

Hoarding Assessment Tool

Resident			
Name:			
Address:			
DOB:		Age:	
Telephone:			

Household Members:	
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Pets / Animals:	
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Other Agencies Involved:	
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Property Details			
Owner / Occupier:			
Landlord:			
Contact Details:			
Type:	Flat <input type="checkbox"/>	Maisonette <input type="checkbox"/>	House <input type="checkbox"/>
	Sheltered Accommodation <input type="checkbox"/>	Bed Sit <input type="checkbox"/>	Bungalow <input type="checkbox"/>

On what floor is the front door:	
On what floor is the bathroom:	
On what floor is the W.C:	
How many steps to the front door:	
How many steps inside the property:	
How many rooms in the property:	

Description of Hoarding Problem (Presence of human or animal waste, rodents or insects, rotting food; combustibles, blocked exits etc)

Hoarding Assessment Tool

Clutter Rating Index								
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

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

Please indicate whether the following appliances/utilities are in working order

	Yes	No	Unknown		Yes	No	Unknown
Stove/Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fridge/Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer/Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler/Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower/Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	None	Mild	Moderate	Severe
Structural damage to house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotten food in house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect or rodent infestation in house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large number of animals in house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal waste in house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clutter outside of the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. human faeces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 boiler, radiator, stove).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult would it be for emergency personnel to move equipment through the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the exits from the home blocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your stairwells unsafe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a danger of falling due to the clutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	N/A	Can Do	Can Do with Difficulty	Unable to Do	Comments
Prepare food (cut up food, cook, it)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use kitchen sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eat at table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Move around inside the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit home quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use toilet (getting to the toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use bath/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use bathroom sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Answer door quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sit in your sofas and chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep in your bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Find important things (e.g. bills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Care for animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Client Assessment (to include e.g. mental health issues; dementia; substance misuse; disability issues / equipment; mental capacity)

Family / Social Support / Network

Hoarding Assessment Tool

Financial Situation / Ability / Willingness to pay for Services

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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 <input type="checkbox"/>	Mildly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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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 <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Extreme difficult <input type="checkbox"/>
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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 <input type="checkbox"/>	Mild problem <input type="checkbox"/>	Moderate problem <input type="checkbox"/>	Severe problem <input type="checkbox"/>
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4) To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?

No distress <input type="checkbox"/>	Mild distress <input type="checkbox"/>	Moderate distress <input type="checkbox"/>	Severe distress <input type="checkbox"/>
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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 <input type="checkbox"/>	Mildly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Severely <input type="checkbox"/>
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Summary

Level of risk	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
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(Based on assessment of condition of the dwelling)

Level of insight	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Fully aware & co-operative <input type="checkbox"/>
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(Level of insight should be determined by comparing responses to the Hoarding Interview to the observed conditions of the dwelling)

Hoarding Assessment Tool

Complicating factors

Recommendations:

- Check if known to Housing/Environmental Health / Adult Social Care
- Fire Safety Officer check
- Refer to Mobile Unit
- Refer to Adult Social Care
- Arrange immediate Case Conference

