

[Plats för samordningsförbundets egen logotyp. Om egen logotyp inte används tas denna textruta bort.]

How do you feel about the support you receive in your work?

You participate in an activity financed by a coordination agency. We would like to know how effective you find the support you receive in your work.

We appreciate your feedback!

Please try to answer all the questions as honestly as possible. Answering the questions is voluntary and you do not have to provide any explanation should you choose not to participate in the survey. You may also submit your survey unanswered. You can return the questionnaire in the enclosed envelope.

The survey responses will be treated as anonymous. This means that no specific individual can be identified.

**For questions and comments about the questionnaire and how the survey responses are compiled please contact:**

**[Namn på kontaktperson]**[Kontaktpersonens funktion samt samordningsförbundets namn]Telephone: [telefonnummer], email: [e-mejladress]

**In the course of answering the questionnaire, you will also have the opportunity to ask questions from the person who sent you the survey.**

**Thank you for your participation!**

## Survey participants**With this survey, we would like to inquire about how effective you find the support received for your activity. Please tick the box that best describes your answer to each question.If you do not wish to answer or cannot answer a question, please skip it.**

|  |  |  |  |
| --- | --- | --- | --- |
| **About you:** | Woman  | Man  | Do not wish to answer /no suitable option  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | **Never** | **Rarely** | **Sometimes** | **Often** | **Most ofthe time** | **Always** |
| **1** | Is the support you receive very valuable to you? |  |  |  |  |  |  |
| **2** | Are you involved in deciding which form of support you will receive? |  |  |  |  |  |  |
| **3** | Do you get the support for the duration you need it? |  |  |  |  |  |  |
| **4** | Does the assistance help you in keeping contact with the authorities and health care? |  |  |  |  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all** | **A little** | **Moderately** |  **Largely** | **Very much** | **Completely**  |
|  **5** | Has the support you received helped you develop ways to improve your situation? |  |  |  |  |  |  |
|  **6** | Do you feel better equipped to work or study compared to before you contacted us? |  |  |  |  |  |  |
|  **7** | Do you feel that the staff draws on your experience, knowledge and values your feedback?  |  |  |  |  |  |  |