



DRAYCOTT HOMESHARE
Companionship and Support at Home

HOUSEHOLDER QUESTIONNAIRE

This document is designed to assist Draycott Homeshare provide the right Homesharer for you.

**Please complete and return at your convenience to:
Draycott Homeshare 90 – 100 Sydney Street, London SW3 6NJ.**

Name:	Date:
Address:	
Religion:	

1. What are your expectations of Homeshare?

2. The Homesharer will assist you with 10 hours help per week, please indicate what duties you would like assistance with.

	Yes	No	Comments
a. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Laundry	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Care of pets	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Outings	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Gardening	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Driving	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Do you have any other help?	Yes	No	Comments
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4. Do you do your own cooking?	Yes	No	Comments

5. Have you ever shared accommodation before?	Yes	No	Comments
5a. Do you smoke?			

6. Is your home a flat or a house?

7. Do you have any pets, and what type are they?

8. Please state what parts of the house and possessions the homesharer can share with you.

	Yes	No	Comments
a. Drawing Room	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Laundry Facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Storage Space	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Linen	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Computer	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Internet	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Telephone	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Parking	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Other	<input type="checkbox"/>	<input type="checkbox"/>	_____



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9. Sharers expect a reasonable standard of cleanliness and facilities in the kitchen and bathroom. Do you think your home offers this?

10. What are the nearest transport links?

11. Do you have any significant health issues?

12. Is there anything else you would like to add?

Please ensure that you have filled this form in as comprehensively as possible to assist us to help you. Thank you