

Client Name

URN:

**Hoarding and Squalor Program
Screening Tool - Observations**

| | <i>Severely</i> | <i>Moderately</i> | <i>Mildly</i> | <i>Not at all</i> | <i>Don't know</i> | <i>Comments</i> |
|--|-----------------|-------------------|---------------|-------------------|-------------------|-----------------|
| Do you think your client is lonely? | | | | | | |
| Do you think your client is paranoid? | | | | | | |
| Do you think your client is anxious? | | | | | | |
| Do you think your client has a problem with alcohol? | | | | | | |
| Do you think your client has a problem with drugs? | | | | | | |
| Do you think your client has memory problems? | | | | | | |
| Do you think your client is unhappy or depressed? | | | | | | |
| Do you think your client has dementia? | | | | | | |
| Do you think your client has a mental health issue? | | | | | | |
| What insight does the client have about their personal surroundings? | | | | | | |
| Any other observations? | | | | | | |
| Can anything be done which isn't being done to help your client? (please detail) | | | | | | |

Staff Name:

Signature:

Date: