Clutter Image Rating			
Client initials:		Date:	Therapist:
select the pictur			IR: Kitchen, and CIR: Bedroom), please clutter for each of the rooms of your home.
Please pick the	picture that is closes	t to being accura	te, even if it is not exactly right.
If your home do	oes not have one of t	he rooms listed,	just put NA for "not applicable" on that line
Room	Number of closest corresponding picture (1–9)		
Living Room			
Kitchen			
Bedroom #1			
Bedroom #2			
Also, please rate other rooms in your house that are affected by clutter on the lines below. Use the CIR: Living Room pictures to make these ratings.			
Dining room			
Hallway			
Garage			
Basement			
Attic			
Car			
Other		. Please speci	fy:

Clutter Image Rating: Bedroom Please select the photo that most accurately reflects the amount of clutter in your room.













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Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.



Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.

