

7. Location

Overall Score

- | | | | |
|-------------------------|--------------------------|----------------------|--------------------------|
| 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

8. Managing

Overall Score

- | | | | |
|-------------------|--------------------------|----------------------|--------------------------|
| Housework | <input type="checkbox"/> | Changing light bulbs | <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 curtains | <input type="checkbox"/> | | |

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

Yes No

9. Quality of life

Overall Score

- | | | | |
|-------------------------------|--------------------------|----------------------------------|--------------------------|
| 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

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 Put a tick as appropriate

1. Type Flat House Maisonette 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 No of people _____ No of 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?

Overall Score Scale: **10 Perfect** >>>> **6 Just OK** >>>> **5 Not Good** >>>> **1 Terrible**



Housing options for older people



Housing options for older people

About the service

The Housing Options for Older People (HOOP) service has been set up to help customers aged 55+. HOOP is a free service that provides advice, information and practical support for people in Oldham.

If you are interested in the service, please fill out this questionnaire and return it to the address on the back of this leaflet and one of our HOOP Officers will be in touch. For more information, please contact us on:

E: hoop@fcho.co.uk T: 0161 393 5429

Name

Address

Tel

Email

Put a tick ✓ for mainly satisfied or a cross X for mainly dissatisfied in the boxes .

Then complete the section with an 'Overall Score' out of 10. Please see bottom of this page for help with your Overall Score.

1. Size and space Overall Score

- Number of rooms
- Room sizes
- Garden size
- Parking Space

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

2. Independence Overall Score

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

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

3. Cost and affordability Overall Score

- Mortgage / rent
- Maintenance
- House insurance
- Heating / hot water
- Council Tax
- Water
- Transport
- Service Charges
- Help in your house
- TV Licence

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

4. Condition of property Overall Score

- Roof
- Structure
- Plastering
- Wiring
- Gas fittings
- Water supply
- Plumbing / drains
- Free of damp
- Windows
- Doors
- Fences

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

5. Comfort and design Overall Score

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

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

6. Security / safety Overall Score

- Free of hazards (worn carpets, slippery surfaces etc)
- Help at hand (if you fell)
- Feel safe at home
- Home secure if out
- Fire precautions

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