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 ca stress or affecting	0,		

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?

Give a score out of 10 for independence overall

Yes No



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

 \Box

 \Box

 \Box

 \square

Score out of 10: Perfect Just OK Not Good Terrible

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 ca stress or affecting	•••	_	

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

Section 5: Comf	ort and	Design	
Does not feel like home Too cold Too dark Inconvenient layout		Decoration (Furniture (Bath/shower (

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 surfac	es, 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 overa	all

Section 7: Location

Not convenient for shops	\square
Poor bus service	\square
Unfamiliar with/dislike the area	\square
Do not feel safe	\square
Problem neighbours	\square
Unhealthy environment	\square
Too noisy and stressful	\square
Too far from family	\square
Too far from friends	\square
Too far from help	\square
Too far from key facilities	\square
Litter and/or vermin	\square
Are any of these causing you	

Are any of these causing you stress or affecting your health?

Give a score out of 10 for location overall

Yes 🗌 No 🗌

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Housework		Changin	g curtains	
Laundry		Decorati	ng	
Bathing/showering		Gardenir	ng	
Shopping		Stairs		
Cooking		Having v	visitors	
Changing light bulbs				
Are any of these caus stress or affecting yo	0,	?	Yes 🗌 N	0
Give a score out of 1	<mark>0 for</mark> man	aging <mark>ov</mark>	erall	
Section 9: Q	uality	of Life		
Unable to pursue you	ır interest	S		
Too stressed				
Not enough human c	ontact			
Considering moving t	oecause o	f reasons		
not covered in this qu	uestionna	ire		
Are any of these caus	sing you			
stress or affecting yo	ur health	?	Yes 🗌 N	0
Give a score out of 1	<mark>0 for</mark> qual	lity of life	e overall	

Please

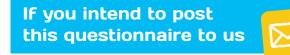
continue

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.

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	



Tell us about your home

Please tick (\checkmark) as appropriate

1. Type

House 🗌

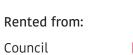
If relevant, which floor do you live on?

Flat

Do you have a garden?

2. Tenure

Owner Occupied: With a Mortgage Paid for Freehold \square \square Leasehold



Housing Association

Private Landlord

Council

Other

Maisonette

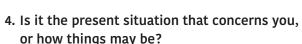
Yes No

Bungalow

3. Household

How many people are there?

How many pets?



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 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'

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 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



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

you?





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65 plus? How well does your home suit