

MODEL FORM

Use Form to Determine Whether Resident’s Clutter Is a Safety Risk

The following questionnaire, based on one from Mark Schroeter of the Hoarding Task Force for the Vermont State Agency of Human Services, can help you to determine whether the level of clutter in a resident’s unit presents a safety risk. The questions are from the task force’s

Resident Assessment and Solution Form. The questionnaire, as it is presented here, is intended for informational purposes only. If you suspect that a resident may be showing symptoms of hoarding, contact your local mental health services agency.

UNIT CONDITION QUESTIONNAIRE

To be completed by staff inspecting or performing repairs in unit.

- 1. Are egresses obstructed? yes no
If obstructed, explain how _____
- 2. Is access to windows blocked (restricting light, ventilation, and escape)? yes no
- 3. Are combustible materials near heat sources? yes no
- 4. Are appliances being used as primary or secondary heat sources, which are not their intended purpose? yes no
What are they? _____
Are portable or spot heaters being used? yes no
- 5. Are extension cords being used other than for occasional use? yes no
Are they hidden or covered, and is there any weight placed on the extension cords? yes no
- 6. Are food items stored properly? yes no
If no, explain _____
- 7. Are there unexplainable items growing or glowing that should not be? yes no
Can they be identified? yes no
Do you see mold, bugs, or animal or insect waste? yes no
- 8. Is mobility within the dwelling affected by obstacles that are out of place, such as cots, chairs, or litter? yes no
How? _____
- 9. Are there excessive amounts of material that can adversely affect load design of the floors or threaten the occupant or visitor’s safety if toppled over? yes no
How? _____
- 10. Are all parts of the dwelling usable for their intended function (such as bed, bathtub, and furniture)? yes no
If no, explain _____
- 11. Are medications present, outdated as well as current? yes no
Are they stored properly? yes no
- 12. Are there smells in the dwelling that would normally be deemed to be noxious, unhealthful, or otherwise unpleasant? yes no
What is the source of those smells? _____
- 13. Do you detect the presence of firearms/ammunition? yes no
- 14. Is the occupant a smoker? yes no