Hoarding Rating Scale

PATIENT INFORMATION

Name: _____ Gender: _____

Age: _____ Date of assessment: _____ dd / mm / yyyy

Please use the following scale when answering items below:0 = No problem2 = Mild problem, occasionally (less than weekly) acquires items not needed, or acquires a few unneeded items4 = Moderate, regularly (once or twice weekly) acquires items not needed, or acquires some unneeded items6 = Severe, frequently (several times per week) acquires items not needed, or acquires many unneeded items8 = Extreme, very often (daily) acquires items not needed, or acquires large numbers of unneeded items

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

○ ○ ○ ○ ○
0 2 4 6 8

2. To what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

○ ○ ○ ○ ○
0 2 4 6 8

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?

○ ○ ○ ○ ○
0 2 4 6 8

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

○ ○ ○ ○ ○
0 2 4 6 8

5. To what extent do you experience impairment in your life (daily routine, job / school, social activities, family activities, financial difficulties) because of clutter, difficulty discarding, or problems with buying or acquiring things?

○ ○ ○ ○ ○
0 2 4 6 8

Total score: _____

Scoring and interpretationMean for nonclinical samples: HRS Total = 3.34; standard deviation = 4.97.Mean for people with hoarding problems: HRS Total = 24.22; standard deviation = 5.67.Analysis of sensitivity and specificity suggests an HRS Total clinical cutoff score of 14.Criteria for clinically significant hoarding:A score of 4 or greater on questions 1 and 2, and a score of 4 or greater on either question 4 or question 5.

Additional notes

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License ID: _____

Signature:
Date of assessment: _____ dd / mm / yyyy