

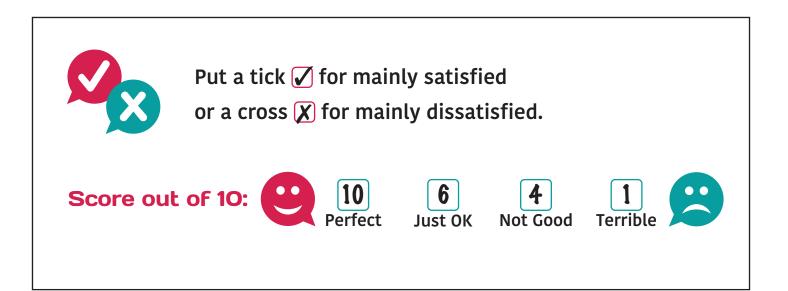
If you are not sure, this short questionnaire may help you decide.



# How well does your home suit you?

Answer the questions in the following nine sections to say how satisfied you are with what your home provides. You can answer as many or as few questions as you wish.

When you've finished, use the summary to summarise what's most important to you about your home, and to see how we can help.



Section 1: Size and	Space			
Number of rooms Room sizes Garden size Property size		Parking space Accumulated posessions		
Are any of these causing y stress or affecting your he			Yes 🗌	No 🗌
Give a score out of 10 for size and space overall				
Now continue through sect	ions 2-9, loo	king at other aspec	ts of your	home.
Section 2: Indepen	dence			
Able to live as I please				
Happy to be responsible for	or the house			
Independence from your f Able to keep pets	amily			
Are any of these causing y stress or affecting your he			Yes 🗌	No 🗌
Give a score out of 10 for	independe	nce overall		

Section 3: Cost (Affo	ordabilit	y)		
Mortgage/rent Home maintenance Home insurance Heating/hot water Council Tax		Water Transport Service charges Help in your hou Garden mainten		
Are any of these causing you stress or affecting your healt	:h?		Yes 🗌	No 🗍
Give a score out of 10 for co.	st overall			
<b>Section 4: Condition</b>	of Prop	erty		
Roof Structure Plastering Wiring Gas fittings Water supply Are any of these causing you stress or affecting your healt Give a score out of 10 for co	:h?	Plumbing/drains Free of damp Windows Doors Fences	Yes 🗌	No O
dive a score out of to for co	ilaition ovi	Eratt		
Section 5: Comfort a	and Desi	gn		
Looks nice and feel like home Warm Light and sunny Convenient layout	e	Decoration Furniture Bath/shower		
Are any of these causing you stress or affecting your healt			Yes 🗌	No 🗌
Give a score out of 10 for co	mfort over	all		

Section 6: Security/Safety			
Free of hazards (worn carpets, slippery surf Feeling safe on stairs Help at hand (if you fell) Feeling safet at home House secure if out Fire precautions Are any of these causing you stress or affecting your health?	faces, etc.)	Yes 🗌	No O
Give a score out of 10 for safety overall			
Section 7: Location			
Shops			
Bus service			
Familiar with/like the area			
Feel safe			
Good neighbours			
Pleasant/healthy environment			
Quiet/stress free			
Close to family			
Close to friends			
Close to help			
Other key facilities			
free of litter and/or vermin			
Are any of these causing you stress or affecting your health?		Yes 🗌	No 🗌
Give a score out of 10 for location overall			

Section 8: Managin	g				
Housework Laundry Bathing/showering Shopping Cooking Changing light bulbs		Changing cur Decorating Gardening Stairs Having visito			
Are any of these causing yo stress or affecting your hea			Yes 🗌	No 🗌	
Give a score out of 10 for managing overall					
Section 9: Quality o	f Life				
Able to pursue your interest Generally unstressed Enough human contact Generally unstressed Dissatisfied with your home this questionnaire Are any of these causing your stress or affecting your hea	e for reasons no	ot covered in	Yes 🗌	\_\_\	
Give a score out of 10 for w	ellbeing overa	ıll			

#### **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	

### If you intend to post this questionnaire to us



#### Tell us about your home

Please tick (?) as appropriate

ricase tick (:	) as appropriate				
1. Type	Flat House	Maiso	nette 🗌	Bungalow	
If relevant, wh	nich floor do you live	on?			
Do you have a	garden?	Yes 🗌	No 🗌		
2. Tenure	Owner Occupied:		Rented fr	om:	
	With a Mortgage Paid for Freehold Leasehold		Council Housing A Private La Other	Association andlord	

3. Household	
How many people are there?	How many pets?
4. Is it the present situation that concern	ns you, or how things may be?
Present Future Both	
5. Is there one thing that is causing you	most concern?
Please provide your contact details	
Name:	
If you want us to phone you:	
Your phone number:	
Your postcode:	
Your postcode:	

Post to: Elderly Accommodation Counsel FREEPOST LON15755
LONDON SE1 7YZ



## How we can help

Elderly Accommodation Counsel (EAC) is a charity (Charity No.292552) that specialises is helping people live safely and well into older age. Our free FirstStop Advice Line is staffed by experts.

We can help in 4 ways:

#### Post this questionnaire to us

We will consider the concerns you have flagged, and then telephone or write to you with our suggestions.



#### • Use our online housing options 'app'

**hoop.eac.org.uk** Enter your main concerns into it and the 'app' will offer suggestions, a selection of useful reading, and details of local services that may be of help.



#### Visit our website www.HousingCare.org

for pages of practical ideas, a directory of local services that might be useful, plus information about local retirement housing.

#### • Call us free on 0800 377 7070

or email info@firststopadvice.org.uk to book a call with one of our Advisors (9am - 5pm weekdays).



#### **Confidentiality**

We will not share your information with anyone without your permission.