

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
- Rooms too large
- Garden too large
- Parking space
- Too many possessions
- Property too small
- Too few rooms
- 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
- Home maintenance
- Home insurance
- Heating/hot water
- Council Tax
- Water
- Transport
- Service charges
- Help in your house
- 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
- Structure
- Plastering
- Wiring
- Gas fittings
- Water supply
- Plumbing/drains
- Damp
- Windows
- Doors
- Fences

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
- 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 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
- Laundry
- Bathing/showering
- 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 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 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.

