Clutter / Hoarding Assessment

Date:_______________
Address:_______________________________________________________________________________

Occupant:________________________________  Phone: ____________________________
Owner:________________________   Phone:____________________________
Observer:________________________________  Phone: ____________________________

Clutter Image Rating: Living Room: _____
Clutter Image Rating: Kitchen: _____
Clutter Image Rating: Bedroom: _____
Clutter Image Rating: Bathroom: _____
Clutter Image Rating total: _____

NSGCD Clutter Hoarding Scale level: _____

Note: These scales and ratings are for information only and are not intended to diagnose any condition.

References:

http://www.hoardingconnectioncc.org/HoardingScale.pdf
http://www.hoardingconnectioncc.org/Scale.cfm
Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.

Date: ________________  Observer: ________________________________

Clutter Rating: ______

Notes:  __________________________________________________________
___________________________________________________________
________________________________________________________________
________________________________________________________________
Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.

1  2  3

4  5  6

7  8  9

Date: _______________  Observer: ________________________________________________

Clutter Rating: _____

Notes:_______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

_____________________________________________________________________________
Date: __________________    Observer: __________________________________________

Clutter Rating: _____

Notes:________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Clutter Image Rating Scale: Bathroom

Please select the photo below that most accurately reflects the amount of clutter in your room.

Date:________________ Observer:_________________________________________

Clutter Rating: _____

Notes:________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
### NSGCD Clutter-Hoarding Scale

<table>
<thead>
<tr>
<th>Level</th>
<th>Structure/Zoning</th>
<th>Pets &amp; Vermin</th>
<th>Functionality</th>
<th>Cleanliness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All doors and stairs usable</td>
<td>Normal pet activity</td>
<td>Light clutter</td>
<td>Normal housekeeping</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Light evidence of rodents/insects</td>
<td></td>
<td>No odors</td>
</tr>
<tr>
<td>2</td>
<td>1 exit blocked</td>
<td>Some pet odor, pet waste</td>
<td>Clutter prohibits use of two or more rooms</td>
<td>Limited housekeeping</td>
</tr>
<tr>
<td></td>
<td>1 major appliance or HVAC not working for longer than 6 months</td>
<td>Light pet dander, limited pet care</td>
<td>Unclear functions of lining room &amp; bedroom</td>
<td>Odors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Light to medium evidence of rodents/insects</td>
<td></td>
<td>Light to medium mildew</td>
</tr>
<tr>
<td>3</td>
<td>Visible clutter outdoors</td>
<td>Excessive pets, pet waste</td>
<td>Narrowed hall or stair 1 bathroom or bedroom not usable</td>
<td>No obvious housekeeping, heavily soiled floors, excessive dust</td>
</tr>
<tr>
<td></td>
<td>2 or more appliances not working</td>
<td>Pets not cared for, flea infestation</td>
<td></td>
<td>Irritating odors</td>
</tr>
<tr>
<td></td>
<td>Inappropriate/excessive use of electrical cords</td>
<td>Obvious evidence of rodents/insects, spider webs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Light recent structural damage</td>
<td>Obvious and excessive evidence of rodents/insects, spiders and spider webs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Old structural damage, faulty weather protection, mold or mildew. Hazardous electrical wiring Sewage issues</td>
<td>Excessive pets, aged pet waste</td>
<td>Bedroom unusable Hazardous materials stored inside home</td>
<td>Rotting food</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pets not cared for, flea infestation</td>
<td>Excessive combustible materials in living area</td>
<td>Old canned items</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Obvious evidence of rodents/insects, spiders and spider webs</td>
<td></td>
<td>No clean area in kitchen</td>
</tr>
<tr>
<td>5</td>
<td>Obvious structural damage, broken walls No electrical power, water or sewer</td>
<td>Rodent and insect infestation</td>
<td>All rooms unusable due to clutter</td>
<td>Incapacitating odor</td>
</tr>
</tbody>
</table>

Date:________________    Observer:_________________________________________

NSGCD Clutter Hoarding Scale level: _____

Notes:_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________