

Also available
interactively at
www.HousingCare.org

HOUSING OPTIONS *for* OLDER PEOPLE



How well does your home suit you?

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



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. At the end, we provide suggestions for what to do next.



The questions in this leaflet are intended to help you think about different aspects of your home and how you live in it.

You may prefer to work through them online on the website www.HousingCare.org which can offer immediate suggestions to help you solve any problems identified. Either way, you are welcome to telephone the Elderly Accommodation Counsel (EAC) advice line on 020 7820 1343 for any help you may need.

Section 1: Size and space

Put a tick ✓ for mainly satisfied or a cross ✗ for mainly dissatisfied.

Number of rooms	<input type="checkbox"/>	Garden size	<input type="checkbox"/>
Room sizes	<input type="checkbox"/>	Parking space	<input type="checkbox"/>

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

Give a score out of 10 for **size and space** overall.

(See foot of page for help with scoring.)

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

Section 2: Independence

Safe from eviction	<input type="checkbox"/>	Independence from your family	<input type="checkbox"/>
Able to suit yourself	<input type="checkbox"/>	Able to keep pets	<input type="checkbox"/>
Happy to be responsible for the house	<input type="checkbox"/>		

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	<input type="checkbox"/>	Water	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Transport	<input type="checkbox"/>
House insurance	<input type="checkbox"/>	Services charges	<input type="checkbox"/>
Heating/hot water	<input type="checkbox"/>	Help in your house	<input type="checkbox"/>
Council Tax	<input type="checkbox"/>	Water	<input type="checkbox"/>

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	<input type="checkbox"/>	Plumbing/drains	<input type="checkbox"/>
Structure	<input type="checkbox"/>	Free of damp	<input type="checkbox"/>
Plastering	<input type="checkbox"/>	Windows	<input type="checkbox"/>
Wiring	<input type="checkbox"/>	Doors	<input type="checkbox"/>
Gas fittings	<input type="checkbox"/>	Fences	<input type="checkbox"/>
Water supply	<input type="checkbox"/>		

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

Looks nice and feels like home	<input type="checkbox"/>	Decoration	<input type="checkbox"/>
Warm	<input type="checkbox"/>	Furnishings	<input type="checkbox"/>
Light and sunny	<input type="checkbox"/>	Bath/shower	<input type="checkbox"/>
Convenient layout	<input type="checkbox"/>	Arranged to suit	<input type="checkbox"/>

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

Free of hazards (worn carpets, slippery surfaces etc)	<input type="checkbox"/>	Feeling safe at home	<input type="checkbox"/>
Help at hand (if you fell)	<input type="checkbox"/>	Home secure if out	<input type="checkbox"/>
		Fire precautions	<input type="checkbox"/>

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

Shops	<input type="checkbox"/>	Quiet/stress free	<input type="checkbox"/>
Buses etc	<input type="checkbox"/>	Close to family	<input type="checkbox"/>
Familiarity/like area	<input type="checkbox"/>	Close to friends	<input type="checkbox"/>
Feeling safe	<input type="checkbox"/>	Close to help	<input type="checkbox"/>
Good neighbours	<input type="checkbox"/>	Other key facilities	<input type="checkbox"/>
Pleasant/healthy	<input type="checkbox"/>		

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	<input type="checkbox"/>	Changing curtains	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	Decorating	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	Gardening	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	Stairs	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	Having visitors	<input type="checkbox"/>
Changing light bulbs	<input type="checkbox"/>		

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

Able to pursue your interests	<input type="checkbox"/>	Do you have enough human contact	<input type="checkbox"/>
Peace of mind	<input type="checkbox"/>		

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	

Factual information 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?**

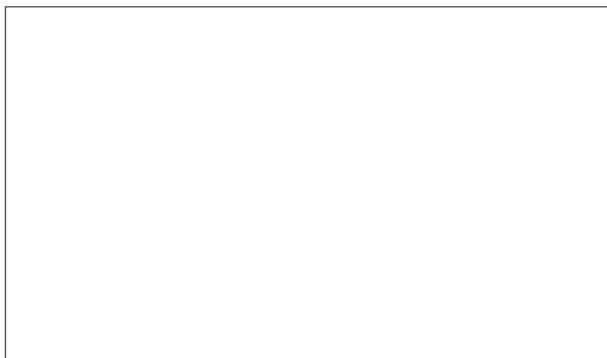
Present Future Both

6. **Is there one thing that is causing you most concern?**

What next?

We offer four options:

- 1 If you received this questionnaire as part of our **Housing Options for Older People information pack**, you will find the pack includes the following materials that may be useful:
 - **Housing Matters** – a booklet offering basic information about a variety of housing possibilities available to older people.
 - **Directory of Housing Advice and Information Services** – details of specialist independent housing advice services and resources for older people.
- 2 If you received this questionnaire from a local organisation, contact them to talk about any of the issues you have identified.



3 Contact Elderly Accommodation Counsel (EAC), a national charity that specialises in all aspects of housing, support services and care for older people. You could either:

- telephone EAC's advice line on 020 7820 1343 (9am to 5pm, Mondays to Fridays) for information or advice; or
- send a copy of this completed questionnaire to EAC, 3rd Floor, 89 Albert Embankment, London SE1 7TP, and ask EAC either to phone you to talk it through or provide a written report based on your answers. If you choose to do this, please provide your name, address and phone number below.

Name:	_____
Address:	_____ _____
Postcode:	_____
Tel no:	_____

4 Visit EAC's website at www.HousingCare.org. This contains a full library of reading materials, a guide to advice services and a directory of all sheltered and retirement housing in the UK.

