**SURVEY OF OLDER PEOPLES HOUSING REQUIREMENTS**

**ABOUT YOUR HOUSEHOLD**

1. About Your Household
	1. Single adult
	2. Single adult with children under 16 years
	3. Single adult with children over 16 years
	4. Couple
	5. Couple with children under 16 years
	6. Couple with children over 16 years
	7. Other type of household
2. People who stay regularly and do not normally live in your home; weekly, monthly – once a week, more than once a week, once a month etc
	1. Children
	2. Grandchildren
	3. Friends
	4. Family
3. Carers who stay regularly
	1. Waking carer
	2. Sleep in carer
4. Have you made plans for people to move in permanently to help you
	1. Yes
	2. No
	3. Who
	4. When

**ABOUT YOUR HOME**

1. Tenure information – waiting list group only
2. Property type
	1. Floor level
3. Rooms and sizes
	1. How many
	2. Bathroom – Too big, about right, too small etc.
	3. Spare/used for visitors
4. Amenities
	1. Ground floor WC
	2. Level access/walk in shower
	3. Shower cubicle
	4. Shower over bath
5. Adaptations
	1. Stair lift
	2. Grab rails
	3. Ramps to front or rear access of home
6. Heating and Hot Water Supply
	1. Electric, gas, wood, coal, oil or none
	2. Central heating, storage heaters, gas fire, free standing room heater, open fire or none
	3. Associated issues;
		1. Prefer alternative
		2. Too warm
		3. Not warm enough
		4. Not warm enough in very cold weather
		5. Too expensive
		6. Difficult to adjust or control heating or appliances
		7. Don’t know how to use it properly
		8. Radiators in wrong position
		9. Cant get enough hot water at any one time
		10. Not reliable – breaks down
7. State of Repair
	1. Satisfied, Dissatisfied etc.
	2. Brick/stonework
	3. Roof
	4. Windows
	5. Plastering
	6. Kitchen
	7. Doors
	8. Bathroom/Toilet
	9. Cold/heating problems
	10. Dampness/Mould Growth
	11. Wiring/electrics/fittings
	12. Fencing
8. Adaptations in the property
	1. Adaptations
		1. Downstairs WC
		2. Internal hand/grab rails
		3. Adaptations to bathroom
		4. External hand/grab rails
		5. Telecare (e.g. CO2 detectors; fall sensors)
		6. Improvements to access outside the home (e.g. Level access to
		7. the front door or ramp)
		8. Lever door handles
		9. Stair lift / vertical lift
		10. Electrically operated chair
		11. Electrically operated bed
		12. Adaptations to kitchen
		13. Introduction of downstairs
		14. sleeping arrangements
		15. Improvements to access inside the home (e.g. Door widening)
	2. Do you or anybody in your household use a wheelchair? Which type:
		1. Electric indoor
		2. Electric indoor/outdoor
		3. Electric scooter
		4. Manual (self-propelled)
		5. Manual (pushed by someone)
	3. Do you or anybody in your household use a walking aid? If so which type:
		1. Walking stick
		2. Walking frame
	4. If you have an electric wheelchair or scooter how easy is it for you to recharge it?
	5. How do you travel?
		1. Car
			* Do you drive regularly (daily, weekly, monthly)
			* Do you rely on your car for food shopping
			* Do you rely on your car for GP or hospital visits
		2. Public transport
			* Bus
			* Taxi

**LIVING INDEPENDENTLY IN YOUR HOME**

1. Please tell us how you manage around your home
	1. I manage stairs with difficulty
	2. I manage stairs with assistance
	3. I have moved my bed downstairs
	4. I sleep on a chair/couch
	5. I use a commode as I can't use the toilet
	6. I use a standard bath
	7. I use a bath with equipment
	8. I have a bath but I can't use it
	9. I use a shower over the bath
	10. I use a step-in shower cubicle
	11. I use a level-access shower
	12. I cannot get into some rooms in my home
2. Activities you need help to manage
	1. Getting to bed
	2. Dressing
	3. Stairs
	4. Getting washed
	5. Getting in bath
	6. Using toilet
	7. Preparing a meal
	8. Managing medication
	9. Managing medical equipment
	10. Doing laundry
	11. Shopping heavy
	12. Shopping light
	13. Cleaning home
	14. Cleaning windows
	15. Garden
	16. Decorating
	17. low level maintenance
	18. Help with pets
	19. Engage in social activities
	20. Safety of home
	21. Managing finances
3. Help from:
	1. District nurse
	2. Gardening service
	3. Home care provider
	4. Other help
	5. Housing support
	6. Day care provider
	7. Home improve agency
4. Information/advice on:
	1. No information or advice needed
	2. Financial matters including claiming benefits
	3. The different options for future housing
	4. General help and support
	5. Home improvements
	6. Safety and security
	7. Leisure and social activities/clubs
	8. Getting involved in your local community and
	9. volunteering
	10. Healthy eating/lifestyle
5. Source of information
	1. I don't need to get housing information, advice and support
	2. Newspapers
	3. Internet
	4. Citizens Advice Bureau, Age Concern, Other Voluntary
	5. Agency
	6. Information from family/friends
	7. Radio
	8. Parish council, magazine, notice board
	9. Housing Association
	10. Council Customer Services Centres
	11. Local libraries
	12. Telephone advice and information service
6. **REASON FOR MOVING**

Do you plan to move home in the next five years?

What reasons would cause you to move?

* 1. Need smaller property (current property difficult to manage)
	2. Want smaller garden
	3. To be closer to facilities e.g. shops, doctors
	4. To be closer to family/friends to give/receive support
	5. To be closer to family/friends for social reasons
	6. Need housing suitable for older/disabled person
	7. Want larger property or one that was better in some way
	8. Cannot afford rent/mortgage payments
	9. Want to buy a property
	10. To move to a better neighbourhood or more pleasant area
	11. Want own home/live independently
	12. Need a home with a shower rather than a bath
	13. I am unhappy about the crime levels in the area, or
	14. I am worried by behaviour of people living near me
	15. Need a bathroom downstairs
	16. Marriage/to live together
	17. Want larger garden
	18. To be closer to work/new job
	19. Forced to move
	20. Lacking or need separate kitchen/bathroom/toilet
	21. This is only a temporary accommodation
	22. Divorce/separation/family stress
	23. Major disrepair of home
	24. Overcrowding
1. Which of the following tenures would you choose?
	1. Buying a property outright or with a mortgage
	2. Shared ownership (part rent/buy)
	3. Rent a property from a private landlord
	4. Rent from a Housing Association
	5. Sheltered accommodation - rent
	6. Sheltered accommodation - buy
	7. Sheltered accommodation - part rent/buy
	8. Extra Care Housing - rent
	9. Extra Care Housing - buy
	10. Extra Care Housing - part rent/buy
	11. Residential Care Home
	12. Co-Housing
2. What type of property would you like to move to?
	1. Property type
		1. House
		2. Bungalow
		3. Apartment (ground floor)
		4. Apartment (above ground floor)
	2. No. bedrooms
		1. Studio/bedsit
		2. One bedroom
		3. Two bedrooms
		4. Three bedrooms
		5. Three+ bedrooms
	3. Outlook
		1. Private small garden
		2. Private large garden
		3. Communal Garden
		4. Balcony
	4. Locality
		1. Purpose built community for older people – village style
		2. Active or busy street front
		3. Quiet cul-de-sac
		4. Other
	5. Which area of Oxford would you like to move to?
		1. Blackbird Leys,
		2. Kidlington,
		3. Templar Road,
		4. Wolvercote,
		5. Cutteslowe,
		6. Marston,
		7. Old Marston,
		8. Northway,
		9. Osney,
		10. Botley,
		11. Horspath Rd,
		12. Lye Valley,
		13. Town Furze,
		14. Wood Farm,
		15. Cowley Airfield,
		16. Barton,
		17. Risinghurst,
		18. Quarry,
		19. Headington,
		20. Gipsy Lane,
		21. Rose Hill Estate,
		22. Littlemore,
		23. New Hinksey,
		24. Abingdon,
		25. East Oxford,
		26. Cowley,
		27. Hockmore,
		28. Boundary Brook,
		29. Donnington Bridge,
		30. Central,
		31. Jericho,
		32. Walton,
		33. Grandpont