Section 7: Location				
Shops  Buses etc.  Familiarity / Like area  Feeling safe  Good neighbours  Pleasant / Healthy	Quiet / Stress free Close to family Close to friends Close to help Other key facilities			
Are any of these causing you stress or affecting your health?  Give a score out of 10 for <b>locatio</b>	Yes No No no overall.			
Section 8: Managing				
Housework  Laundry  Bathing  Shopping  Cooking  Changing light bulbs	Changing curtains  Decorating  Gardening  Stairs  Having visitors			
Are any of these causing you stress or affecting your health?  Yes No				
Give a score out of 10 for <b>managing</b> overall.				
Section 9: Quality of L	ife			
Able to pursue your interests  Peace of mind	Do you have enough Human Contact			
Are any of these causing you stress or affecting your health?	Yes No			
Give a score out of 10 for <b>quality of life</b> 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

5. Is there one thing that is

causing you most concern?

1. Type	( , , , , , ,   ,   , ,	Flat		Ма	isonette	
		House		Bur	ngalow	
If relevant, which floor do you live on?						
Do you hav	ve a garden			Yes	O No	
2. Tenure	Owner Occupi	ed:	Rente	d fron	m:	
	With a Mortga	ge 🔘	Coun	cil		
	Paid for		Housi	ng As	sociation	
	Freehold		Privat	e Lan	dlord	
	Leasehold		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	





How well does your home suit you?

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

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## 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.

When you've finished, come back to this page for our suggestions as to what to do next.

## What next?



**Our Housing Options** 

service provides independent advice and support to help older and disabled people find the most suitable place to live, based on their needs. We can explain the types of improvements that can be made to existing homes and the range of home based support available. Through our caseworkers and volunteers we can offer information and advice on alternative housing options, helping people understand all of the options to reach the right decision for them, based on their individual needs.



Call the Advice Line on: 0800 377 7070

To discuss your specific problems, worries—or ambitions in more detail speak to one of our advisors. FirstStop Advice is a free and independent service, provided by EAC and staffed by Advisors with a huge range of knowledge and experience.

If you have access to the internet, visit the EAC FirstStop website. This provides pages of practical ideas, a directory of home services that might be helpful to you, as well as information on local sheltered and retirement housing estates in case you want to consider moving.

Section 1: Size and Space	Section 4: Condition of Property
Please tick ✓ for mainly satisfied or a cross ✗ for mainly dissatisfied.  Number of rooms	Roof Plumbing / Drains Structure Free of damp Windows String Doors Gas fittings Fences
stress or affecting your health? Yes No Sive a score out of 10 for size and space overall. (See bottom of page for help with scoring.)  Now continue through sections 2-9, looking at other	Water supply  Are any of these causing you stress or affecting your health?  Yes No
aspects of your home.	Give a score out of 10 for <b>condition</b> overall.
Section 2: Independence	Section 5: Comfort and Design
Safe from eviction Independence from your family Happy to be responsible for the house Independence from your family Able to keep pets	Looks nice and feels Decoration Ilike home Furnishings Dath / Shower Light and sunny Arranged to suit Convenient layout
Are any of these causing you stress or affecting your health?  Yes No	Are any of these causing you stress or affecting your health?  Yes No
Give a score out of 10 for <b>independence</b> overall.	Give a score out of 10 for <b>comfort</b> overall.
Section 3: Cost (Affordability)	Section 6: Security/Safety
Mortgage / Rent	Free of hazards (worn carpets, slippery surfaces etc.) Help at hand (if you fell)  Feeling safe at home Home secure if out Fire precautions
Are any of these causing you stress or affecting your health?  Yes No	Are any of these causing you stress or affecting your health?  Yes No
Give a score out of 10 for <b>cost</b> overall.	Give a score out of 10 for <b>safety</b> overall.

6 Just Okav · · · · · · 4 Not Good · · · · · · · 1 Terrible