

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

How do you experience the support of the activity?

You are participating in an activity financed by a coordination agency. We want to know how you feel the support you are receiving in the activity is working. 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: [telefonnummer], e-mail: [e-mejladress]

**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 are receiving in conjunction with the activity is working.**

**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** | Are you receiving support in a manner that greatly benefits you? |  |  |  |  |  |  |
| **2** | Do you participate in deciding what support you should receive? |  |  |  |  |  |  |
| **3** | Is the support provided allowed enough time? |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4a** | Do you need 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** | Does the activity support you your communication with the authorities or with healthcare? |  | | |  |  |  |  |  |

*The questions continue on the next page →*

## Participant questionnairea, 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** | What is important for you in order to be able to work or study? |

*The questions continue on the next page →*

## Participant questionnaire, continued

|  |  |
| --- | --- |
| **9** | How does the support you receive make a difference to you?  *Please describe what and why.* |

|  |  |
| --- | --- |
| **10** | What could be done differently? |

**Thank you for your participation!**