Saving Inventory Revised 2023

* Required	
1. Date *	
	::
2. Full Name *	

closely to your experience DURING THE PA	AST WEEK.		
0 None 1 A little 2 A Moderate Amount 3 Most/Much 4 Almost all/complete *			
	0	1	2
How much of the living area in your home is cluttered with possessions? (Consider the amount of clutter in your kitchen, living room, dining room, hallways, bedrooms, bathrooms, or other rooms).	\bigcirc		\bigcirc
How much control do you have over your urges to acquire possessions?	\bigcirc	\bigcirc	\bigcirc
How much of your home does clutter prevent you from using?	\bigcirc	\bigcirc	\bigcirc
How much control do you have over your urges to save possessions?	\bigcirc	\bigcirc	\bigcirc
How much of your home is difficult to walk through because of clutter?	\bigcirc	\bigcirc	

3. For each question below, check the number that corresponds most

4. For each question below, check the number that corresponds most

closely to your experience DURING THE PA	ST WEEK.		
0 Not at all 1 Mild 2 Moderate 3 Considerable / Severe 4 Extreme *			
	0	1	2
To what extent do you have difficulty throwing things away?	\bigcirc	\bigcirc	\bigcirc
How distressing do you find the task of throwing things away?	\bigcirc	\bigcirc	\bigcirc
To what extent do you have so many things that your room(s) are cluttered?	\bigcirc	\bigcirc	\bigcirc
How distressed or uncomfortable would you feel if you could not acquire something you wanted?	\bigcirc	\bigcirc	
How much does clutter in your home interfere with your social, work, or everyday functioning? Think about things that you don't do because of clutter.	\bigcirc	\bigcirc	\bigcirc
How strong is your urge to buy or acquire free things for which you have no immediate use?	\bigcirc	\bigcirc	\bigcirc
To what extent does clutter in your home cause you distress?	\bigcirc	\bigcirc	\bigcirc
How strong is your urge to save something you know you may never use?	\bigcirc	\bigcirc	\bigcirc
How upset or distressed do you feel about your acquiring habits?	\bigcirc	\bigcirc	

. For each question below, check the number that corresponds most closely to your experience DURING THE PAST WEEK.				
0 Not at all 1 Mild 2 Moderate 3 Considerable / Severe 4 Extreme *				
	0	1	2	
To what extent do you feel unable to control the clutter in your home?	\bigcirc	\bigcirc	\bigcirc	
To what extent has your saving or compulsive buying resulted in financial difficulties for you?	\bigcirc	\bigcirc	\bigcirc	
 6. For each question below, check the numb closely to your experience DURING THE P. 0 Never 1 Rarely 2 Sometimes 3 Frequently/Often 4 Very Often * 		esponds m	ost	
	0	1	2	
How often do you avoid trying to discard possessions because it is too stressful or time consuming?	\bigcirc	\bigcirc	\bigcirc	
How often do you feel compelled to acquire something you see? e.g., when shopping or offered free things?	\bigcirc	\bigcirc	\bigcirc	
How often do you decide to keep things you do not need and have little space for?	\bigcirc	\bigcirc	\bigcirc	

 7. For each question below, circle the number to your experience DURING THE PAST WEI 0 Never 1 Rarely 2 Sometimes 3 Frequently/Often 4 Very Often * 		esponds mo	st closely	
	0	1	2	
How frequently does clutter in your home prevent you from inviting people to visit? (Pre-pandemic)	\bigcirc	\bigcirc	\bigcirc	
How often do you actually buy (or acquire for free) things for which you have no immediate use or need?	\bigcirc	\bigcirc	\bigcirc	
To what extent does the clutter in your home prevent you from using parts of your home for their intended purpose? For example, cooking, using furniture, washing dishes, cleaning, etc.	\bigcirc	\bigcirc	\bigcirc	
How often are you unable to discard a possession you would like to get rid of?	\bigcirc	\bigcirc	\bigcirc	

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