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The Environmental Cleanliness and Clutter Scale (ECCS)

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ABSTRACT

Background: Development of a scale to rate the degree and various aspects of uncleanliness will facilitate description and research in cases of severe domestic squalor.

Methods: Discussion with representatives of relevant agencies led to selection of various aspects of domestic uncleanliness and clutter to be assessed when describing cases of squalor. Rooms and areas with varying functions (toilet, kitchen, bedroom, etc.) were all to be rated, along with other indicators of squalor (e.g. odor, vermin). Trial use and further discussion resulted in reduction to ten items, each rated on a four-point scale, with succinct descriptions of anchor-points. Two experienced psychogeriatricians then used this new Environmental Cleanliness and Clutter Scale (ECCS) to rate independently 55 dwellings which had been reported by Aged Care staff as cluttered or unclean, and also rated overall degree of squalor. Reliability and indications of validity were analyzed.

Results: The inter-rater reliability for the ten items was considered satisfactory (κ 0.48, varying from 0.31 to 0.58). Cronbach's α for the new scale was 0.94, demonstrating high internal consistency. Each author's ratings of degree of squalor (none to severe) matched well with the other's ratings on the scale; a score of >12 usually indicated moderate or severe squalor.

Conclusion: The ECCS proved reliable and useful in rating cases where elderly people were living in severe domestic squalor.

Key words: squalor, Diogenes syndrome, hoarding, aged, housing, rating scale, reliability, mental disorder

Introduction

"The home is cluttered with rubbish and infested with vermin. Excrement and decomposing food are strewn around the floors and the stench emanating is unbearable to all but the occupant . . ." (Cooney and Hamid, 1995).

Some people live in conditions so filthy and unhygienic that almost all observers, in whatever culture, would consider them unacceptable (Snowdon *et al.*, 2007). The term "severe domestic squalor" has been used when describing very unclean accommodation in which there has been an accumulation of refuse and dirt, commonly with evidence of vermin and with excrement (human or animal) in living areas. In many such cases, a disorderly collection of a variety of articles or possessions of little obvious value limits access within the dwelling. Various researchers have used the term "squalor" when reporting the living conditions in cases of what has been given the misnomer "Diogenes syndrome" (Clark *et al.*, 1975). Wrigley and Cooney (1992) referred to "gross domestic squalor" when reporting a series of such cases.

It is likely that those who live in severe domestic squalor start doing so because of a complex interplay of triggers and vulnerabilities. There is limited but growing evidence that frontal lobe dysfunction is a major factor accounting for deterioration of living conditions and various associated features in many cases (Snowdon *et al.*, 2007). However, a body of literature on hoarding (a common finding in cases of severe domestic squalor) suggested that obsessive-compulsive disorder (OCD) is the most common reason for people to hoard possessions excessively and then to live in very unclean conditions (Saxena *et al.*, 2002; Steketee and Frost, 2003). Subsequently, Saxena (2007) gathered evidence to justify defining compulsive hoarding as a genetically and neurobiologically discrete entity, to be classified separately from OCD in future

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diagnostic classification systems. He did not record how commonly the compulsive hoarding resulted in unclean living conditions. Nor did Pertusa *et al.* (2008), who provided further evidence that most individuals who hoard compulsively manifest a syndrome separate from OCD. Maier (2004) suggested that compulsive hoarding is really an impulse-control deficit rather than a compulsion. However, he pointed out that individuals with neuropsychiatric disorders may collect items ritualistically rather than compulsively or because they lack impulse-control, and others accumulate rubbish and filth because they are not motivated or able to throw it away. The latter types of accumulation of items or rubbish should not be called hoarding (Snowdon *et al.*, 2007).

A recent review (Snowdon *et al.*, 2007) pointed out that there are big gaps in our understanding of why some people come to live in squalor, and of what happens to them with or without outside intervention. There is a need for cross-sectional and longitudinal studies, using standardized rating instruments to document living conditions. Assessments of personality (including obsessionality), cognitive function, psychiatric and physical problems, sensory impairment and perceptions of disgust will assist in understanding causative factors, and repeat assessments (particularly in relationship to cleanliness and hoarding) will allow evaluations of the effectiveness of interventions.

In their seminal study, Macmillan and Shaw (1966) rated each of ten environmental and five personal aspects of cleanliness on a 5-point scale of severity. Snowdon (1987) reported data from a catchment area in Sydney, gathered by community staff who provided ratings of domestic cleanliness using a 4-point rating system. For example, floors were rated as clean, a little dirty, dirty or very dirty. Fourteen rooms or features within dwellings were rated: living room, bedroom, kitchen, bathroom and toilet, disposal of excreta, floors, walls and ceilings, windows, curtains, bed, cooker, smell, evidence of hoarding, and adequate disposal of garbage. Seven of these items had been included in Macmillan and Shaw's scale, though with walls and ceilings rated separately. Three of their items (table, coal and dirt) were not included in Snowdon's scale. Samios (1996) used a similar 4-point scoring system but varied some of the items in developing a Living Conditions Rating Scale (LCRS). Items similar to those in Snowdon's scale were kitchen, bathroom and toilet, disposal of excreta, floors, walls, odor, and hoarding. Samios added the following items: accessibility, clutter, lighting, furniture, food, and vermin. Limited evidence of the LCRS's validity was recorded in her unpublished dissertation, and Halliday *et al.* (2000) used the LCRS in their study of young, middle-aged and older subjects living in squalor in South London (U.K.). Snowdon and Halliday (2007) included LCRS ratings when documenting the prevalence and outcome of older people living in squalor in Central Sydney.

A scale to rate hoarding (Frost *et al.*, 2004) could also be useful in studies of severe domestic squalor, along with assessments of obsessionality such as the Leyton Obsessional Inventory (Cooper, 1970; Snowdon, 1980) and the Yale-Brown Obsessive Compulsive Scale (Goodman *et al.*, 1989). Within a framework of assessment questions addressed to people who compulsively hoard, Tolin *et al.* (2007) included four items (rotten food, insects, human excreta, animal excreta) to help rate domestic cleanliness.

Those working in agencies that are required to take action in cases of severe domestic squalor, as well as researchers examining cause and outcome, have expressed a need for a readily available, brief, reliable, user-friendly way of documenting the type and degree of uncleanliness and clutter that they observe in such cases. While agreeing that those who live in domestic squalor often neglect personal care as well, they advised that the main need by agencies was for a comprehensive environmental assessment instrument (i.e. a rating of living conditions). Another aim when developing such a scale was to maximize opportunities for linking lines of research that focus on referred cases of squalor (with or without hoarding) with those focusing on referred cases of hoarding (some in the absence of uncleanliness) (Snowdon *et al.*, 2007).

Methods

The authors initiated the development of a domestic squalor rating scale at a time when they were involved in development of guidelines on intervention in cases of squalor in New South Wales (Australia). They sought views from the Guidelines Reference Group (comprised of representatives of concerned agencies, including community services, housing, environmental health, the Guardianship Tribunal and the RSPCA) regarding aspects of domestic environments that would be relevant in documenting the extent of observed squalor. At that time (2003–2004), staff of these agencies provided narrative descriptions to document cases of squalor. Few used standardized rating questions, though staff of the Central Sydney old age psychiatry service had started using the LCRS routinely in relevant cases in 1999.

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The Reference Group proposed that agencies start using an agreed set of questions in order to assess which ones worked best for them in documenting observations of domestic uncleanliness and the need for interventions. Certain items from the LCRS were considered out of place or inadequately worded. Items were suggested by agencies, some being modifications of those used in previously used scales. Attention was given to the difficulties of rating the state of floors and surfaces in cases where they could not be seen because of hoarded possessions. It was agreed that the scale would not be designed to assess occupational health and safety aspects of dwellings (though agencies might want to make ratings of these as well), or to focus on whether owners had adequately maintained the structure and paintwork of the property. The focus was to be on whether occupants had kept their dwellings in an acceptably clean, hygienic and ordered way.

Discussions resulted in a list of 24 domestic environment items, most (21) to be rated on a 4-point scale (0–3). A further question was "Do you think this person is living in squalor? No, mild, moderate or severe?" Raters were asked to endorse "plus lots of clutter" if applicable.

Item reduction and clarification

Comments were received from a number of community services personnel who used the 24-item tool in their routine assessments, to help document their observations in cases of squalor. They considered that the ratings allowed comprehensive assessment of a dwelling but that some of the items could be coalesced. They recommended providing space for comments in order to amplify why particular ratings had been made. Suggestions were offered concerning improved wording of the anchor-points.

It was hoped that the list could be reduced to 10 items or less, and that all could be rated on a 4-point scale. The main aim of the scale was to provide a quantifiable rating of the degree of squalor. It was considered important not to leave items unrated if possible, while realizing that occupants have a right to refuse access to all or part of their accommodation, except if assessors come with an appropriate legal order.

Discussion led to choice of ten items, rating distinct aspects of uncleanliness and clutter, for the final version of the scale (see Appendix). There was hesitation about including ratings of odor, because of recognition that ability to perceive odors and rate their intensity varies between individuals. Nevertheless, the relevance of certain odors as an indicator of squalor was considered so considerable that the item must be retained.

A rating omitted from the final version was of the number of usable rooms in a dwelling. In some homes, one or more rooms are used for storage and commonly appear dirty and cluttered while other areas are clean. Contrastingly, some dwellings consist of only one room with adjoining toilet and shower-room and maybe a kitchenette. The item on usable rooms would not be appropriate. The scale could not take account of size and functions of rooms, but the wording of anchor-points was designed to take these into account (e.g. when assessing accessibility and clutter in living areas). Where a toilet and/or shower-room serve more than one unit of accommodation, it was agreed they should not be rated and must be assumed to be clean when calculating the total rating.

It was intended that agencies be able to use the ratings (including those of clutter and organization of collected articles) as part of a summary overview of living conditions in a dwelling. Supplementary questions (i.e. additional to and separate from the scale) would provide information concerning the availability of utilities, the perceived risks of fire and injury, demographic and housing details, pet ownership, and observations concerning self-care and personal appearance of the occupant(s).

Evaluating the scale

Since late 2004, when the Reference Group submitted its report and recommendations for guidelines on when to intervene in cases of severe domestic squalor (see Snowdon and Halliday, 2009), the scale has been available for use by agencies in New South Wales (NSW). Feedback has vouched for its utility. The NSW Government's Department of Aging, Disability and Home Care arranged to make the scale available on its website. The authors of this paper, together with their community old age psychiatry team, continued to use the scale when assessing cases of domestic squalor in their catchment area, where some 18,000 persons aged 65 years or more reside in their own or rented accommodation. The suburbs range from deprived to well-off. They sought and received approval from Central Sydney Area Health Service's Ethics Committee to develop a database and record ratings concerning all cases of squalor referred to their service, and a first report has been published (Snowdon and Halliday, 2007).

From 2000 to 2009 about 18 such cases per year have been referred to the service (i.e. one per 1000 persons aged 65 years or more). Ratings of living conditions have been possible

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when the referred occupant(s) (or their designated "responsible person") gave informed consent for one or more members of the community team to look around the dwelling. For purposes of the present study, where occupants were asked to consent to ratings being made independently by GH and JS, they were informed that the raters would compare observations in order to test the scale. None of the occupants who agreed to their homes being viewed withheld consent.

Testing reliability and validity

After finalizing the wording for the four anchor-points of each item, the scale was used to rate 55 dwellings. The two authors, both being senior specialists in old age psychiatry, visited the homes of a consecutive series of clients who had been referred to their catchment area old age psychiatry service and agreed to the visit, and whose homes had been reported by referrers to be unclean and/or cluttered to some degree. In most cases, the ratings were made soon after referral, and the old age psychiatry team worked with other agencies to ensure appropriate interventions were arranged. In some cases, the assessments were made when attempts had already been made to initiate services. Demographic details were partly available from the referrers, but supplemented (e.g. regarding house and pet ownership) by enquiries during assessment visits.

The authors visited the dwellings either together or within three days of each other, but without discussion or sharing views about what they observed until after they had recorded their ratings. As well as rating the ten items, the authors stated whether their overall impression was that the case was one of no, mild, moderate or severe squalor, plus "lots of clutter" or not. They also rated the dwellings on the LCRS.

The reliability of item ratings and of overall scores was assessed by comparing scores recorded by the two authors. A measure of validity was obtained by comparing each author's overall rating of each home with the other author's opinion of whether he observed no, mild, moderate or severe squalor in the home. The data were analyzed using SPSS (version 14). The κ coefficient was used to examine agreement between raters at the item level. Cronbach's α was used to test for reliability (internal consistency) of survey items. Pearson product moment correlations were used to examine relationships between measures. Principal component analysis with varimax rotation was used to examine latent variables underlying the ECCS. A probability level of 0.05 was used to determine statistically significant differences.

Results

In 45 of the dwellings visited there was only one occupant, but in ten there was a second occupant: spouse (3), child or other relative (5), friend or boarder (2). In each case the referred person was aged 65 years or more, but four of the co-habitees were aged less than 65 years. Thirty-eight (59%) of the occupants were male.

Twenty-three (42%) of the 55 referred subjects had never married. The clinical diagnosis (made by GH and/or JS, based on information from multiple sources, plus examination and prolonged follow-up) was dementia or frontal lobe impairment (8 alcohol-related) in 27 (49%), and schizophrenia or related psychosis in 16 (29%). Six (11%) were not given a psychiatric diagnosis, and other psychiatric diagnoses were made in the other six cases. Twenty-five (44%) of the dwellings were owned by the occupant(s), 28 (51%) were rented from the Department of Housing, and two were leased privately. There were pet animals in 12 (22%) of the homes.

Reliability

The inter-rater reliability for the ten ECCS items is shown in Table 1. The κ coefficient ranged between 0.31 (vermin) and 0.58 (kitchen and food), all being significant ($p < 0.001$). On the odor item only one home was rated (and only by one rater) as unbearably malodorous, whereas a zero odor score was recorded for about half the dwellings. The average κ for the 10 items was 0.48, and in 65% of the 550 pairs of ratings the authors recorded identical scores.

The correlation coefficient between total ECCS scores recorded by the two authors was 0.93; the correlation between the authors' total scores on 13 domestic environment items of the LCRS was 0.89. Cronbach's α for the ECCS was 0.87 for each author, thereby demonstrating high internal consistency.

Correlations between the total ECCS ratings by one author and the LCRS total domestic items scores of the other were 0.89 and 0.91.

Validity

When the two authors' ratings of whether there was no, mild, moderate or severe squalor were compared, there was complete agreement in 80% of cases and $\kappa = 0.73$. When one author's total

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Table 1. The extent of agreement between the two authors in their ratings on individual items of the Environmental Cleanliness and Clutter Scale (ECCS)

ECCS ITEMS	AUTHOR 1 (JS) MEAN	AUTHOR 2 (GH) MEAN	% OF IDENTICAL RATINGS	κ COEFFICIENT**
A. Accessibility	0.65	0.67	76	0.55
B. Accumulation of items of little value	0.95	0.93	75	0.54
C. Accumulation of garbage	0.85	0.76	60	0.39
D. Floors and carpets	1.85	1.91	65	0.52
E. Walls and surfaces	1.58	1.42	58	0.45
F. Bathroom	1.45	1.27	65	0.53
G. Kitchen and food	1.42	1.31	69	0.58
H. Odor [a]	0.65	0.84	64	0.35
I. Vermin	1.33	1.13	49	0.31
J. Sleeping area	1.27	1.42	65	0.54
Total	**11.85**	**11.65**		

[a] One pair of odor ratings (moderately versus unbearably malodorous) excluded in order to permit calculation of kappa coefficient.
**$p < 0.001$ for all kappa.

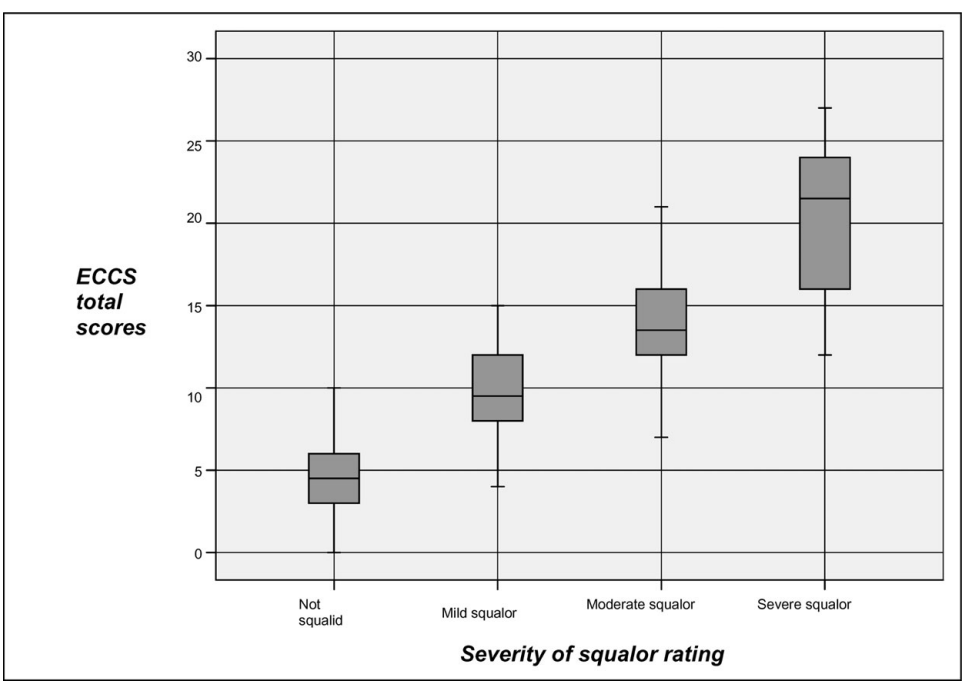


Figure 1. A box-plot showing the relationship between ECCS ratings by one author and the degree of observed domestic squalor in the same cases as judged independently by the other author. There were 110 pairings of ECCS total score versus degree of squalor, a composite of 55 total ECCS ratings by GH versus JS's categorisations of severity, plus 55 total ECCS ratings by JS versus GH's categorisations of severity. Shaded boxes indicate the inter-quartile range, with horizontal lines showing medians, of the ECCS scores.

ECCS scores were compared with the other's categorization of homes as showing no, mild, moderate, or severe squalor, it was found (Figure 1) that an ECCS score of >12 would in most cases indicate that a person lives in moderate or severe squalor as judged by an old age psychiatrist, whereas a score of 12 or lower would most commonly indicate no good evidence of moderate or severe squalor. In relation to the cases seen in this study, the authors believed that intervention would be needed in cases of what they called moderate or severe squalor, whereas in mild cases it might not.

Types of squalor

Comparison of ECCS ratings showed that those scoring higher on the accessibility item tended also to be rated as showing a high degree of accumulation of items of little value. Among the 55 cases, GH and JS rated 11 and 12, respectively, as showing moderate or severe impairment of access, while

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15 and 16, respectively, showed moderately or markedly excessive accumulation of items of little value. The number of cases was smaller than that recommended if conducting a principal component analysis. Nevertheless, an exploratory analysis was deemed appropriate as an indication of whether different types of squalor may be identifiable among referred cases. The accessibility item loaded with accumulation of items of little value. The other eight items loaded together as a second component. GH and JS recorded 22 and 24, respectively, as having moderately or very dirty toilets and bathrooms, but rated accessibility as relatively unimpaired in most of these cases. Broadly, there appears to be two groups: one whose squalor is related to hoarding, and another where the squalor is mainly attributable to failure to dispose of filth.

Discussion

The newly developed scale has been found useful as a descriptive tool. Scores on the accessibility and accumulation of possessions items provide a measure of the degree of "hoarding", while the other eight items (including the item on accumulation of refuse) allow a measure of uncleanliness. The scale appears to have validity, in that higher scores correspond to independent ratings of moderate or severe domestic squalor. High correlations with LCRS scores are reassuring but unsurprising since items in the two scales have similarity. The ECCS has proved reliable, though ratings of odor and vermin showed less agreement than those on other items. Although it is tempting to drop these items from the scale, both are very relevant to beliefs that a place is squalid. The version of the ECCS shown in the Appendix includes minor amendments to these two items, aiming at even better reliability. Wording of the vermin item now specifies actual numbers of insects or other animals that have to be seen, dead or alive, in order to rate vermin as few, moderate or an infestation.

For some purposes, an expanded potential for rating aspects of hoarding might be useful. At present the ECCS allows ratings of the degree to which floor-space is covered by clutter, and of how high the accumulated articles are piled. Ratings can be amplified in the Supplementary Questions section. It might be helpful to add questions that allow raters to estimate the degree to which observed clutter would interfere with the ability of occupants to carry out tasks. A question included in a handbook for those who compulsively acquire, save and/or hoard (Tolin *et al.*, 2007) is: "To what extent does the clutter in your home prevent you from using parts of your home for their intended purpose? For example, cooking, using furniture, washing dishes ..." Suggestions for improvement or extension of the ECCS clutter items, and any other recommendations for change, are welcomed by the authors.

In contrast, much of the published research on compulsive hoarding has not recorded measures of uncleanliness, in spite of acknowledgement that hoarding commonly leads to accumulation of filth (Frost *et al.*, 2000). It is hoped that the ECCS will prove useful in the assessment and fuller description of such cases.

Although the internal consistency of the ECCS proved to be excellent, there are a number of limitations in the study itself and its findings that need to be acknowledged. The scale was developed as a quantitative descriptive tool, including items that were deemed relevant (by those responsible for care and protection of people and their homes) as indicators of insanitary or unsafe living conditions. The most important consideration is usually whether intervention is required. Evidence in this study that scale scores provide meaningful measures of squalor (i.e. validity) is limited. There is no published validated scale to act as a gold standard. One way of testing validity might be to compare scale scores relating to dwellings where intervention (compulsory cleaning, eviction, etc) is deemed mandatory with those where it is not. However, various factors determine whether local councils, accommodation officers, community staff or others take action, so that subjective judgments about unacceptability of squalid conditions may not prove useful as the comparator.

The scale was tested in the homes of older persons referred to an aged care psychiatry service. Whether reliability would be comparable in dwellings occupied by younger persons, or by people not referred to mental health services, or by people from backgrounds and cultures quite different to those of the sample in Central Sydney, needs further study. Ratings were made by two experienced psychiatrists; reliability and scoring by staff from other health disciplines, and by staff trained in occupations other than health sciences (e.g. housing management), need to be examined. Test-retest reliability has not been reported in this study.

Replication of the findings is desirable, especially exploring the reliability of ratings by community services personnel, housing inspectors and environmental health staff, and among younger as well as older populations. It would be of great interest to assess its utility in places where there is poverty and where cultural attitudes to cleanliness

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are different to those experienced in Central Sydney.

It is hoped that the ECCS will be useful, not only to facilitate description of cases, but when exploring the triggering and vulnerability factors in relation to differing patterns of uncleanliness. The scale will also be useful in evaluating the effectiveness of interventions and in examining factors associated with changes in living conditions.

Conflict of interest

None.

Description of authors' roles

The two authors designed the study, developed the scale together, were equally involved in carrying out the study, analyzed the data (with help from Dr. G. Hunt), and co-wrote the paper.

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Appendix

ENVIRONMENTAL CLEANLINESS AND CLUTTER SCALE

To rate cleanliness of clients' accommodation

Developed by Halliday G, Snowdon J (2009), and including items from Macmillan & Shaw (1966), Snowdon (1987) & Samios (1996)

Raters should circle the box or number that best fits their observations in relation to the different items. These descriptions are meant to be indicative only, and raters may decide between one category and another based on aspects not mentioned in the boxes.

Initials of rater……

Date of assessment……

Initials of client……

Client ID number

_____

A. **REDUCED ACCESSIBILITY** due to clutter (Note that reduction in floor-space due to excrement is not to be included in ratings or estimates of reduced accessibility)**:**

0	1	2	3
Easy to enter and move about dwelling.	SOMEWHAT IMPAIRED access but can get into all rooms.	MODERATELY IMPAIRED access. Difficult or impossible to get into one or two rooms or areas.	SEVERELY IMPAIRED access – e.g. obstructed front door. Unable to reach most or all areas in the dwelling.
0-29%	30 to 59%	60 to 89%	90 to 100%
of floor-space inaccessible for use or walking across			

B. **ACCUMULATION OF ITEMS OF LITTLE OBVIOUS VALUE:**
In general, is there evidence of accumulation of items that most people would consider are useless or should be thrown away ?

0	1	2	3
NONE Rate 0 if only a small circumscribed part of the dwelling (e.g a back-room) has been used or designated for storage of 'junk'.	SOME ACCUMULATION: but collected items are organised in some way and do not much impede movement or prevent cleaning or access to furniture and appliances.	MODERATE EXCESSIVE ACCUMULATION: Items cover furniture in most areas, and have accumulated throughout the dwelling so that it would be very difficult to keep clean.	MARKEDLY EXCESSIVE ACCUMULATION: Items piled at least waist-high in all or most areas. Cleaning would be virtually impossible: most furniture & appliances are inaccessible.

PLEASE INDICATE TYPES OF ITEMS THAT HAVE BEEN ACCUMULATED :

☐ Newspapers, pamphlets, etc. ☐ Clothing ☐ Other items (what?.....)

☐ Electrical appliances ☐ Plastic bags full of items (If known, what items? ……..)

C. **ACCUMULATION OF REFUSE or GARBAGE**
In general, is there evidence of excessive accumulation of garbage or refuse e.g. food waste, packaging, plastic wrapping, discarded containers (tins, bottles, cartons, bags) or other unwanted material ?

0	1	2	3
NONE	A LITTLE Scattered refuse and waste material (including cigarette butts) and/or up to 10 emptied containers scattered around.	MODERATE Garbage and refuse piling up throughout dwelling. Accumulated bags, boxes and/or piles of garbage that should have been ejected.	A LOT Garbage & food waste piled knee-high in kitchen and elsewhere. Clearly no recent attempt to remove refuse & garbage

D **CLEANLINESS of floors & carpets (excluding toilet & bathroom) :**

0	1	2	3
Acceptably clean in all rooms	MILDLY DIRTY Floors & carpets look as if not cleaned or swept for days. Scattered rubbish	VERY DIRTY Floors & carpets very dirty & look as if not cleaned for months. *Rate 1 if only one room or small area affected.*	EXCEEDINGLY FILTHY With rubbish or dirt throughout dwelling. *Excrement usually merits a 3 score.*

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E	**CLEANLINESS of walls & visible furniture surfaces & window-sills**			
	0	**1**	**2**	**3**
	Acceptably clean in all rooms.	MILDLY DIRTY Dusty or dirty surfaces. Dirt comes off walls on damp rag or finger. Few cobwebs.	VERY DIRTY Grime or dirt on walls. Cobwebs ++ & other signs of neglect. Greasy, messy, wet furniture.	EXCEEDINGLY FILTHY Walls, furniture, surfaces are so dirty (e.g. with faeces or urine) that rater wouldn't want to touch them.

F	**BATHROOM & TOILET :**			
	0	**1**	**2**	**3**
	Reasonably clean.	MILDLY DIRTY Floor, basin, toilet, walls, etc. Toilet may be unflushed.	MODERATELY DIRTY Floor, basin, shower/bath, etc. Faeces and/or urine on outside of toilet bowl.	VERY DIRTY. Rubbish &/or excrement on floor & in bath or shower &/or basin. Uncleaned for months or years. Toilet may be blocked and bowl full of excreta.

G	**KITCHEN & FOOD:**			
	0	**1**	**2**	**3**
	Clean Hygienic.	SOMEWHAT DIRTY & UNHYGIENIC Cooktop, sink untidy & surfaces dirty, maybe with some spilt food. Refuse mainly in garbage bin. Food that could go off has been left uncovered & out of fridge.	MODERATELY DIRTY & UNHYGIENIC Oven, sink, surfaces, floor are dirty, with piles of unwashed crockery & utensils. Refuse/garbage on surfaces/floors. Some rotten or mouldy food. Fridge unclean.	VERY DIRTY & UNHYGIENIC Sink, cook-top, insides of all cupboards filthy. Much of the food is rotten, putrid, covered with mould, unsafe to eat. Much garbage and refuse over surfaces & floor. *Rate 3 if maggots seen.*

H.	**ODOR:**			
	0	**1**	**2**	**3**
	Nil or pleasant	UNPLEASANT e.g. urine smell, unaired.	MODERATELY MALODOROUS. Stench (e.g. faecal/ putrid) but rater can stay in room.	UNBEARABLY MALODOROUS. Rater has to leave room very soon because of smell.

I.	**VERMIN** (*Please circle:* rats, mice, cockroaches, flies, fleas, other):			
	0	**1**	**2**	**3**
	None	A FEW Up to 10 live or dead insects. *Don't rate cobwebs here.*	MODERATE. 11 to 30 live or dead crawling insects (exclude ants) or evidence of vermin in moderate numbers. Many flies, ants or fleas.	INFESTATION. Vermin alive &/or dead in large numbers (e.g. >30 cockroaches). Two or more mice or rats. Lots of animal droppings, chewed articles.

J.	**SLEEPING AREA:**			
	0	**1**	**2**	**3**
	Reasonably clean & tidy.	MILDLY UNCLEAN. Untidy. Bed unmade. Sheets unwashed for weeks.	MODERATELY DIRTY. Bed sheets unclean & stained, e.g. with faeces or urine. Clothes &/or rubbish over surrounding floor areas.	VERY DIRTY. Mattress or sleeping surface unclean or damaged. Either no sheets or (if present) extremely dirty bedding/linen. Surrounding area filthy.

Add up circled numbers to provide a TOTAL SCORE: ☐

IS THIS PERSON LIVING IN SQUALOR? (circle)	NO	YES, mild	YES, moderate	YES, severe

IS THIS DWELLING VER Y CLUTTERED? (circle)	YES	NO

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SUPPLEMENTARY QUESTIONS (to add to description but not to score)
These do not rate uncleanliness or clutter and are not part of the ECCS, but have been found useful when raters wish to provide an overview summary of aspects that may need attention.

Comments or description to clarify / amplify / justify or expand upon above ratings:
Number and type of pets: .....
Is there running water in the dwelling? Yes or No
Is electricity connected and working? Yes or No
Can the dwelling be locked up and made secure? Yes or No

PERSONAL CLEANLINESS
Describe the clothing worn by the occupant and their general appearance:

0	1	2	3
CLEAN & NEAT. Well cared for.	UNTIDY, crumpled. One or two dirty marks and in need of a wash	MODERATELY DIRTY, with unpleasant odour. Stained clothing.	VERY DIRTY, stained, torn clothes, malodorous.

MAINTENANCE, UPKEEP, STRUCTURE
This rates the state of repair and upkeep by owner/landlord. If the accommodation was cleaned up as much as possible, to what extent would the dwelling require painting, refurbishment, structural repairs, etc before it would be reasonably habitable?

0	1	2	3
None.	A LITTLE. Minor repairs & some painting.	A FAIR AMOUNT. Some structural repairs plus painting.	LOTS. Major structural repairs required, & then painting.

TO WHAT EXTENT DO THE LIVING CONDITIONS MAKE THE DWELLING UNSAFE OR UNHEALTHY FOR VISITORS OR OCCUPANT(S)?

0	1	2	3
Not at all.	POSSIBLE RISK of injury e.g. by falling	CONSIDERABLE RISK of fire, injury or health problem	VERY UNSAFE The dwelling is so cluttered and unhealthy that people should not enter it, (except if specialists with appropriate clothing & equipment) and/or there is a high fire-risk.

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