
ANONYMOUS SURVEY

Samordningsförbundet Skaraborg wants to know if our projects are beneficial. We would be grateful if you would answer a few questions, but participation is voluntary. This survey is confidential, which means that the answers to the questions will be compiled with the answers of others so that it is not possible to trace your answers to you as an individual.

Answer the questions by drawing an X over the box next to the option that fits best.

1. What do you define yourself as?

- Woman
- Man
- Other

2. How old are you?

- | | |
|--|--|
| <input type="checkbox"/> 16–18 years old | <input type="checkbox"/> 40–44 years old |
| <input type="checkbox"/> 19–24 years old | <input type="checkbox"/> 45–49 years old |
| <input type="checkbox"/> 25–29 years old | <input type="checkbox"/> 50–54 years old |
| <input type="checkbox"/> 30–34 years old | <input type="checkbox"/> 55–59 years old |
| <input type="checkbox"/> 35–39 years old | <input type="checkbox"/> 60–65 years old |

3. Where were you born?

- Sweden/Scandinavia
- Other country in Europe
- Africa
- Asia
- North America
- South America
- Oceania

4. Have you traveled to the project from a municipality other than the one in which you reside?

- Yes
- No
- Don't know/don't want to answer



5. What was your source of income when you started in the project?

(you can select multiple options)

- | | |
|---|--|
| <input type="checkbox"/> Salary from work | <input type="checkbox"/> Activity support |
| <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Student finance CSN |
| <input type="checkbox"/> Sickness benefit | <input type="checkbox"/> No public support |
| <input type="checkbox"/> Rehabilitation benefit | <input type="checkbox"/> Sickness compensation |
| <input type="checkbox"/> Income support | <input type="checkbox"/> Retirement pension |
| <input type="checkbox"/> Assistance allowance | <input type="checkbox"/> Other |

6. What will be your source of income after the project?

(you can select multiple options)

- | | |
|---|--|
| <input type="checkbox"/> Salary from work | <input type="checkbox"/> Activity support |
| <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Student finance CSN |
| <input type="checkbox"/> Sickness benefit | <input type="checkbox"/> No public support |
| <input type="checkbox"/> Rehabilitation benefit | <input type="checkbox"/> Sickness compensation |
| <input type="checkbox"/> Income support | <input type="checkbox"/> Retirement pension |
| <input type="checkbox"/> Assistance allowance | <input type="checkbox"/> Other |

7. What is your highest completed education?

- Elementary school
- High school
- College/university/other post-secondary education
- I have no completed education

8. How long has it been since you worked or studied?

- 0–1 years
- 2–3 years
- 4–5 years
- More than 5 years
- Don't know/not applicable

9. Check the boxes that apply to you.

(you can select multiple options)

- I have a mental health condition
- I have a physical condition
- I have problems with substance abuse
- I have chronic pain problems
- I have not yet learned the Swedish language enough to cope in society
- I have financial problems
- I have a neurodevelopmental disorder (e.g. Autism, Asperger's, ADHD)
- I have social difficulties
- I have been subjected to violence, or subjected others to violence
- Other/none of the above options
- Don't know/don't want to answer

10. Do you think you will be able to work in the future?

- I am completely sure that I will be able to work in the future
- I am pretty sure that I will be able to work in the future
- I am unsure whether I will be able to work in the future
- I don't think that I will be able to work in the future
- Don't know/don't want to answer

11. Do you think the staff in the project believe that you will be able to work in the future?

- Yes, I think so
- No, I don't think so
- Don't know/don't want to answer

12. How have you been treated by the staff in the project?

- Good
- Bad
- Neither good nor bad

13. How have you been treated by your caseworker at Social Services/Social Insurance Agency/Labor Market Unit or similar?

- Good
- Bad
- Neither good nor bad

14. If you have been treated badly, do you think it is due to one or more of the following options?

(you can select multiple options)

- Yes, because of my gender
- Yes, because of my gender identity or expression
- Yes, because of my ethnicity
- Yes, because of my religion
- Yes, because of my disability
- Yes, because of my sexuality
- Yes, because of my age
- Yes, because of something else

15. What overall rating would you give the project?

(circle or color in the number of stars you want to give the project)



16. Would you recommend the project to someone else?

- Yes
- No
- Don't know/don't want to answer

Thank you for answering these questions!

Best of luck with what lies ahead for you!