

Description form on hoarders

1. The origin of the complaint:

<input type="checkbox"/> Stranger	<input type="checkbox"/> Friend or acquaintance	<input type="checkbox"/> Non-living relative
<input type="checkbox"/> Family member or <input type="checkbox"/> roommate	<input type="checkbox"/> Agency for social services	<input type="checkbox"/> Service person visiting a <input type="checkbox"/> house
<input type="checkbox"/> Owner/tenant/neighbors	<input type="checkbox"/> Fire brigades or <input type="checkbox"/> police department	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Anonymous/ passer-by	Altro	

2. People living in the home (age, sex, and relationship with the hoarder):

person	age	gender	Type of relationship with the hoarder
hoarder		<input type="radio"/> M <input type="radio"/> F	
hoarder		<input type="radio"/> M <input type="radio"/> F	
hoarder		<input type="radio"/> M <input type="radio"/> F	
hoarder		<input type="radio"/> M <input type="radio"/> F	

3. Marital status of the hoarder:

<input type="radio"/> Single	<input type="radio"/> married	<input type="radio"/> divorced	<input type="radio"/> widow/or	<input type="radio"/> cohabit/companion	<input type="radio"/> unknown
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4. Residence type:

<input type="radio"/> single house	<input type="radio"/> Apartment/condominium	<input type="radio"/> Other (describe)
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5. Job of the hoarder:

6. Other stakeholders involved in the case:

Department of Mental Health	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Not detected
Fire department	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Not detected
Local police	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Not detected
Foresters	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Not detected
Social assistants	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Not detected
Department of Child Protection	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Not detected
Tribunal	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Not detected
Other (indicate)	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Not detected

7. Degree of environmental neglect:

Area of the house	degree of disorder				
Bedroom	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected
Bathroom	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected
Living room	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected
Kitchen	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected
Dining room	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected
Stairs	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected
Corridor	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected
Under roof	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected
Outdoor area	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected
Basement	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected
Garage	<input type="radio"/> None	<input type="radio"/> moderate	<input type="radio"/> Oevident	<input type="radio"/> severe	<input type="radio"/> Not detected

8. The following appliances/utilities were functional:

Stove/heaters	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not detected	Refrigerator/freezer	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not detected
Oven	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not detected	Bathroom sink	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not detected
Sink	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not detected	Toilet	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not detected
Electricity	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not detected	Water heater	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not detected
Washing machine	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not detected	Shower/bath	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not detected

9. List number, type, clinical and behavioural signs of all accumulated animals:

Kind of animal	Number of animals in altered clinical and behavioral conditions	Number of animals seriously ill, injured or extremely malnourished	Number of deaths	Total
Dogs				
Cats				
Birds				
Reptiles				
Small mammals(describe)				
Horses				
Sheep/goats				
NOTES				

10. Motivation provided by the hoarder:

<input type="checkbox"/> Save the animals
<input type="checkbox"/> Love for animals
<input type="checkbox"/> Animals as children
<input type="checkbox"/> Nobody else wanted to take care of animals
<input type="checkbox"/> Animals are the only friend or companion of the hoarder.

11. Case resolution:

- a. All the animals were taken away (seizure)
- b. Some animals were taken away (partial seizure)
- c. The accumulator has been banned from owning animals for a period
- d. The accumulator has agreed to continue to be monitored
- e. The accumulator has been subjected to psychiatric examination or mandatory medical treatment
- f. The accumulator has been placed in a rehabilitation structure

g. The accumulator has been submitted to legal procedure.