

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

How do you experience the support that you have been getting from the activity?

You have participated in an activity financed by a coordination agency. We would like to know about your experience of the support you received and whether you think it worked well. Your opinions are welcomed!

Please attempt to answer all of the questions as openly and honestly as possible. It is entirely up to you whether or not you answer the questions and you do not need to give any reason should refuse to do so, nor if you choose to return a blank questionnaire. Please return the questionnaire in the envelope provided.

All responses will be handled anonymously and all information provided will be anonymized. This means that no individual person can be identified.

**If you have any questions or opinions about the questionnaire or how answers will be compiled, please contact:**

**[Namn på kontaktperson]**  
[Kontaktpersonens funktion samt samordningsförbundets namn]  
Telephone: [telephone number], e-mail: [e-mail address]

**In addition to this written information about the study, you are welcome to ask questions in conjunction with answering the questionnaire.**

**Thank you for your participation!**

## Participant questionnaire

**The purpose of this questionnaire is to find out how well you feel that the support you received in conjunction with the activity has worked.**

**Please tick the box that best describes how much you agree with each statement. If you don’t want to answer or if you don’t know the answer, you can just skip the question.**

|  |  |
| --- | --- |
|  | **About you:** Female  Male  Prefer not to answer/neither of the above  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Never** | **Seldom** | **Some-times** | **Often** | **Mostly** | **Always** |
| **1** | Have you received support in a manner that was of great benefit to you? |  |  |  |  |  |  |
| **2** | Have you been given the opportunity to decide what support you receive/received? |  |  |  |  |  |  |
| **3** | Has the support provided been allowed to continue for the  necessary amount of time? |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4a** | Do you need, or have you needed to have support in your communication with the authorities or with healthcare? | |  |  Yes **→** *Go to question 4b* | | | | | |
|  |  |  No **→** *Go to the next page, question 5* | | | | | |
|  |  | **Never** | | | **Seldom** | **Some-times** | **Often** | **Mostly** | **Always** |
| **4b** | Has the activity supported you your communication with the authorities or with healthcare? |  | | |  |  |  |  |  |

*The questions continue on the next page →*

## Participant questionnaire, continued

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Not at all** | **Only slightly** | **Partly** | **To a large extent** | **To a very large extent** | **Completely** |
| **5** | Has the support you received helped you to manage your situation? |  |  |  |  |  |  |
| **6** | Do you feel more prepared to begin working or studying compared to before you had contact with us? |  |  |  |  |  |  |
| **7** | Have the staff made use of your experience, knowledge and points of view? |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **8** | Have you begun planning for what will happen when your current support ends? | |  |  Yes **→** *Go to question 9* | | | | | |
|  |  No **→** *Go to question 11* | | | | | |
|  |  | **Not at all** | | | **Only slightly** | **Partly** | **To a large extent** | **To a very large extent** | **Completely** |
| **9** | Has sufficient planning taken place for what will happen after this support ends? |  | | |  |  |  |  |  |
| **10** | Will the planned activities  commence within a reasonable period of time? |  | | |  |  |  |  |  |

*The questions continue on the next page →*

## Participant questionnaire, continued

|  |  |
| --- | --- |
| **11** | What is important for you in order to be able to work or study? |

|  |  |
| --- | --- |
| **12** | How has the support you have received made a difference to you?  *Please describe what and why.* |

*The questions continue on the next page →*

## Participant questionnaire, continued

|  |  |
| --- | --- |
| **13** | What could have been done differently? |

**Thank you for your participation!**