

HOARDING ASSESSMENT TOOL

By Randy Frost, Ph.D.

Telephone Screening:

Date referral received: _____

Worker receiving call: _____

Department: _____

Client name: _____

Age: _____

Address: _____

Type of dwelling: _____ Phone: _____

Referral Source (may be omitted to preserve confidentiality): _____

Phone: _(____)____-____

Household members: _____

Pets/animals? _____

Own/Rent: _____

Family or other supports: (include names and phone numbers) _____

Other Programs or private agencies involved: _____

Physical or Mental Health Problems of client: _____

Are basic needs being met (i.e. food/shelter)? _____

Clients' attitude towards hoarding _____ Will client allow access: _____

Description of Hoarding Problem: (presence of human or animal waste, rodents or insects, rotting food, are utilities operational, are there problems with blocked exits, are there combustibles etc.)

Other Problems/ Needs: _____

Initial Hoarding Severity Rating: None ____ Mild ____ Moderate ____ Severe ____

Others to Involve in Initial Assessment: _____

*Modified after Arlington County, VA Hoarding Task Force's Assessment Tool

Condition of the Dwelling: (to be completed at the property)

Date: _____

Response Team Members and Phone numbers: _____*'Please indicate whether the following appliances/utilities are in working order.'*

	Yes	No	Unknown			Yes	No	Unknown
Stove/Oven	1	2	9		Fridge/Freezer	1	2	9
Kitchen sink	1	2	9		Bathroom sink	1	2	9
Washer/Dryer	1	2	9		Toilet	1	2	9
Electricity	1	2	9		Water heater	1	2	9
Furnace/Heat	1	2	9		Shower/Tub	1	2	9

Other:

'Please indicate the extent of each of the following problematic living conditions.'

	none	somewhat	severe	Comments
Structural damage to house	0	1	2	
Rotten food in house	0	1	2	
Insect or rodent infestation in house	0	1	2	
Large number of animals in house	0	1	2	
Animal waste in house	0	1	2	
Clutter outside of the house	0	1	2	
Cleanliness of the house	0	1	2	
Other (e.g. human feces)	0	1	2	

'Please indicate the extent to which each of the following safety problems exist.'

	Not at all	Somewhat	Very Much	Description
Does any part of the house pose a fire hazard? (e.g. unsafe electrical cords, flammable object next to heat sources like furnace, radiator, stove)	0	1	2	
How difficult would it be for emergency personnel to move equipment through the home?	0	1	2	
Are the exits from the home blocked?	0	1	2	
Are any of your stairwells unsafe?	0	1	2	
Is there a danger of falling due to the clutter?	0	1	2	

‘Please indicate the extent to which clutter interferes with the ability of the client to do each of the following activities.’

<u>Activities of Daily Living</u>	N/A	Can do	Can do with difficulty	Unable to do	Comments
Prepare food (cut up food, cook it)	0	1	2	3	
Use refrigerator	0	1	2	3	
Use stove	0	1	2	3	
Use kitchen sink	0	1	2	3	
Eat at table	0	1	2	3	
Move around inside the house	0	1	2	3	
Exit home quickly	0	1	2	3	
Use toilet (getting to the toilet)	0	1	2	3	
Use bath/shower	0	1	2	3	
Use bathroom sink	0	1	2	3	
Answer door quickly	0	1	2	3	
Sit in your sofas and chairs	0	1	2	3	
Sleep in your bed	0	1	2	3	
Clean the house	0	1	2	3	
Do laundry	0	1	2	3	
Find important things (e.g. bills)	0	1	2	3	
Care for animals	0	1	2	3	

Client Assessment: (to be completed during an interview with the client)

Mental Health Issues: (e.g., Dementia; see guidelines) _____

Frail/ elderly or disabled: _____

Family and other social supports: _____

Financial status/ ability or willingness to pay for services: _____

Hoarding Interview (questions to ask the client):

1. Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your home?

Not at all
Difficult

Mildly

Moderately

Extremely
Difficult

2. 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

Extreme
Difficulty

3. 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

Mild
Problem

Moderate
Problem

Severe
Problem

4. To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?

No
Distress

Mild
Distress

Moderate
Distress

Severe
Distress

5. To what extent does the clutter, problems discarding, or problems with buying or acquiring things impair or interfere with your life (daily routine, job/school, social activities, family activities, financial difficulties)?

Not at all

Mildly

Moderately

Severely

Summary:

Level of risk: None Mild Moderate Severe
(Based on assessment of condition of the dwelling.)

Level of insight: None Mild Moderate Fully aware & cooperative

(Level of insight should be determined by comparing responses to the Hoarding Interview to the observed conditions of the dwelling.)

Complicating factors: (e.g., dementia, disabled) _____

Recommendations: