WHAT RISKS AM I RUNNING?

If you cannot check yes for all of the statements below each category of risk listed, then you are at risk for the dangers presented by the category. If all items in a category are <u>not</u> checked, put a check mark in the blank on the right of the category heading. Your goal should be to eliminate all these risks.

FIRE

- All exits are unobstructed.
- _____ There are no hazardous materials (e.g., turpentine, some cleaning supplies) in my piles.
- ____ There are no flammable materials (e.g., paper, cloth, plastic) on or near stoves or heaters.
- Power cords and extensions do not run under, over or near flammable material.
- Emergency personnel could enter with a gurney (36" wide) and could get through.

NATURAL DISASTER

- _____ Heavy items are located on low shelves or on the floor.
- There are clear spaces beneath tables or desks for disaster shelter in each room.
- Belongings are secured so that they will not become flying missles in a natural disaster.

PESTS (bed bugs, roaches, rats, mice, raccoons, skunks)

- All items not purchased new are carefully inspected for pests before being brought in.
- Items not purchased new are inspected, washed thoroughly, and quarantined outside for at least two weeks before being brought inside.
- _____No items are brought in from the street.
- _____ Food is stored in pest-proof containers and never left out in the open.
- ____ Premises are inspected for pests and sprayed regularly.
- _____ Items are moved and inspected for pests regularly.

EVICTION

- ____ I own my home.
- I always report maintenance problems immediately.

FALLS

- _____ All items are secured so that they do not lie, or cannot fall in the walkway or on people.
- ____ There are no piles impinging on walkways or stairs.
- _____ Walkways are wide enough to walk normally and carry things without risk.

ILLNESS

- ____ Neither I nor my family members have asthma or allergies.
- ____ Sanitation in my home is good despite the accumulation.
- _____ There is no mold or mildew among the piles of belongings.
- There is no food or liquid spilled or mixed in with my belongings or on surfaces.
- ____ My belongings do not impair cleaning, especially in the kitchen and bathroom.
- _____ Home care or emergency personnel could easily move around in my home to help me.
- 'Use by' dates are monitored for food and medicines and disposed of when past the date.
- ____ There is no spoiled food in refrigerators or cabinets.
- There are no animal or human feces or urine on floors, belongings, or surfaces.
- _____ There are no dead animals among the piles.

ISOLATION

____ My belongings do not keep me from having company over.

- ____ My belongings have not caused friction or embarrassment for my family.
- My hoarding does not keep me from getting out and enjoying recreational activities.
- My hoarding does not interfere with family relationships.
- ____ I do not miss time at work because of my hoarding.
- ____ I am not less productive at work because of my hoarding.

FINANCES

- ____ I never buy things I do not need nor do I spend money fixing up things I find.
- I never need to buy things I already have but cannot find.
- I do not spend money on storage space for belongings that do not fit in my home.
- I have not had to hire a professional organizer to help clear things out.
- ____ I do not spend more than my income acquiring and I am not in debt from acquiring.

LEGAL CONSEQUENCES

- ____ I have no more than one or two animals per person in my household.
- _____ My piles do not constitute a fire hazard that could affect my neighbors.
- _____ The weight of my belongings is unlikely to cause structural damage to my building.
- Children's Protective Services would not feel that my children are at risk by living in my home with all my belongings.
- _____ My family does not feel that I am at-risk because of my belongings.
- ____ The Fire, Health or Building Departments would not condemn my home.

HEALTH CARE

- _____ My kitchen is fully functional and I am able to prepare meals there.
- _____ My home supports good health care practices (comfortable sleep, room for exercise, use of bathroom, etc.).

IMPAIRED FUNCTIONING

- _____ All rooms and furnishings in my home can be used for their intended purpose.
- I am able to meet all my self-care needs (ex., bathing, dressing, cooking, cleaning) without any extra trouble because of my belongings.

EMOTIONAL

- _____ My hoarding does not cause me stress, fear or embarrassment.
- I do not fear that unchecked hoarding will lead to other mental health problems.

LOSING THINGS

- ____ I have not lost any of the following items because of my excess belongings:
 - ____bills ___medications ___glasses ___keys ___money ___ credit/ATM cards __ ID
 - _____ insurance papers _____ legal documents

Other _____

Hoarding Index | Home

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