

Use this checklist to track changes you are seeing at home before your dog's veterinary visit. It is designed to help you organize observations and bring a clearer history to your veterinarian.

Important: This checklist is not a diagnosis. Cognitive Dysfunction Syndrome (CDS) is a diagnosis of exclusion, so your veterinarian must rule out other causes such as pain, arthritis, illness, sensory change, neurologic disease, or other age-related conditions.

What is CDS?	How to score
CDS, also called doggy dementia or cognitive decline, is the canine version of Alzheimer's. Dr. Stacey Bone describes it as a "Biological Mirror," meaning some of the same plaque-related changes that affect the aging human brain can also affect a dog's brain.	Score each sign from 0 to 3 based on how much change you have noticed: 0 = Not present 1 = Mild or occasional 2 = Moderate or happens regularly 3 = Severe, frequent, or very disruptive

Pet name	Age	Breed
Date completed	Owner / family member	

DISHAAL sections

DISORIENTATION				
Sign observed	0	1	2	3
Gets stuck in corners or has trouble navigating around objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goes to the hinge side of a door or seems confused about how to exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stares at walls, the floor, or into space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems lost in familiar rooms, the yard, or the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears less responsive to sights or sounds than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disorientation subtotal				

INTERACTIONS				
Sign observed	0	1	2	3
Withdraws from family members or spends more time alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows less interest in greeting, affection, or social time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems not to recognize familiar people or pets at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is more irritable, fearful, or reactive with people or other animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions subtotal				

SLEEP CHANGES

Sign observed	0	1	2	3
Paces, pants, or seems restless in the evening or overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeps more during the day but is awake more at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wakes repeatedly during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocalizes, whines, or barks during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep changes subtotal				

HOUSE SOILING

Sign observed	0	1	2	3
Has urine accidents in the house after being reliably house-trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has stool accidents in the house after being reliably house-trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goes outside but then urinates or defecates inside soon after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signals less clearly that they need to go outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House soiling subtotal				

ACTIVITY CHANGES

Sign observed	0	1	2	3
Shows less interest in play, walks, toys, or family activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is more restless, hyperactive, or unable to settle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paces aimlessly or wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeats behaviors such as circling, licking, chewing, or staring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeps much more and seems unusually inactive or lethargic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity changes subtotal				

ANXIETY

Sign observed	0	1	2	3
Seems newly anxious when separated from family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows new fear of storms, noises, or other sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems more fearful in familiar places or routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becomes distressed in new places or during transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears generally more worried, shaky, clingy, or easily startled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety subtotal				

LEARNING AND MEMORY

Sign observed	0	1	2	3
Responds less reliably to familiar commands like sit, stay, or come	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems to forget routines previously known well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has more trouble focusing or maintaining attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems slower to learn or relearn simple tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning and memory subtotal				

Total DISHAAL score

Use this space to note examples, timing, triggers, or recent changes:

1. _____

2. _____

3. _____

Stop waiting for it to “get better” on its own. Use the DISHAAL checklist to track the changes you are seeing and get to your vet right away. By treating this early, you can help protect what is left of your dog's precious brain.