

Hoarding & Squalor Rating Scale

Client Name _____

URN _____

INTERVIEW									
	0	1	2	3	4	5	6	7	8
Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your house?	Not at all difficult		Mild		Moderate		Severe		Extremely difficult
To what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?	No difficulty		Mild		Moderate		Severe		Extremely difficult
To what extent do you currently have a problem with collecting free things or buying more things than you need or can use or can afford?	No problem		Occasionally (less than weekly)		Regularly (1-2 times per week)		Frequently (several times per week)		Very often (daily)
To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?	None/Not at all		Mild		Moderate		Severe		Extremely difficult
To what extent do you experience impairment in your life (daily routine, job/school, social activities, family activities and financial difficulties) because of clutter, difficulty discarding or problems with buying or acquiring things?	None/Not at all		Mild		Moderate		Severe		Extremely difficult

Staff Name _____

Signature _____ Date _____