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 ☑ No ☒
Rooms too large ☑ No ☒
Garden too large ☑ No ☒
Parking space ☑ No ☒

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 ☑ No ☒
Unable to live as you please ☑ No ☒
Too much responsibility for your home ☑ No ☒
Too dependent on your family ☑ No ☒
Unable to keep pets ☑ No ☒

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 ☑ No ☒
Home maintenance ☑ No ☒
Home insurance ☑ No ☒
Heating/hot water ☑ No ☒
Council Tax ☑ No ☒

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 ☑ No ☒
Structure ☑ No ☒
Plastering ☑ No ☒
Wiring ☑ No ☒
Gas fittings ☑ No ☒
Water supply ☑ No ☒

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 ☑ No ☒
Too cold ☑ No ☒
Too dark ☑ No ☒
Inconvenient layout ☑ No ☒

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.) ☑ No ☒
Feeling unsafe on stairs ☑ No ☒
No help at hand (if you fell) ☑ No ☒
No feeling of safety at home ☑ No ☒
Poor fire precautions ☑ No ☒

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

Give a score out of 10 for security and safety overall ☑

Section 7: Location

Not convenient for shops ☑ No ☒
Poor bus service ☑ No ☒
Unfamiliar with/dislike the area ☑ No ☒
Do not feel safe ☑ No ☒
Problem neighbours ☑ No ☒
Unhealthy environment ☑ No ☒
Too noisy and stressful ☑ No ☒
Too far from family ☑ No ☒
Too far from friends ☑ No ☒
Too far from help ☑ No ☒
Too far from key facilities ☑ No ☒
Litter and/or vermin ☑ No ☒

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 ☑ No ☒
Laundry ☑ No ☒
Bathing/showering ☑ No ☒
Shopping ☑ No ☒
Cooking ☑ No ☒

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 ☑ No ☒
Too stressed ☑ No ☒
Not enough human contact ☑ No ☒
Considering moving because of reasons not covered in this questionnaire ☑ No ☒

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

Give a score out of 10 for quality of life overall ☑

Please continue overleaf
### 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.

<table>
<thead>
<tr>
<th>Section</th>
<th>My Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Size and space</td>
<td></td>
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<tr>
<td>2. Independence</td>
<td></td>
</tr>
<tr>
<td>3. Cost</td>
<td></td>
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<tr>
<td>4. Condition of property</td>
<td></td>
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<tr>
<td>5. Comfort and design</td>
<td></td>
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<td>6. Security</td>
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<td>7. Location</td>
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<tr>
<td>8. Managing</td>
<td></td>
</tr>
<tr>
<td>9. Quality of life</td>
<td></td>
</tr>
</tbody>
</table>

### 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:
     - 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?

### 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: __________________________

### 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 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.