**SUPPLEMENTARY ONLINE MATERIAL 1**

**HOARDING SURVEY**

Dear colleague,

In the following screen we will show you a vignette describing a hoarding case. Please read it carefully and decide what DSM-IV-TR diagnosis would be more appropriate.

Note that we are asking you to strictly adhere to current DSM-IV-TR criteria.

If you are familiar with the DSM-V deliberations regarding hoarding, please ignore them for now and think in DSM-IV-TR terms.

Please note that you may save your progress by clicking on the link at the top right corner of every page and return to the study anytime.

**Please read the clinical case below:**

For the past month Mr. Wolfe has been living in the basement of his apartment building, eating in restaurants, and using a health club for showers. His own apartment is so full of newspapers, magazines, and books that he is no longer able to get in the door, but he cannot bring himself to get rid of any of his ‘stuff.’

Mr. Wolfe began collecting baseball cards and then books and magazines when he was 12. Eventually, however, his apartment became so cluttered that his parents threw out much of his collection. He retrieved it from the garbage, and from that point on his ‘collecting’ became a focus of conflict with family and employers.

Mr. Wolfe does not go out of his way to obtain things, but once he has a newspaper, book, or magazine, he cannot throw it away because ‘there might be something of value written in it.’ The thought of throwing things out makes him extremely anxious, and, in the end, he simply cannot do it.

After his divorce, 10 years ago, he moved some of his collection into his own apartment and rented storage space for the rest. Gradually his new apartment filled up with newspapers, magazines, and books, and it became a struggle just to get in the front door and make his way to his bed. Finally, last month, he injured his shoulder trying to push things aside and then abandoned the apartment for a cot in the basement of the building. He understands that his inability to throw things out is irrational, but the thought of starting to do it makes him intolerably anxious.

**Which of the following DSM-IV-TR diagnoses would be more appropriate?**

Please select **only one** from the list below:

[ ]  I don’t think this behavior is pathological enough to be considered a disorder

[ ]  I think this behavior is pathological and should be considered a disorder but it does not fit into any of the current DSM-IV-TR categories

[ ]  Anxiety Disorder Not Otherwise Specified

[ ]  Dementia / Organic Brain Disorder

[ ]  Obsessive-Compulsive Disorder

[ ]  Obsessive-Compulsive Personality Disorder

[ ]  Personality Disorder Not Otherwise Specified

[ ]  Schizophrenia

[ ]  Other mental disorder:

Thank you.

As you know, excessive or pathological hoarding behavior can be a symptom of multiple organic and psychiatric disorders.

**Hoarding as a criterion of OCPD**

In DSM-IV-TR, ‘the inability to discard worn-out or worthless objects even when they have no sentimental value’ is one of the 8 criteria for Obsessive-Compulsive Personality Disorder (OCPD). However, in DSM-V the hoarding criterion for OCPD is likely to disappear, as it does not correlate well with the remaining OCPD criteria (see [www.dsm5.org](http://www.dsm5.org)).

**Hoarding as a compulsion of OCD**

While, in some cases with OCD, hoarding can be secondary to obsessional thoughts, such as fear of contamination or harm (i.e. a compulsion), in the majority of patients with OCD, hoarding cannot be better accounted for by other OCD symptoms. In these cases, the phenomenological differences between hoarding and OCD outweigh the similarities. There may also be important differences in cognitive-behavioral processes, course of the illness, neurobiological substrates and treatment response.

**Hoarding as an independent condition – Hoarding Disorder**

Research has shown that most hoarders do not endorse other clinically significant OCD symptoms (other than hoarding), and OCD is not the most common comorbidity. Thus, when hoarding is not a compulsion, its classification as an OCD symptom may be inadequate and only covers a minority of severe hoarding cases. A new diagnostic category is needed to cover the majority of cases where hoarding occurs in the absence of, or independently from, other OCD symptoms.

Epidemiological studies suggest that hoarding occurs in 2-5% of the population and it can lead to substantial distress and disability, as well as serious public health consequences. The creation of a new diagnosis in DSM-V, termed Hoarding Disorder, would likely increase public awareness, improve identification of cases, and stimulate both research and the development of specific treatments for this disabling problem.

A set of provisional diagnostic criteria for Hoarding Disorder have been developed for their possible inclusion in DSM-V ([www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx](http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=398)). The criteria are listed below:

**Provisional diagnostic criteria for Hoarding Disorder:**

1. Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions.
2. This difficulty is due to strong urges to save items and/or distress associated with discarding.
3. The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).
4. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
5. The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).
6. The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Pervasive Developmental Disorders, food storing in Prader-Willi Syndrome).

*Specify if:*

**With Excessive Acquisition:** If symptoms are accompanied by excessive collecting or buying or stealing of items that are not needed or for which there is no available space

*Specify whether hoarding beliefs and behaviors are currently characterized by:*

* **Good or fair insight**: Recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic
* **Poor insight:** Mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary
* **Absent insight:** Completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary

**Relation between Hoarding Disorder and OCD**

As you will have noticed, Criterion F indicates that a diagnosis of Hoarding Disorder would not be appropriate in those cases where the symptoms are secondary to or caused by other mental disorders, including OCD. For example, if hoarding were secondary to a prototypical obsession (e.g., superstitious thoughts associated with discarding items), the appropriate diagnosis would be OCD.

The following may facilitate the differential diagnosis between Hoarding Disorder and OCD. OCD should be diagnosed if:

*1)  The hoarding behavior is driven mainly by prototypical obsessions (e.g., fear of contamination, superstitious thoughts, intense feelings of incompleteness, or saving to maintain a record of all life experiences) or is the result of persistent avoidance of onerous compulsions (e.g., not discarding in order to avoid endless washing or checking rituals).*

*2)  The hoarding behavior is generally unwanted and highly distressing (i.e., the individual experiences no pleasure or reward from it).*

*3)  The individual shows no interest in the majority of the hoarded items (i.e., the items do not have a sentimental or intrinsic value for the individual).*

*4)  Excessive acquisition is usually not present; if present, items are acquired or bought because of a specific obsession (e.g., an urge to pick up items with a certain shape/texture from the street, the need to buy items in certain numbers or to buy items that have been accidentally touched in order to avoid contamination of others if they touch these items) and not because of a genuine desire to possess the items.*

However, Hoarding Disorder can also co-occur with OCD (as a comorbid disorder). In these cases the hoarding symptoms are totally independent from the OCD symptoms.

**IN THE FOLLOWING SCREENS WE WOULD LIKE YOU TO READ SOME CLINICAL VIGNETTES AND DECIDE WHETHER THESE PATIENTS MEET CRITERIA FOR HOARDING DISORDER.**

A 40-year-old-man with no previous psychiatric history underwent surgical resection of an olfactory meningioma in 1988. He remained well until 1993, when the tumor recurred. He underwent surgery again in 1995. The postoperative CT scan showed two large porencephalic frontal defects with no tumor residue. Soon after the second operation, he started displaying uncharacteristic collecting behavior. He began searching out domestic appliances such as television sets, telephones, refrigerators, vacuum cleaners, washing machines, or videocassette recorders. Twice a month, he roamed the town and brought appliances, mainly television sets, back home. He stocked them first in his living room, but when 35 television sets were stored there, he placed additional televisions in his daughter’s bedroom, then in the corridors, in the bathroom, and in his three cellars. In the end, when there was no empty space left in the cellars, he put them in ventilation shafts. He also amassed worn-out objects such as papers, carrier bags, and empty bottles and packets. The collecting and resulting clutter caused major disruptions in the family functioning.

**In your clinical judgment, which of the following diagnoses are present in the clinical case above?**

Please select **one or two options** from the list below:

[ ]  Dementia / Organic Brain Disorder

[ ]  Hoarding Disorder

[ ]  Obsessive-Compulsive Disorder

[ ]  Obsessive-Compulsive Personality Disorder

[ ]  Schizophrenia

[ ]  I don't think this patient warrants any diagnosis

[ ]  Other mental disorder (please specify):

**Now, please select which of the individual criteria for Hoarding Disorder are met:**

|  |  |
| --- | --- |
|  |  |

[ ]  **A.** Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions.

[ ]  **B.** This difficulty is due to strong urges to save items and/or distress associated with discarding.

[ ]  **C.** The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

[ ]  **D.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

[ ]  **E.** The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

[ ]  **F.** The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Pervasive Developmental Disorders, food storing in Prader-Willi Syndrome).

Mrs. LS is a 37 year-old woman. Since she was 19, she has experienced concerns about ‘contaminating other people’ and spends several hours a day cleaning her house and washing her hands. Her hoarding behavior started in her late twenties. She feels unable to discard her worn-out clothes because she fears other people might become contaminated if they touch them. She also feels compelled to acquire any item she may touch or rub accidentally in the supermarket or other public places, even if she does not need it –due to the same fear about other people getting contaminated because of her. As a result of her inability to discard certain items, her bedroom, living room and kitchen are very cluttered, and she can hardly use them. She shows no interest in the items she hoards and she is not emotionally attached to them; she reports that she would be very happy if she could get rid of them. The hoarding symptoms cause great distress and interfere substantially with her life.

**In your clinical judgment, which of the following diagnoses are present in the clinical case above?**

Please select **one or two options** from the list below:

[ ]  Dementia / Organic Brain Disorder

[ ]  Hoarding Disorder

[ ]  Obsessive-Compulsive Disorder

[ ]  Obsessive-Compulsive Personality Disorder

[ ]  Schizophrenia

[ ]  I don't think this patient warrants any diagnosis

[ ]  Other mental disorder (please specify):

**Now, please select which of the individual criteria for Hoarding Disorder are met:**

|  |  |
| --- | --- |
|  |  |

[ ]  **A.** Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions.

[ ]  **B.** This difficulty is due to strong urges to save items and/or distress associated with discarding.

[ ]  **C.** The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

[ ]  **D.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

[ ]  **E.** The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

[ ]  **F.** The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Pervasive Developmental Disorders, food storing in Prader-Willi Syndrome).

Ms. SB is a widowed 51-year-old woman. She reports that she has experienced difficulty discarding items for as long as she can remember, although she did not regard this behavior as problematic in the past. In recent years, she has noticed that her three-bedroom flat has started to become increasingly cluttered. Despite her efforts to clear the clutter, she feels unable to discard most common items (especially paperwork) because she thinks they might be useful in the future. She also reports being sentimentally attached to her possessions –which serve as a reminder of happier times when she was married. She has managed to keep her kitchen and bathroom relatively uncluttered, but her living room is cluttered to the extent that she can no longer sit on the sofa and only has one chair on which to sit. She has not been able to watch TV for several years as it is currently buried under piles of old newspapers and magazines. Her hoarding behavior has a major impact on her social life (she has not been able to invite anyone to her home for 2 years because of embarrassment). She does not report any psychiatric symptoms other than high anxiety when facing the prospect of discarding her possessions. When asked about how she feels about her behavior, she describes her symptoms as being mainly egosyntonic (i.e., they are not unwanted), but she decided to seek help once the clutter started to interfere with her life.

**In your clinical judgment, which of the following diagnoses are present in the clinical case above?**

Please select **one or two options** from the list below:

[ ]  Dementia / Organic Brain Disorder

[ ]  Hoarding Disorder

[ ]  Obsessive-Compulsive Disorder

[ ]  Obsessive-Compulsive Personality Disorder

[ ]  Schizophrenia

[ ]  I don't think this patient warrants any diagnosis

[ ]  Other mental disorder (please specify):

**Now, please select which of the individual criteria for Hoarding Disorder are met:**

[ ]  **A.** Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions.

[ ]  **B.** This difficulty is due to strong urges to save items and/or distress associated with discarding.

[ ]  **C.** The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

[ ]  **D.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

[ ]  **E.** The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

[ ]  **F.** The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Pervasive Developmental Disorders, food storing in Prader-Willi Syndrome).

Mr. JR is a 45 year-old man who works as a Business Manager in an international company. He has been collecting stamps since he was an adolescent. Throughout the years he has accumulated a large amount of stamps stored in binders and boxes, –as well as hundreds of books and magazines about stamps. His 2-bedroom flat is full of shelves filled with his collection, which he keeps carefully organized. On questioning, he reports that he would be extremely reluctant to sell or give away his much loved collection. He is able to use all the rooms of his apartment normally, and reports no impairment or distress caused by his collecting.

**In your clinical judgment, which of the following diagnoses are present in the clinical case above?**

Please select **one or two options** from the list below:

[ ]  Dementia / Organic Brain Disorder

[ ]  Hoarding Disorder

[ ]  Obsessive-Compulsive Disorder

[ ]  Obsessive-Compulsive Personality Disorder

[ ]  Schizophrenia

[ ]  I don't think this patient warrants any diagnosis

[ ]  Other mental disorder (please specify):

**Now, please select which of the individual criteria for Hoarding Disorder are met:**

|  |  |
| --- | --- |
|  |  |

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[ ]  **B.** This difficulty is due to strong urges to save items and/or distress associated with discarding.

[ ]  **C.** The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

[ ]  **D.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

[ ]  **E.** The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

[ ]  **F.** The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Pervasive Developmental Disorders, food storing in Prader-Willi Syndrome).

Mr. MK is a single, 39 year-old man who started to experience severe psychotic symptoms when he was 19. Since then, he has been convinced that he has a microchip in his brain containing confidential data. He believes the KGB is after him and is afraid to go out of his house for this reason. He is also reluctant to invite anyone to his house, except his sister, who brings him food on a regular basis. His 2-bedroom house is fully cluttered with all sorts of items including old newspapers, correspondence, cans, cartons, carrier bags, and worn-out clothes, among others. Despite his sister’s efforts to clean his house, he refuses to allow her to throw away any item because he fears that the KGB could locate him if they found his fingerprints on any of the discarded items. As a result of the clutter, he has severe difficulties in using most of the living spaces in his house, which results in extreme impairment in his daily functioning.

**In your clinical judgment, which of the following diagnoses are present in the clinical case above?**

Please select **one or two options** from the list below:

[ ]  Dementia / Organic Brain Disorder

[ ]  Hoarding Disorder

[ ]  Obsessive-Compulsive Disorder

[ ]  Obsessive-Compulsive Personality Disorder

[ ]  Schizophrenia

[ ]  I don't think this patient warrants any diagnosis

[ ]  Other mental disorder (please specify):

**Now, please select which of the individual criteria for Hoarding Disorder are met:**

|  |  |
| --- | --- |
|  |  |

[ ]  **A.** Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions.

[ ]  **B.** This difficulty is due to strong urges to save items and/or distress associated with discarding.

[ ]  **C.** The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

[ ]  **D.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

[ ]  **E.** The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

[ ]  **F.** The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Pervasive Developmental Disorders, food storing in Prader-Willi Syndrome).

Mr. GS is a 54 year-old man who works as administrative assistant. His hoarding behavior started in his early twenties. He collects all sorts of items, including tools, old bicycles, electric appliances, and broken furniture. He saves every screw or small piece of wood because ‘it may come in handy sometime’. Since the death of his wife two years ago, his hoarding behavior became more extreme. His 3-beedrom flat is full of ‘stuff’ to the point that walking through the clutter is difficult and even dangerous. His 17-year-old daughter recently moved with her aunt after the social services determined that the house was no longer safe for her to live in. Mr. GS has been told that he is facing eviction if he does not clean his house within the next 3 months. He reports that this situation is getting out of hand and he has recently started to feel depressed. However, he is still extremely reluctant to let go of any of his possessions. There were no other relevant psychiatric symptoms.

**In your clinical judgment, which of the following diagnoses are present in the clinical case above?**

Please select **one or two options** from the list below:

[ ]  Dementia / Organic Brain Disorder

[ ]  Hoarding Disorder

[ ]  Obsessive-Compulsive Disorder

[ ]  Obsessive-Compulsive Personality Disorder

[ ]  Schizophrenia

[ ]  I don't think this patient warrants any diagnosis

[ ]  Other mental disorder (please specify):

**Now, please select which of the individual criteria for Hoarding Disorder are met:**

|  |  |
| --- | --- |
|  |  |

[ ]  **A.** Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions.

[ ]  **B.** This difficulty is due to strong urges to save items and/or distress associated with discarding.

[ ]  **C.** The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

[ ]  **D.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

[ ]  **E.** The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

[ ]  **F.** The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Pervasive Developmental Disorders, food storing in Prader-Willi Syndrome).

Mrs. VT is a 37 year-old woman who lives with her husband and her 5 year old son. When her son was born, she started having intrusive thoughts about hurting him. These thoughts are highly distressing and lead her to avoid certain objects such as knives or scissors because they trigger the unwanted thoughts. She also repeatedly checks that she has not harmed her son. These intrusive thoughts and rituals are very incapacitating. Her hoarding symptoms began in her early twenties, some years before the birth of her son. She feels unable to discard various items because she feels emotionally attached to them. She keeps dozens of boxes filled with old clothes from her son (which he no longer wears) as well as numerous items she inherited from her parents three years ago. The kitchen is also cluttered, and some of the appliances can no longer be used. Her husband has complained many times about how unpleasant it is to have ‘clutter all over the house,’ but she refuses to discard virtually anything. This often leads to arguments between the couple. Her husband has recently threatened Mrs. VT with divorce if she does not ‘clear up the mess’. She reports that the thoughts about harming her son are unwanted and very distressing but her hoarding behavior appears to be unrelated to these thoughts. She reports that the possessions are comforting and remind her of happier times, although she acknowledges that the clutter causes major problems at home.

**In your clinical judgment, which of the following diagnoses are present in the clinical case above?**

Please select **one or two options** from the list below:

[ ]  Dementia / Organic Brain Disorder

[ ]  Hoarding Disorder

[ ]  Obsessive-Compulsive Disorder

[ ]  Obsessive-Compulsive Personality Disorder

[ ]  Schizophrenia

[ ]  I don't think this patient warrants any diagnosis

[ ]  Other mental disorder (please specify):

**Now, please select which of the individual criteria for Hoarding Disorder are met:**

|  |  |
| --- | --- |
|  |  |

[ ]  **A.** Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions.

[ ]  **B.** This difficulty is due to strong urges to save items and/or distress associated with discarding.

[ ]  **C.** The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

[ ]  **D.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

[ ]  **E.** The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

[ ]  **F.** The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Pervasive Developmental Disorders, food storing in Prader-Willi Syndrome).

Sally is a ten-year-old girl who began having difficulty discarding at eight years old, when her parents began divorce proceedings. The difficulties began with a pumpkin Sally’s mother had given her for Halloween. She became so attached to it that she wouldn’t let it out of her sight. According to her mother, Sally treated the pumpkin as though it were a person, even ascribing emotions to it, saying on some occasions that it was sad. When the pumpkin began to rot, Sally’s mother made her get rid of it, and Sally reacted as though she was losing a piece of herself. With the pumpkin gone, Sally shifted her attention to a balloon with a similar kind of attachment. Sally’s attachments soon spread to almost everything she owned, and her mother began having difficulty managing the behavior. Sally wants to save everything, even scraps of paper, and becomes very stressed and upset when her mother discards them. Frequently she digs through the trash to rescue things. Her mother has begun to discard things clandestinely in order to keep their house from being overrun with junk. In addition to ascribing feelings to these objects, Sally insists they are important to her and could be put to use, though she cannot say how.  Not long after the move subsequent to the divorce, Sally has begun actively collecting things—candy wrappers, stones, and other small items. These things pile up on the floor of her room. Sally has relatively little clutter in her room because her mother clandestinely discards things from Sally’s room. Her mother reports no ADHD or attention related problems and no difficulties with symmetry or arrangement of objects. Nor does Sally display any other significant OCD symptoms.

**In your clinical judgment, which of the following diagnoses are present in the clinical case above?** Please select **one or two options** from the list below:

[ ]  Dementia / Organic Brain Disorder

[ ]  Hoarding Disorder

[ ]  Obsessive-Compulsive Disorder

[ ]  Obsessive-Compulsive Personality Disorder

[ ]  Schizophrenia

[ ]  I don't think this patient warrants any diagnosis

[ ]  Other mental disorder (please specify):

**Now, please select which of the individual criteria for Hoarding Disorder are met:**

|  |  |
| --- | --- |
|  |  |

[ ]  **A.** Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions.

[ ]  **B.** This difficulty is due to strong urges to save items and/or distress associated with discarding.

[ ]  **C.** The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

[ ]  **D.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

[ ]  **E.** The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

[ ]  **F.** The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Pervasive Developmental Disorders, food storing in Prader-Willi Syndrome).

1. Your Name (optional):

2. Email address (optional):

3. Country:

4. I am a:

[ ]  Psychiatrist

[ ]  Psychologist

[ ]  Other (specify):

5. I work as a:

[ ]  Clinician

[ ]  Researcher

[ ]  Both

6. I am a resident/trainee/student:

[ ]  Yes

[ ]  No

7. My main area of interest is OCD and related disorders:

[ ]  Yes

[ ]  No

8. I consider myself a hoarding expert:

[ ]  Yes

[ ]  No

9. In your professional career, have you seen any patients that fit within the diagnostic criteria of Hoarding Disorder?

[ ]  Yes

[ ]  No

10. Are you familiar with DSM-IV-TR?

[ ]  Yes

[ ]  No

11. Are you familiar with the proposed changes to diagnostic criteria in DSM-V?

[ ]  Yes

[ ]  No

12. How acceptable do you find the proposed criteria for Hoarding Disorder?

[ ]  Very acceptable

[ ]  Somewhat acceptable

[ ]  Not to acceptable

[ ]  Not at all acceptable

13. How acceptable do you think the proposed criteria will be for the patients?

[ ]  Very acceptable

[ ]  Somewhat acceptable

[ ]  Not to acceptable

[ ]  Not at all acceptable

14. Do you have any specific comments about the 'excessive acquisition' specifier?

15. Do you have any specific comments about the 'insight' specifier?

16. In your opinion, if Hoarding Disorder is included in DSM-V, should it appear in the main body of the manual or in an Appendix of Criteria Sets Provided for Further Study?

[ ]  In the main manual

[ ]  In an Appendix of Criteria Sets Provided for Further Study

17. We appreciate your feedback. Please add any comments here:

**Thank you for taking part.**

**Your participation will help improving the proposed criteria for Hoarding Disorder.**

**SUPPLEMENTARY ONLINE MATERIAL 2**Changes done in the provisional diagnostic criteria of Hoarding Disorder between the Expert survey and the APA survey. Only changes in criteria A, B, C, and F and in one of the specifiers are shown as the rest of criteria remained the same through the two surveys.

|  |  |
| --- | --- |
| **Expert survey** | **APA survey** |
| 1. Persistent difficulty discarding or parting with possessions, regardless of *whether they are perceived by others to be valuable or not.*
 | 1. Persistent difficulty discarding or parting with possessions, regardless of *the value others may attribute to these possessions.*
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| 1. This difficulty is due to strong urges to save items, distress and/or *indecision* associated with discarding.
 | 1. This difficulty is due to strong urges to save items and/or distress associated with discarding.
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| 1. The symptoms result in the accumulation of a large number of possessions that fill up and clutter *the* active living areas of the home or workplace to the extent that *the* intended use *of at least some of these* *areas* is no longer possible *(e.g., unable to cook in kitchen or to sit in living room).* If all living areas are uncluttered it is only because of the intervention of third parties (e.g., *parents in the case of children,* family members, cleaners, *local* authorities*, etc.*).
 | 1. The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that *their* intended use is no longer possible. If all living areas are uncluttered*,* it is only because of the intervention*s* of third parties (e.g., family members, cleaners, authorities).
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| 1. The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding *as a compulsion* due to obsessions in Obsessive-Compulsive Disorder, *lack of motivation* in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Autistic Disorder, food storing in Prader-Willi Syndrome).
 | 1. The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, *decreased energy* in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in *Pervasive Developmental Disorders*, food storing in Prader-Willi Syndrome).
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| Specify whether hoarding beliefs and behaviors are currently characterized by:  * **Good or fair insight:** […]
* **Poor insight:** […]
* ***Delusional:*** Completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.
 | Specify whether hoarding beliefs and behaviors are currently characterized by:  * **Good or fair insight:** […]
* **Poor insight:** […]
* ***Absent insight:*** Completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.
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