

Saving Inventory Revised

* Required

1. Date *



2. Full Name *



3. For each question below, check the number that corresponds most closely to your experience DURING THE PAST WEEK.

- 0 | None
- 1 | A little
- 2 | A Moderate Amount
- 3 | Most/Much
- 4 | Almost all/complete *

	0	1	2	3	4
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).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much control do you have over your urges to acquire possessions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of your home does clutter prevent you from using?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much control do you have over your urges to save possessions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of your home is difficult to walk through because of clutter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. 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	3	4
To what extent do you have difficulty throwing things away?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How distressing do you find the task of throwing things away?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent do you have so many things that your room(s) are cluttered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How distressed or uncomfortable would you feel if you could not acquire something you wanted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How strong is your urge to buy or acquire free things for which you have no immediate use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent does clutter in your home cause you distress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How strong is your urge to save something you know you may never use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How upset or distressed do you feel about your acquiring habits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. 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	3	4
To what extent do you feel unable to control the clutter in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent has your saving or compulsive buying resulted in financial difficulties for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. For each question below, check the number that corresponds most closely to your experience DURING THE PAST WEEK.

- 0 | Never
- 1 | Rarely
- 2 | Sometimes
- 3 | Frequently/Often
- 4 | Very Often *

	0	1	2	3	4
How often do you avoid trying to discard possessions because it is too stressful or time consuming?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel compelled to acquire something you see? e.g., when shopping or offered free things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you decide to keep things you do not need and have little space for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. For each question below, circle the number that corresponds most closely to your experience
DURING THE PAST WEEK:

- 0 | Never
- 1 | Rarely
- 2 | Sometimes
- 3 | Frequently/Often
- 4 | Very Often *

	0	1	2	3	4
How frequently does clutter in your home prevent you from inviting people to visit? (Pre-pandemic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you actually buy (or acquire for free) things for which you have no immediate use or need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are you unable to discard a possession you would like to get rid of?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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