

## Hoarding Severity Scale

For each question below, circle the number that corresponds most closely to your experience **DURING THE PAST WEEK.**

1. How much of the living area in your home is cluttered with possessions? (Consider the amount of clutter in your kitchen, living room, dining room, hallways, bedrooms, bathrooms, or other rooms.)

0	1	2	3	4
None	A little	A moderate amount	Most/Much	Almost All/Complete

2. How much of your home is difficult to walk through because of clutter?

0	1	2	3	4
None	A little	A moderate amount	Most/Much	Almost All/Complete

3. To what extent do you have so many things that your room(s) are cluttered?

0	1	2	3	4
Not at all	Mild	Moderate	Considerable/ Severe	Extreme

4. How much does clutter in your home interfere with your social, work or everyday functioning? Think about things that you don't do because of clutter.

0	1	2	3	4
Not at all	Mild	Moderate	Considerable/ Severe	Extreme

5. To what extent does the clutter in your home prevent you from using parts of your home for their intended purpose? For example, cooking, using furniture, washing dishes, cleaning, etc.

0	1	2	3	4
Never	Rarely	Sometimes/ Occasionally	Frequently/ Often	Very often

6. To what extent do you have difficulty throwing things away?

0	1	2	3	4
Not at all	Mild	Moderate	Considerable/ Severe	Extreme

7. How distressing do you find the task of throwing things away?

0	1	2	3	4
Not at all	Mild	Moderate	Considerable/ Severe	Extreme

8. How strong is your urge to save something you know you may never use?

0	1	2	3	4
Not at all	Mild	Moderate	Considerable/ Severe	Extreme

9. How often do you avoid trying to discard possessions because it is too stressful or time consuming?

0	1	2	3	4
Never	Rarely	Sometimes/ Occasionally	Frequently/ Often	Very often

10. How often do you decided to keep things you do not need and have little space for?

0	1	2	3	4
Never	Rarely	Sometimes/ Occasionally	Frequently/ Often	Very often

11. How distressed or uncomfortable would you feel if you could not acquire something you wanted?

0	1	2	3	4
Not at all	Mild	Moderate	Considerable/ Severe	Extreme

12. How strong is your urge to buy or acquire free things for which you have no immediate use?

0	1	2	3	4
Not at all	Mild	Moderate	Considerable/ Severe	Extreme

13. To what extent has your saving or compulsive buying resulted in financial difficulties for you?

0	1	2	3	4
Not at all	Mild	Moderate	Considerable/ Severe	Extreme

14. How often do you feel compelled to acquire something you see, e.g., when shopping or offered free things?

0	1	2	3	4
Never	Rarely	Sometimes/ Occasionally	Frequently/ Often	Very often

15. How often do you actually buy (or acquire for free) things for which you have no immediate use or need?

0	1	2	3	4
Never	Rarely	Sometimes/ Occasionally	Frequently/ Often	Very often

This questionnaire yields three scores: *Clutter*, *Difficulty Discarding*, and *Acquiring*.

Add your scores for items 1-5: \_\_\_\_\_ This is your *Clutter* score.

Add your scores for items 6-10: \_\_\_\_\_ This is your *Difficulty Discarding* score.

Add your scores for items 11-15: \_\_\_\_\_ This is your *Acquiring* score.

For each of these scores, they can be interpreted as:

- 0-2: Minimal
- 3-7: Mild
- 8-12: Moderate
- 13-17: Severe
- 18-20: Very Severe