

Hoarding Disorder

1. **Do you find it difficult to dispose of or part with your belongings?** **A** **S** **P**
☒ ☒
 What types of things are difficult to discard (e.g., newspapers, trinkets, garbage, food wrappers)? Do you have difficulty discarding things that others would find of little value or that are broken or worn out?

2. **Do you feel that you must save these belongings, and that discarding them would be too upsetting?** **A** **S** **P**
☒ ☒
 What would be most upsetting about this?

3. **Has this difficulty with discarding created excessive clutter so that your living areas are not fully usable?** [CODE P IF ABSENCE OF CLUTTER IS DUE TO INTERVENTION] **A** **S** **P**
☒ ☒
 What rooms/areas are cluttered?
 [IF NO:] Have others had to intervene to reduce clutter in your home or at work?

4. [CLINICALLY SIGNIFICANT DISTRESS AND/OR IMPAIRMENT IS PRESENT. IF NOT KNOWN, ASK:] **A** **S** **P**
☒ ☒
 Is it very upsetting for you that you have these symptoms?

Have the symptoms interfered with your ability to carry out daily activities? In what ways have they interfered? Have they made it hard for you to work, socialize, go to school, or take care of things at home? Have they made your living environment unsafe? Has anyone complained about this? Have you had any complaints from the fire department, landlord, neighbours, or bylaw officers?

5. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY A MEDICAL CONDITION. IF A MEDICAL CONDITION IS PRESENT, THE SYMPTOMS ARE EXCESSIVE. IF NOT KNOWN, ASK:] **A** **P**
☒
 Did you have any medical conditions just before these symptoms began? Do you think this may have caused your symptoms or made them worse?

6. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY ANOTHER MENTAL DISORDER]

A
☒

P

DIAGNOSTIC IMPRESSION:
HOARDING DISORDER

A **S** **P**
☒

[SPECIFY:]

IN ADDITION TO DIFFICULTY DISCARDING, EXCESSIVE ACQUISITION OF ITEMS
FOR WHICH THERE IS LITTLE USE OR SPACE IS PRESENT.

WITH EXCESSIVE ACQUISITION ☐

IF NOT KNOWN ASK:

In addition to difficulty discarding, do you continue to excessively acquire
items for which you have little use or space?

[SPECIFY:]

INDIVIDUAL IS AWARE THAT HOARDING-RELATED BELIEFS
OR BEHAVIOURS ARE PROBLEMATIC

WITH GOOD OR FAIR INSIGHT ☐

INDIVIDUAL MOSTLY BELIEVES THAT HOARDING-RELATED BELIEFS OR
BEHAVIOURS ARE NOT PROBLEMATIC DESPITE CONTRARY EVIDENCE

WITH POOR INSIGHT ☐

INDIVIDUAL HAS FULL CONVICTION THAT HOARDING-RELATED BELIEFS OR
BEHAVIOURS ARE NOT PROBLEMATIC DESPITE CONTRARY EVIDENCE

WITH ABSENT INSIGHT/DELUSIONAL ☐

IF DEGREE OF INSIGHT NOT KNOWN ASK:

Do you think that your difficulty discarding and your need to save have
created problems for you?

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER

WITH PANIC ATTACKS ☐

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,
SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

7. How old were you when these symptoms first began?

8. How old were you when these symptoms began to be a problem for you?

9. On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are
you bothered by your symptoms?
