



Cuyahoga County Hoarding Connection
Data Collection Form
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Case Information

Date of Visit: / /

Case Justification

Justified Report Un-Justified Report

Lead Agency: _____

For Official Use Only

Case Status: Open Closed Denied

Hoarding Type

Animal Material Both

Lead Contact: _____

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: / /

Sex: M F

Ethnicity

Hispanic Non-Hispanic

Race

Caucasian African American Asian Other

Primary Contact: _____

Secondary Contact: _____

Is this person the Primary Hoarder?

Yes No

Is this person (Spouse/Significant Other) a Hoarder?

Yes No

Address Information

Street Number: _____ Street Name: _____

Apt #/Suite: _____

City: _____ Zip Code: _____

Clutter Image Rating

Survey Date: / /

Survey By: _____

CIR Living Room: 1 2 3 4 5 6 7 8 9

CIR Bedroom: 1 2 3 4 5 6 7 8 9

CIR Kitchen: 1 2 3 4 5 6 7 8 9

CIR Bathroom: 1 2 3 4 5 6 7 8 9

Intervention

Intervention Date: / /

Intervention By: _____

Agency: _____

Intervention Type

Clinical Enforcement Other