

**Checklist:  
Personal housing wants and needs**

	<b>Yes</b>	<b>No</b>
Are you happy with your current housing situation?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to stay in your family surroundings, come what may?	<input type="checkbox"/>	<input type="checkbox"/>
Do you see a need to move (for example because of impairments)?	<input type="checkbox"/>	<input type="checkbox"/>
Would you especially like to move to another place?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to live with others in old age?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like greater assurance that you will be provided for in old age (for example, if you become ill)?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to have more services available (for example, to help with daily shopping)	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to have more professional help in the home (for example, with cleaning and other household tasks)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you looking for more (or new) social contacts?	<input type="checkbox"/>	<input type="checkbox"/>