

06/18/12

ID#: _____ Date: _____

Child Saving Inventory – Parent Version

Below are items that describe some children and adolescents. Please circle the number that describes your child in the past week. Please report only on your CHILD's behavior and things, not those of others in the family.

	0	1	2	3	4
	None	A little/Minimal	Some/Moderate	Most/Much	Almost all/Completely
1. How much of your child's room (or where s/he sleeps, plays, etc.) is cluttered with possessions?	0	1	2	3	4
2. How much control does your child have over his/her urges to acquire possessions that s/he does not need?	0	1	2	3	4
3. How much time do you spend dealing with your child's possessions (e.g., organizing, discarding, arranging)?	0	1	2	3	4
4. How much control does your child have over his/her urges to save possessions that s/he does not need?	0	1	2	3	4
5. How much of your home is difficult to walk through because of your child's clutter?	0	1	2	3	4

For each question below, please circle the number that describes your child in the past week.

	0	1	2	3	4
	Not at all	Mild	Moderate	Considerable/ Severe	Extreme
6. To what extent does your child have difficulty throwing things away that s/he does not need?	0	1	2	3	4
7. How distressing does your child find the task of throwing things away?	0	1	2	3	4
8. To what extent does your child get upset when other people touch or move his/her things?	0	1	2	3	4
9. To what extent does your child get upset when you (or another adult) remove or throw away items that you do not think your child needs.	0	1	2	3	4
10. How distressed or uncomfortable would your child become if he/she could not acquire something he/she wanted (but didn't need)?	0	1	2	3	4
11. To what extent does attachment to things interfere with your child's functioning at school, at home, or with friends?	0	1	2	3	4
12. How strong is your child's urge to buy or acquire free things for which he/she has no immediate use?	0	1	2	3	4

DURING THE PAST WEEK:

	0	1	2	3	4
	Not at all	Mild	Moderate	Considerable/ Severe	Extreme
12. How strong is your child's urge to save something you know he/she may never use?	0	1	2	3	4
14. How much does your child's attachment to things interfere with his/her relationships with other children or family members?	0	1	2	3	4

For each question below, Please circle the number that describes your child in the past week.

	0	1	2	3	4
	Never	Rarely	Sometimes/Occasionally	Frequently/ Often	Very Often
15. How often does your child avoid trying to discard possessions because it is too stressful or time consuming?	0	1	2	3	4
16. How often does your child feel compelled to acquire something he/she sees? e.g., when shopping or offered free things?	0	1	2	3	4
17. How often does your child decide to keep things he/she does not need and has little space for?	0	1	2	3	4
18. How frequently does your child's clutter in the home prevent you from inviting people to visit?	0	1	2	3	4
19. How often does your child actually buy (or insist that you buy or acquire for free) things for which he/she has no immediate use or need?	0	1	2	3	4
20. How frequently do you avoid taking your child with you when you go shopping because of his/her acquiring problem?	0	1	2	3	4
21. To what extent does your child have so many things that his/her room, play area, etc. are cluttered?	0	1	2	3	4
22. To what extent does your child's clutter prevent him/her or other family members from using part of the home for its intended purpose (e.g., sleeping in his/her bed, using a bathroom sink, using his/her desk, etc.)	0	1	2	3	4
23. How often is your child unable to discard a possession you would like him/her to get rid of?	0	1	2	3	4

06/18/12
