

DATA COLLECTION INSTRUCTION SHEET

CASE INFORMATION

Date of visit: Date of home visit

Case Status: **Completed by County Board of Health Staff.**

Case Justification: If case of hoarding is noted levels 1 through 9 on CIR Scale check justified report. If no signs of hoarding are noted check non-justified.

Hoarding Type: If animal hoarding is noted check the Animal box. If material hoarding is noted check the Material box. If both types of Hoarding are noted please check both.

Lead Agency: Name of Agency submitting data collection form to Cuyahoga County Board of Health.

Lead Contact: Individual conducting home visit.

PERSONAL INFORMATION

First/Last name: Name of Hoarder.

Primary Contact: Name of Hoarder.

Secondary Contact: Spouse/Significant other living in house.

ADDRESS INFORMATION

Address of hoarding case.

Clutter Image Rating

Scale can be downloaded from www.HoardingConnectionCC.org

Survey Date: Date of home visit.

Surveyed By: Individual conducting survey.

CIR SCALES: Please circle the number that corresponds with picture on the scale.

Intervention

Date of Intervention: Date of agency work, clean up, referral to clinical assessment, or enforcement proceedings.

Agency: Agency conducting intervention.

Intervention Type: Clinical (Intervention by medical professional)
Enforcement (Intervention through probate action, legal means)
Other (Help from family members, static case)

*** If Intervention activity is not known leave section blank***