

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: With a mortgage Paid for Freehold Leasehold
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?**

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.

When you've finished, come back to this page for our suggestions as to what to do next.

What next?



For ideas on how to tackle some of the common problems we face as we get older, read our guide *Housing and Care Options for Older People*. For your free copy, phone: 0800 377 7070 or email: info@firststopadvice.org.uk



Call the Advice Line on 0800 377 7070

To discuss your specific problems, worries – or ambitions – in more detail, speak to one of our advisors. FirstStop Advice is a free and independent service, provided by EAC and staffed by Advisors with a huge range of knowledge and experience.

If you have access to the Internet, visit the EAC

FirstStop website. This provides pages of practical ideas, a directory of home services that might be helpful to you, as well as information on local sheltered and retirement housing estates, in case you want to consider moving home.



Section 1: Size and space

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

Number of rooms Garden size
Room sizes Parking space

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

Safe from eviction Independence from your family
Able to suit yourself Able to keep pets
Happy to be responsible for the house

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 Water
Maintenance Transport
House insurance Services charges
Heating/hot water Help in your house
Council Tax TV Licence

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 Free of 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

Looks nice and feels like home Decoration
Warm Furnishings
Light and sunny Bath/shower
Convenient layout Arranged to suit

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) Feeling safe at home
Help at hand (if you fell) Home secure if out
Fire precautions

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

Give a score out of 10 for **safety** overall.