

Hoarding Connection of Cuyahoga County
Data Collection Form
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 Cuyahoga County Board of Health
 Tel: 216-201-2001 x1209

Send completed forms to secure fax#, "Attention Vince": 216-676-1317

PLEASE BE ADVISED: This is a DATA COLLECTION FORM only. No service provider will be contacted with this information, nor should it be used for that purpose. It will be held securely with no identifying information given out. The implications for this information are for the purpose of identifying incidence and prevalence of hoarding in our community, of which the Cuyahoga County Board of Health is permitted to collect. If you have further concerns regarding HIPPA or other privacy concerns, please reference the Hoarding Connection website at <http://www.hoardingconnectioncc.org>

Date of visit to the property: ___/___/_____

Information Regarding the Person Submitting this Form

Agency: _____ Contact: _____

Information Regarding the Person Exhibiting the Hoarding

Name: _____ Age: _____ Sex: M F
 (approx. if unknown)

Race: Caucasian African American Hispanic Other _____

Information Regarding the Condition of the Property that is affected by Hoarding

Address: House Number: _____ Street Name: _____

Apt/Suite #: _____ City: _____ ZIP: _____

Type of Hoarding: Material Animal Both

Clutter Image Rating

Circle all that apply. Visit <http://www.hoardingconnectioncc.org/Scale.cfm> to reference images

Clutter Image Rating for Living Room	1	2	3	4	5	6	7	8	9	n/a
Clutter Image Rating for Bedroom	1	2	3	4	5	6	7	8	9	n/a
Clutter Image Rating for Kitchen	1	2	3	4	5	6	7	8	9	n/a
Clutter Image Rating for Bathroom	1	2	3	4	5	6	7	8	9	n/a

Comments: _____