

# 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, turn over to summarise what's most important to you about your home, and to see how we can help.

## Section 1: Size and space

- Too many rooms  Too many possessions   
Rooms too large  Property too small   
Garden too large  Too few rooms   
Parking space  Property too large

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

Give a score out of 10 for size and space overall

Now continue through sections 2-9, looking at other aspects of your home.

## Section 2: Independence

- Fear of eviction   
Unable to live as you please   
Too much responsibility for your home   
Too dependent on your family   
Unable to keep pets

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

Give a score out of 10 for independence overall



Please tick  for mainly satisfied or a cross  for mainly dissatisfied.

Score out of 10:



## Section 3: Cost (Affordability)

- Mortgage/rent  Water   
Home maintenance  Transport   
Home insurance  Service charges   
Heating/hot water  Help in your house   
Council Tax  Garden maintenance

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  Plumbing/drains   
Structure  Damp   
Plastering  Windows   
Wiring  Doors   
Gas fittings  Fences   
Water supply

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

- Does not feel like home  Decoration   
Too cold  Furniture   
Too dark  Bath/shower   
Inconvenient layout

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

- Hazards (worn carpets, slippery surfaces, etc.)   
Feeling unsafe on stairs   
No help at hand (if you fell)   
No feeling of safety at home   
House not secure if out   
Poor fire precautions

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

- Not convenient for shops   
Poor bus service   
Unfamiliar with/dislike the area   
Do not feel safe   
Problem neighbours   
Unhealthy environment   
Too noisy and stressful   
Too far from family   
Too far from friends   
Too far from help   
Too far from key facilities   
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: Managing

- Housework  Changing curtains   
Laundry  Decorating   
Bathing/showering  Gardening   
Shopping  Stairs   
Cooking  Having visitors   
Changing light bulbs

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

- Unable to pursue your interests   
Too stressed   
Not enough human contact   
Considering moving because of reasons not covered in this questionnaire

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

Give a score out of 10 for quality of life 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	

## If you intend to post this questionnaire to us

### Tell us 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:                      Rented from:

With a Mortgage                       Council   
 Paid for                       Housing Association   
 Freehold                       Private Landlord   
 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

### 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:




#### If you want us to reply in writing:

Your full address:

**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 in 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'** [www.hoop.eac.org.uk](http://www.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](http://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](mailto: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.*

If you would like a large print version of this questionnaire please contact us on 0800 3777 070



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