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It's better to prepare 5 years early than 5 minutes late!

A Home & Housing Questionnaire for Aging in Place

Page 1 — Comfort, Safety & Accessibility

1. Describe your current home:
• Size (sq. ft.):
Type: □ Single-family □ Condo □ Mobile Home □ Apartment □ Other:
Location: □ Urban □ Suburban □ Rural
How many levels?
Bedroom and bathroom location:
2. Do you feel comfortable and safe in your home? ☐ Yes ☐ No If no, why not? 3. Do you want to remain in your current home as long as possible? ☐ Yes ☐ No Why or why not?
4. What matters most to you in a home? (Check all that apply) □ Proximity to family □ Familiar neighborhood □ Affordability □ Walkable area □ Easy to maintain □ Access to medical care □ Nearby shopping/entertainment □ Other:

5. What would make your home more comfortable or safe? (Check all that apply) Everything on one floor Better lighting or storage Fewer stairs Grab bars in bathrooms Walk-in shower Wider doorways Ramp or stairlift Lower-maintenance yard Emergency alert system Other:
6. What changes have you already made or considered? □ Downsizing □ Remodeling □ Home sharing □ Moving to a community with more support □ No changes yet
7. What technology do you use or want to try for safety or convenience? ☐ Smart thermostat ☐ Video doorbell ☐ Medication reminders ☐ Emergency alert system ☐ Voice-activated assistant (Alexa/Siri/etc.) ☐ Other:
Financial & Practical Considerations
8. Do you own or rent your home? □ Own □ Rent If you own, do you have a mortgage? □ Yes □ No Monthly payment (if applicable): \$
9. Do you feel your current home is financially sustainable long-term? Yes No If not, what would help? Lowering costs Refinancing Reverse mortgage Downsizing Moving to a more affordable area Applying for financial aid or benefits Other:
10. What percentage of your monthly income goes to housing (mortgage/rent, taxes, insurance)? □ Under 25% □ 25-35% □ Over 35% □ Not sure

 11. Do you need help with: □ Creating a home budget □ Finding housing-related benefits (see BenefitsCheckup.org) □ Understanding reverse mortgages □ Talking to a financial advisor
12. How well can you move around inside your home today? ☐ Fully independent
☐ Somewhat challenging
\square I rely on mobility aids (walker, cane, wheelchair)
☐ I require assistance from another person
13. Are there areas of your home you avoid due to difficulty accessing them? ☐ Yes ☐ No
If yes, which areas?
m yee, which diede:
14. In case of a medical emergency or future health change, have you:
☐ Installed emergency alert systems
☐ Identified who would assist you at home
☐ Made a plan for in-home care or relocation
☐ Created legal documents (POA, living will, etc.)
15. What are your top 3 current needs or concerns related to your home?
1
2
3

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