

Canine Cognitive Dysfunction Rating (CCDR) Scale

	Never	Once a month	Once a week	Once a day	> Once a day
How often does your dog pace up and down, walk in circles and/or wander with no direction or purpose?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
How often does your dog stare blankly at the walls or floor?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
How often does your dog get stuck behind objects and is unable to get around?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
How often does your dog fail to recognise familiar people or pets?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
How often does your dog walk into walls or doors?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
How often does your dog walk away while, or avoid, being patted?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
	Never	1–30% of the time	31–60% of the time	61–99% of the time	Always
How often does your dog have difficulty finding food dropped on the floor?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
	Much less	Slightly less	The same	Slightly more	Much More
Compared to before your dogs treatment, does your dog now pace up and down, walk in circles and/or wander with no direction or purpose?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
Compared to before your dogs treatment, does your dog now stare blankly at the walls or floor?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
Compared to before your dogs treatment, does your dog urinate or defecate in an area it has previously kept clean (if your dog has never house-soiled, tick 'the same')?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
Compared to before your dogs treatment, does your dog have difficulty finding food dropped on the floor?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
Compared to before your dogs treatment does your dog fail to recognise familiar people or pets?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5
	Much more	Slightly more	The same	Slightly less	Much less
Compared to before your dogs treatment, is the amount of time your dog spends active?	<input type="checkbox"/> =1	<input type="checkbox"/> =2	<input type="checkbox"/> =3	<input type="checkbox"/> =4	<input type="checkbox"/> =5

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Your name:

Email:

Pet name:

Age:

Sex:

Breed:

