATMENT OF SIMPLE HOUSE SOILING (IF APPLICABLE)

\_\_\_\_\_ Rating for response to treatment of inappropriate urination and/or defecation

APPROXIMATE TIME UNTIL IMPROVEMENT WS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT FOR URINE OR FECAL MARKING BEHAVIOR (IF APPLICABLE)

\_\_\_\_\_ Rating for response to treatment of urine or fecal marking behavior

APPROXIMATE TIME UNTIL IMPROVEMENT WAS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT FOR ELIMATION THAT OCCURS ONLY WHEN THE DOG IS EXCITED OR OVERWHELMED (IF APPLICABLE)

\_\_\_\_\_ Rating for response to treatment of elimination when the dog is excited or overwhelmed

APPROXIMATE TIME UNTIL IMPROVEMENT WAS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT OF EXCESSIVE BARKING (IF APPLICABLE)

\_\_\_\_\_Rating for response of treatment for excessive barking

APPROXIMATE TIME UNTIL IMPROVEMENT WAS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT OF NUISANCE JUMPING UP (IF APPLICABLE)

\_\_\_\_\_Rating for response of treatment to nuisance jumping

APPROXIMATE TIME UNTIL IMPROVEMENT WAS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT OF MOUNTING/HUMPING (IF APPLICABLE)

\_\_\_\_\_Rating for response of treatment to mounting/humping.

APPROXIMATE TIME UNTIL IMPROVEMENT WAS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT OF EATING FECES (i.e., poop) (IF APPLICABLE)

\_\_\_\_\_Rating for response of treatment to eating feces

APPROXIMATE TIME UNTIL IMPROVEMENT IS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT OF DESTRUCTIVE BEHAVIOR (IF APPLICABLE)

\_\_\_\_\_Rating for response of treatment to destructive behavior

APPROXIMATE TIME UNTIL IMPROVEMENT WAS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT FOR ROLLING IN DISGUSTING STUFF (IF APPLICABLE)

\_\_\_\_\_Rating for response of treatment rolling in disgusting stuff

APPROXIMATE TIME UNTIL IMPROVEMENT WAS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

RESPONSE TO TREATMENT OF RUNNING AWAY/ESCAPING (IF APPLICABLE)

\_\_\_\_\_Rating for response of treatment to RUNNING AWAY behavior

APPROXIMATE TIME UNTIL IMPROVEMENT WAS SEEN \_\_\_\_\_\_\_\_\_\_\_\_ IN WEEKS.

FOR THOSE PEOPLE WHOSE DOGS DID NOT IMPROVE OR GOT WORSE, WHAT WAS THE OUTCOME FOR YOUR DOG?

KEPT MY DOG ANYWAY \_\_\_YES \_\_\_NO

REHOMED THE DOG \_\_\_YES \_\_\_NO

SURRENDERED THE DOG TO A SHELTER, RESCUE OR POUND \_\_\_YES \_\_\_NO

EUTHANIZED THE DOG (i.e., put to sleep) \_\_\_YES \_\_\_NO

**THANK YOU!**

WE WOULD LIKE TO THANK YOU FOR ENROLLING IN BOTH OUR STUDIES TO HELP US LEARN MORE ABOUT THE PREVALENCE OF BEHAVIOR PROBLEMS IN PET DOGS AND THE MOST EFFECTIVE TREATMENTS FOR THESE PROBLEMS. WITH THE INFORMATION WE WILL GLEAN FROM YOUR RESPONSE, WE WILL BE ABLE TO BETTER ADVISE OTHER DOG OWNERS WHAT TO DO WHEN FACING BEHAVIORAL ISSUES WITH THEIR PET WITH A GOAL OF MINIMIZING RELINQUISHMENT AND ALLOWING DOGS TO REMAIN IN THEIR HOME FOR LIFE.

You have reached the end of the survey. But,

***PLEASE*** TAKE A MOMENT TO ANSWER THE FOLLOWING?

1. Did you find this survey to be too long? \_\_\_YES \_\_\_NO

If you completed survey 1 for more than one dog with a behavioral problem, you will receive a separate request to complete Study 2 for each of the dogs.

TO COMPLETE THE SURVEY **HIT THE SUBMIT BUTTON** BELOW.

**SUBMIT**

*THANK YOU FOR PARTICIPATING*

*IN PHASE 2 OF OUR SURVEY.*