

Please complete this form and show it to your doctor or other healthcare professional.

Do you have Compulsive Hoarding?

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| 1. Do you buy or collect an excessive amount of items, more than you really need? | YES | NO |
| 2. Do you experience difficulty discarding items—even those that others might consider to be of limited value? | YES | NO |
| 3. Is your home cluttered to the point that you cannot use all of the living spaces as they were originally intended (for example unable to cook in the kitchen, unable to sit on the furniture)? | YES | NO |
| 4. Does the clutter in your home, your buying/collecting, or your difficulty discarding cause you to feel very distressed? | YES | NO |
| 5. Does the clutter in your home, your buying/collecting, or your difficulty discarding cause significant impairment in your family relations, social life, work, or other important areas of functioning? | YES | NO |
| 6. Has the clutter in your home, your buying/collecting, or your difficulty discarding led to problems with neighbors, social service agencies, landlords, or city officials? | YES | NO |

You *might* have Compulsive Hoarding if **all** of the following are true:

- You answered YES to items 1, 2, and 3
- You answered YES to at least one of items 4, 5, or 6

Note: This questionnaire is for informational purposes only and is not intended to function as a psychological or psychiatric assessment. Diagnosis of psychiatric disorders requires a careful evaluation by a trained professional.

To get help for this condition or to receive a comprehensive assessment, please call The Institute of Living's Anxiety Disorders Center at (860) 545-7685.