



Please respond ONLY to the questions you feel comfortable answering

PART 2: COMPANION PAWS PERSONAL THERAPY DOG FOLLOW UP INTERVIEW

A. Review

1. Have there been any changes to your personal or contact information? *(Name, address, phone, email, etc.)*

2. Have you had any new treatment or health care providers since you certified your therapy dog? *(Include name, designation, and contact information)*

3. *Have you had any change in prescriptions?* (taking new medications, new dosage of previous prescription, stopped previous prescription)

Please respond ONLY to the questions you feel comfortable answering

B. Follow-up Reflection

Use the checklist below, or share a few special anecdotes during our interview;

1. Do you feel emotionally bonded with your therapy dog? Y N
2. Have there been any changes to your Emotional or Spiritual well-being since you have had your therapy dog?
Y N
3. Have there been any changes to your Physical well-being? Y N
4. Have there been any changes to your Social interaction? Y N
5. Have there been any other changes?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> alleviated depression | <input type="checkbox"/> reduced stress | <input type="checkbox"/> more physically active | <input type="checkbox"/> sense of belongingness |
| <input type="checkbox"/> reduced anxiety | <input type="checkbox"/> reduced loneliness | <input type="checkbox"/> engaged in more activities | <input type="checkbox"/> decreased emotional numbness |
| <input type="checkbox"/> improved mood | <input type="checkbox"/> increased resilience | <input type="checkbox"/> increased recreation | <input type="checkbox"/> decreased startle responses |
| <input type="checkbox"/> reduced anger | <input type="checkbox"/> better coping | <input type="checkbox"/> increased confidence | <input type="checkbox"/> decreased use of pain medications |
| <input type="checkbox"/> reduced negative emotions | <input type="checkbox"/> improved family life | <input type="checkbox"/> decreased perception of disability | <input type="checkbox"/> decreased alcohol intake |
| <input type="checkbox"/> alleviated symptoms of PTSD | <input type="checkbox"/> improved relationships | <input type="checkbox"/> lower blood pressure | <input type="checkbox"/> decreased substance use |
| <input type="checkbox"/> reduced flashbacks | <input type="checkbox"/> increased assertiveness | <input type="checkbox"/> lower heart rate | <input type="checkbox"/> calmer |
| <input type="checkbox"/> improved sleep | <input type="checkbox"/> improved stress management | <input type="checkbox"/> decreased pain | <input type="checkbox"/> less worried |
| <input type="checkbox"/> increased exercise | <input type="checkbox"/> improved communication | <input type="checkbox"/> less isolation | <input type="checkbox"/> safer |
| <input type="checkbox"/> increased social interaction | <input type="checkbox"/> improved parenting | <input type="checkbox"/> other people are friendlier | <input type="checkbox"/> improved social skills |
| <input type="checkbox"/> improved therapy | <input type="checkbox"/> expanded affect | <input type="checkbox"/> increased patience | <input type="checkbox"/> improved self-efficacy |
| <input type="checkbox"/> promoted independent functioning | <input type="checkbox"/> better self-regulation | <input type="checkbox"/> increased impulse control | |
| <input type="checkbox"/> lifted spirits | <input type="checkbox"/> boosted morale | <input type="checkbox"/> sense of purpose | |

C. Feedback for Companion Paws

If you have any constructive feedback that will help us improve the program in any way, please let us know. Your input is valuable!

