

Self-catering accommodation: Self-assessment questionnaire [VB FINAL]

PARKING		
1	<p><u>Parking at single unit properties</u></p> <p style="text-align: right;">Is a parking space provided ? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If 'yes', is it within about 50 metres of the entrance? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
2	<p><u>Parking at multiple unit properties</u></p> <p style="text-align: right;">Is a designated parking space provided for guests with disabilities ? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If 'yes', is it within about 50 metres of the entrance? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
3	Is there a drop-off point for guests immediately outside the entrance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	<p>Is the route from the parking area to the entrance</p> <p>a) flat (i.e. without steps) <input type="checkbox"/> (tick one)</p> <p>b) with a ramp <input type="checkbox"/></p> <p>c) with steps and no ramp <input type="checkbox"/></p>	
BUILDING ENTRANCE		
5	Are there any steps to the entrance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	If 'yes', how many steps?	____ Steps
7	If 'yes', is there a handrail by the steps?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Is there a ramp to the entrance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	If 'yes', is there a handrail by the ramp?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ACCESS TO ALL AREAS		
Is there level access (i.e. no steps or thresholds), or access by a ramp or lift:		
10	to the toilet and bathroom?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11	to one or more bedrooms?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12	to the lounge?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13	to the kitchen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14	to the dining room (if available)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15	<p>to outdoor facilities?</p> <p>If 'yes', list these: _____</p> <p>e.g. garden, terrace, dining area, swimming pool, beach, sports area</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
KITCHEN		
16	Do the sink taps have lever handles?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Is seating available in the kitchen?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PTO

BEDROOM(S) AND BATHROOM(S) - GENERAL		
18	Can bedroom furniture be re-arranged if requested by the guest?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Do any bedrooms have an en-suite bathroom?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Do bedrooms have air-conditioning?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Do any bathrooms have (Please tick those that apply) a. bath <input type="checkbox"/> b. bath with shower <input type="checkbox"/> c. separate shower unit <input type="checkbox"/> d. level entry shower <input type="checkbox"/> (i.e. no raised shower tray or step-up)	
22	Where there are separate shower units, are any fitted with support handrails?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Where there are separate shower units, do any have a fixed shower seat or shower chair available?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Where there are baths, are any fitted with support handrails?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Where there are baths, do any have an extended area at one end for sitting?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Are any W.C.s fitted with handrails?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Do taps in the bathroom have lever handles?	<input type="checkbox"/> YES <input type="checkbox"/> NO
GENERAL QUESTIONS		
28	Do you provide services for guests with hearing impairments? (Please tick those that apply) <input type="checkbox"/> text telephone <input type="checkbox"/> telephone with inductive coupler <input type="checkbox"/> telephone with flashing light <input type="checkbox"/> telephone with voice amplification <input type="checkbox"/> call system with vibrating pads e.g. for fire/smoke alarms, front door, telephone <input type="checkbox"/> call system with flashing lights e.g. for fire/smoke alarms, front door, telephone <input type="checkbox"/> induction loop and/or infrared system	
29	Do you provide services for guests with visual impairments? (Please tick those that apply) <input type="checkbox"/> contrast markings on glass doors and full-height windows <input type="checkbox"/> guest information in large print format <input type="checkbox"/> tactile route within or outside the premises <input type="checkbox"/> contrast of critical surfaces e.g. doors, skirtings	
30	Are any of the following available for guests with asthma or allergies? (Please tick those that apply) <input type="checkbox"/> non-allergenic bedding (e.g. non-feather pillows) <input type="checkbox"/> rooms without fitted carpets [Some guests may an allergic reaction to carpets] [please specify which rooms e.g. lounge etc.]_____	