



Stressor Checklist

Stress is cumulative, so multiple stressors occurring together tax a dog's ability to cope. In behavior parlance, this is called *trigger stacking*. Add to that that the stress hormone cortisol can remain in the system for up to 48 hours, meaning that just one incident a day has your dog living with constantly elevated stress hormones. But by reducing the stressors that we *can* control, we can give a dog greater resources to cope with the stressors that are less easily mitigated.

Check the box for each stressor that you feel your dog experiences negatively and, on the line next to each stressor, grade the level of stress it causes, from 1-10 (10 being the greatest stress).

IN THE HOME

- | | |
|---|---|
| <input type="checkbox"/> At the door upon visitor entry _____ | <input type="checkbox"/> Around certain resources _____ |
| <input type="checkbox"/> With visitors in the home _____ | <input type="checkbox"/> With certain handling _____ |
| <input type="checkbox"/> At the window _____ | <input type="checkbox"/> When startled/awakened _____ |
| <input type="checkbox"/> In the yard(s) _____ | <input type="checkbox"/> With raised voices _____ |
| <input type="checkbox"/> With certain household member(s) _____ | <input type="checkbox"/> With affection between people _____ |
| <input type="checkbox"/> With certain household pet(s) _____ | <input type="checkbox"/> Other (explain / grade)
_____ / _____ |
| <input type="checkbox"/> When alone _____ | |
| <input type="checkbox"/> When crated _____ | |

OUTSIDE OF THE HOME

- | | |
|--|---|
| <input type="checkbox"/> Leash reactive around people _____ | <input type="checkbox"/> Other (explain / grade)
_____ / _____ |
| <input type="checkbox"/> Leash reactive around dogs _____ | <input type="checkbox"/> Other (explain / grade)
_____ / _____ |
| <input type="checkbox"/> Frustration on leash / pulling _____ | |
| <input type="checkbox"/> Walking with certain family members _____ | |
| <input type="checkbox"/> In the car _____ | |

TYPES OF PEOPLE

- | | |
|---|--|
| <input type="checkbox"/> All strangers _____ | <input type="checkbox"/> People with certain implements/clothing
(canes, tools, boxes, hoodies, etc.) _____ |
| <input type="checkbox"/> Men _____ | <input type="checkbox"/> Delivery people _____ |
| <input type="checkbox"/> Women _____ | <input type="checkbox"/> Other (explain / grade)
_____ / _____ |
| <input type="checkbox"/> Children _____ | |
| <input type="checkbox"/> People in uniforms _____ | |

CERTAIN EXPERIENCES / SITUATIONS

- | | |
|---|---|
| <input type="checkbox"/> Sound sensitivity _____ | <input type="checkbox"/> In the vet's office _____ |
| <input type="checkbox"/> Wheeled or fast-moving objects _____ | <input type="checkbox"/> At the groomer _____ |
| <input type="checkbox"/> At the dog park _____ | <input type="checkbox"/> Other (explain / grade)
_____ / _____ |
| <input type="checkbox"/> Over-arousal in play _____ | |
| <input type="checkbox"/> Predatory behavior _____ | |