

Section 8: Managing

- | | | | |
|----------------------|--------------------------|-------------------|--------------------------|
| Housework | <input type="checkbox"/> | Changing curtains | <input type="checkbox"/> |
| Laundry | <input type="checkbox"/> | Decorating | <input type="checkbox"/> |
| Bathing | <input type="checkbox"/> | Gardening | <input type="checkbox"/> |
| Shopping | <input type="checkbox"/> | Stairs | <input type="checkbox"/> |
| Cooking | <input type="checkbox"/> | Having visitors | <input type="checkbox"/> |
| Changing light bulbs | <input type="checkbox"/> | | |

Are any of these causing you stress or affecting your health? Yes No

Give a score out of 10 for **managing** overall.

Section 9: Quality of life

- | | | | |
|-------------------------------|--------------------------|----------------------------------|--------------------------|
| Able to pursue your interests | <input type="checkbox"/> | Do you have enough human contact | <input type="checkbox"/> |
| Peace of mind | <input type="checkbox"/> | | |

Are any of these causing you stress or affecting your health? Yes No

Give a score out of 10 for **quality of life** overall.

Section 10: Access and adaptations

- | | | | |
|------------------------------------------------------------------|--------------------------|------------------------------------|--------------------------|
| Have you had any adaptations | <input type="checkbox"/> | Do you have steps to your property | <input type="checkbox"/> |
| Are there adaptations that could make your home easier to manage | <input type="checkbox"/> | Are the steps manageable | <input type="checkbox"/> |

If you are a tenant would your landlord be happy to allow you to have railings or bath aids

Are any of these causing you stress or affecting your health? Yes No

Give a score out of 10 for **independence** overall.

Summary

Whether you stay living where you are, or decide to move, what aspects of your home matter most to you? Please mark your top three priorities as 1st, 2nd and 3rd.

Section	My priorities
1. Size and space	
2. Independence	
3. Cost	
4. Condition of property	
5. Comfort and design	
6. Security	
7. Location	
8. Managing	
9. Quality of life	

Factual information about your home

Please tick (✓) as appropriate

1. Type Flat Maisonette
House Bungalow

If relevant, which floor do you live on?

Do you have a garden? Yes No

2. Tenure Owner-occupied: With a mortgage Paid for Freehold Leasehold
Rented from: Council Housing Association Private Landlord Other

3. Household How many people are there?
How many pets?

4. Is it the present situation that concerns you, or how things may be?

Present Future Both

5. Is there one thing that is causing you most concern?

Also available interactively at www.HousingCare.org

HOUSING
OPTIONS for
OLDER
PEOPLE



How well does your home suit you?

If you are not sure, this short questionnaire may help you decide.



How well does your home suit you?

Answer the questions in the following ten sections to say how satisfied you are with what your home provides.

What to do when you have completed this form.

Your local housing team is here to help. We can provide information and



guidance on how to make life better where you live now as well as help you explore the options if you want to consider a move.

How to contact us: Please return your completed questionnaire to your local housing advice team and a member of the team will be in contact with you.

BLOCK CAPITALS PLEASE

Name.....

Address.....

Postcode.....Tel.....

Section 1: Size and space

Put a tick ✓ for mainly satisfied or a cross ✗ for mainly dissatisfied.

Number of rooms	<input type="checkbox"/>	Garden size	<input type="checkbox"/>
Room sizes	<input type="checkbox"/>	Parking space	<input type="checkbox"/>

Are any of these causing you stress or affecting your health? Yes No

Give a score out of 10 for **size and space** overall.

Section 2: Independence

Safe from eviction	<input type="checkbox"/>	Independence from your family	<input type="checkbox"/>
Able to suit yourself	<input type="checkbox"/>	Able to keep pets	<input type="checkbox"/>
Happy to be responsible for the house	<input type="checkbox"/>		

Are any of these causing you stress or affecting your health? Yes No

Give a score out of 10 for **independence** overall.

Section 3: Cost (affordability)

Mortgage/rent	<input type="checkbox"/>	Water	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Transport	<input type="checkbox"/>
House insurance	<input type="checkbox"/>	Services charges	<input type="checkbox"/>
Heating/hot water	<input type="checkbox"/>	Help in your house	<input type="checkbox"/>
Council Tax	<input type="checkbox"/>	TV Licence	<input type="checkbox"/>

Are any of these causing you stress or affecting your health? Yes No

Give a score out of 10 for **cost** overall.

Section 4: Condition of property

Roof	<input type="checkbox"/>	Plumbing/drains	<input type="checkbox"/>
Structure	<input type="checkbox"/>	Free of damp	<input type="checkbox"/>
Plastering	<input type="checkbox"/>	Windows	<input type="checkbox"/>
Wiring	<input type="checkbox"/>	Doors	<input type="checkbox"/>
Gas fittings	<input type="checkbox"/>	Fences	<input type="checkbox"/>
Water supply	<input type="checkbox"/>		

Are any of these causing you stress or affecting your health? Yes No

Give a score out of 10 for **condition** overall.

Section 5: Comfort and design

Looks nice and feels like home	<input type="checkbox"/>	Decoration	<input type="checkbox"/>
Warm	<input type="checkbox"/>	Furnishings	<input type="checkbox"/>
Light and sunny	<input type="checkbox"/>	Bath/shower	<input type="checkbox"/>
Convenient layout	<input type="checkbox"/>	Arranged to suit	<input type="checkbox"/>

Are any of these causing you stress or affecting your health? Yes No

Give a score out of 10 for **comfort** overall.

Section 6: Security/safety

Free of hazards (worn carpets, slippery surfaces etc)	<input type="checkbox"/>	Feeling safe at home	<input type="checkbox"/>
Help at hand (if you fell)	<input type="checkbox"/>	Home secure if out	<input type="checkbox"/>
		Fire precautions	<input type="checkbox"/>

Are any of these causing you stress or affecting your health? Yes No

Give a score out of 10 for **safety** overall.

Section 7: Location

Shops	<input type="checkbox"/>	Quiet/stress free	<input type="checkbox"/>
Buses etc	<input type="checkbox"/>	Close to family	<input type="checkbox"/>
Familiarity/like area	<input type="checkbox"/>	Close to friends	<input type="checkbox"/>
Feeling safe	<input type="checkbox"/>	Close to help	<input type="checkbox"/>
Good neighbours	<input type="checkbox"/>	Other key facilities	<input type="checkbox"/>
Pleasant/healthy	<input type="checkbox"/>		

Are any of these causing you stress or affecting your health? Yes No

Give a score out of 10 for **location** overall.