



# 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 in the envelope provided before your booked visit with the Homeshare Liaison.**

Name:	Date:
Address:	
Religion:	

1. What are your expectations of Homeshare?
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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
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5. Have you ever shared accommodation before?	Yes	No	Comments
5a. Do you smoke?			

6. Is your home a flat or a house?
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7. Do you have any pets and what type are they?
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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. What interests do you have?

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 ensure we can help you.

For office use only:

Date Received	
Appointment Booked	