

HOUSEHOLD QUESTIONNAIRE

We are improving the information we hold on customers so we can make sure our services are shaped by your needs. We will also use the information to check that our services are fair and accessible to everyone. Your information is protected by law. Please see the privacy statement on our website for further information.

Please complete this form and return it to:

Saxon Weald, Saxon Weald House, 38-42 Worthing Road, Horsham, RH12 1DT
or email to hello@saxonweald.com

Thank you for completing this questionnaire.

Contact information

Accurate contact details ensure we can send you important service information and appointment reminders.

If there is a second person listed on your tenancy agreement, please give their details in the joint tenant box.

Please tell us your address:

Postcode:



LEAD TENANT

Title:

Mrs Ms Miss Mr Mx Dr Other

Full name:

Preferred name (if different to above):

Which pronouns should we use when we refer to you?

She/her He/him They/them Ze/zir

Other_____ Prefer not to say

Email address (please leave blank if you do not wish to share):

Mobile phone number (please leave blank if you do not wish to share):

Landline phone number (please leave blank if you do not wish to share):

What is your main language?

English

Other (please write in):

If other, how well can you speak English?

Very well Well Not well Not at all

JOINT TENANT

Title:

Mrs Ms Miss Mr Mx Dr Other

Full name:

Preferred name (if different to above):

Which pronouns should we use when we refer to you?

She/her He/him They/them Ze/zir

Other_____ Prefer not to say

Email address (please leave blank if you do not wish to share):

Mobile phone number (please leave blank if you do not wish to share):

Landline phone number (please leave blank if you do not wish to share):

What is your main language?

English

Other (please write in):

If other, how well can you speak English?

Very well Well Not well Not at all



LEAD TENANT CONTINUED

What is your ethnic group (please choose one section from A to E and tick one box to describe your ethnic background:

A White

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background (please write in):

B Mixed or multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other mixed or multiple background (please write in):

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background (please write in):

D Black, Black British, Caribbean or African

Caribbean

African background (please write in below)

Other Black, Black British or Caribbean background (please write in):

E Other ethnic group

Arab

Any other ethnic group (please write in):

JOINT TENANT CONTINUED

What is your ethnic group (please choose one section from A to E and tick one box to describe your ethnic background:

A White

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Other White background (please write in):

B Mixed or multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Other mixed or multiple background (please write in):

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background (please write in):

D Black, Black British, Caribbean or African

Caribbean

African background (please write in below)

Other Black, Black British or Caribbean background (please write in):

E Other ethnic group

Arab

Any other ethnic group (please write in):



LEAD TENANT CONTINUED

What is your religion?

No religion

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion (please write in):

How do you describe your gender?

Woman

Man

Transwoman / Transman

Non-binary / Genderqueer

Agender / Gender fluid

Don't know

Prefer not to say

Other (please write in):

Which of the following best describes your sexual orientation?

Straight / Heterosexual

Gay or Lesbian

Bisexual

Prefer not to say

Other (please write in):

JOINT TENANT CONTINUED

What is your religion?

No religion

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion (please write in):

How do you describe your gender?

Woman

Man

Transwoman / Transman

Non-binary / Genderqueer

Agender / Gender fluid

Don't know

Prefer not to say

Other (please write in):

Which of the following best describes your sexual orientation?

Straight / Heterosexual

Gay or Lesbian

Bisexual

Prefer not to say

Other (please write in):



Your health

This information will help us adapt our services to meet your needs.

LEAD TENANT

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Yes

No

Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

Yes, a lot

Yes, a little

Not at all

If you have answered yes to these questions, please help us understand.

Please tick all that apply.

Limited mobility / restricted hand movement

Hearing / visual / speech impairment

Chronic / serious illness

Learning difficulty

Cognitive impairment e.g. dementia

Mental health issue

Neurodivergence

Respiratory condition

Other

JOINT TENANT

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Yes

No

Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

Yes, a lot

Yes, a little

Not at all

If you have answered yes to these questions, please help us understand.

Please tick all that apply.

Limited mobility / restricted hand movement

Hearing / visual / speech impairment

Chronic / serious illness

Learning difficulty

Cognitive impairment e.g. dementia

Mental health issue

Neurodivergence

Respiratory condition

Other



Other people in your household

Please give details of who else lives in your home. Use a separate sheet or write on the page below if there are more than four additional people. Leave blank if this does not apply.

	Person 1	Person 2	Person 3	Person 4
Name				
Date of birth				
Relationship to you				

Service requests

Is there anything you would like us to know about you or your household that may have an impact on the service we provide? If yes, please write brief details here.

For example, please allow extra time for me to answer the door.

