

Hoarding & Squalor Program Screening Tool

Client Name _____

URN _____

OBSERVATIONS

	Severely	Moderately	Mildly	Not at all	Don't know	Comments
Do you think your client is lonely?						
Do you think your client is paranoid?						
Do you think your client is anxious?						
Do you think your client has a problem with alcohol?						
Do you think your client has a problem with drugs?						
Do you think your client has memory problems?						
Do you think your client is unhappy or depressed?						
Do you think your client has dementia?						
Do you think your client has a mental health issue?						
What insight does the client have about their personal surroundings?						
Any other observations?						
Can anything be done which isn't being done to help your client? (please detail)						

Staff Name _____

Signature _____ Date _____