



## Cognitive Dysfunction Screening Checklist

Scoring Key: 0-none; 1-mild; 2-moderate; 3-severe

|  | Y/N | If yes, score |
|--|-----|---------------|
| <b>1. Confusion-awareness-spatial orientations</b>                 |     |               |
| Gets stuck or can't get around objects                             |     |               |
| Stares blankly at walls or floor                                   |     |               |
| Can't find/leaves dropped food                                     |     |               |
| Goes into wrong side of door, walks into walls                     |     |               |
| <b>2. Relationships-social interactions</b>                        |     |               |
| Decreased interest in petting/avoids contact                       |     |               |
| Decreased greeting behavior  |     |               |
| In need of constant contact, "clingy"                              |     |               |
| Altered relationship with other household pets-less social/anxious |     |               |
| Aggression to family members or family pets                        |     |               |
| Aggression to unfamiliar people or pets                            |     |               |
| <b>3. Response to stimuli</b>                                      |     |               |
| Decreased response to auditory stimuli (sounds)                    |     |               |
| Increased response, fear, phobia to auditory stimuli               |     |               |
| Decreased response to visual stimuli (sights)                      |     |               |
| Increased response, fear, phobia to visual stimuli                 |     |               |
| Excessive grooming/anxious   |     |               |
| Decreased responsiveness to food/odor                              |     |               |
| <b>4. Activity</b>   |     |               |
| Pacing/wanders aimlessly   |     |               |
| Increased daytime sleeping   |     |               |
| Restless sleep/waking at night                                     |     |               |
| Licking owners/objects   |     |               |
| Vocalization   |     |               |
| Increased appetite (eats quicker or more food)                     |     |               |
| Restless/agitated  |     |               |
| <b>5. Mobility/Pain</b>  |     |               |
| Difficulty going up/down stairs                                    |     |               |
| Difficulty jumping up  |     |               |
| Limping/gait changes   |     |               |
| Decreased exploration/activity                                     |     |               |
| Decreased interest in play   |     |               |
| Decreased self-grooming (cats)                                     |     |               |
| <b>7. Learning and memory-housoiling</b>                           |     |               |
| Indoor elimination at sites previously trained                     |     |               |
| Decrease/loss of signaling (dogs)                                  |     |               |
| Goes outdoors, then returns indoors and eliminates (dogs)          |     |               |
| Incontinence   |     |               |
| Change in litterbox habits (cats)                                  |     |               |