

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

How do you feel about the support you have received in your work?

You participate or have participated in an activity financed by a coordination agency. We would like to know how effective you found the support received 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 in your work. 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 of the time** | **Always** |
| **1** | Was the support you received very valuable to you? |  |  |  |  |  |  |
| **2** | Were you involved in deciding what form of support you would receive/received? |  |  |  |  |  |  |
| **3** | Did you get the support for the duration you needed it? |  |  |  |  |  |  |
| **4** | Did the assistance help you in keeping contact with the authorities and health care? |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **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 has drawn on your experience, knowledge and valued your feedback? |  |  |  | |  | |  | | |  |

(Questions continue on the next page)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A survey participant, cont. | | | |  |
| **8** | Have you started planning for what will happen after the current support will end? | Yes  | No  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If Yes to question 8**, move on to questions 9 to 13. **If No to question 8**, move to questions 11 to 13. | | | | | | | | |
|  |  | **Not at all** | **A little** | **Moderately** | **Largely** | **Very much** | **Completely** |
| **9** | Is there sufficient planning for what will happen when  this support will cease? |  |  |  |  |  |  |
| **10** | Will what is planned begin within a  reasonable time? |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **11** | What is important to you to be able to work or study? |
| **12** | How has the support you got made a difference to you? (Please describe what it is and why it does) |
| **13** | What could have been done differently? |