

Username:  
Password:  
<https://svara.origogroup.com/>

## Daglig verksamhet LSS

We'd like to know what you think of your daily activities. That's so we can do it better. You yourself decide whether you want to answer the questions. It's important for it to be you who answers. A question assistant can help you if you want help when you answer. No-one can see what you've answered. Remember not to write names or other personal information when entering an answer as free text.

1. Are you allowed to make decisions about things that are important to you in your daily activities?

- ☐ Yes
- ☐ Sometimes
- ☐ No

Write your comments here:

## 2. Do you receive the help you want in your daily activities?

- ☐ Yes
- ☐ Sometimes
- ☐ No

Write your comments here:

## 3. Is what you do in your daily activities important to you?

- ☐ Yes
- ☐ Sometimes
- ☐ No

Write your comments here:

## 4. Do the staff who interact with you in your daily activities care about you?

- ☐ Yes
- ☐ Sometimes
- ☐ No

Write your comments here:

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+

5. Do the staff who interact with you in your daily activities talk to you in a way you can understand?

- ☐ All
- ☐ Some
- ☐ None

Write your comments here:

6. Do the staff who interact with you in your daily activities understand what you say?

- ☐ All
- ☐ Some
- ☐ None

Write your comments here:

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7. Do you feel safe with the staff in your daily activities?

- ☐ All
- ☐ Some
- ☐ None

Write your comments here:

8. Are you afraid of anything in your daily activities?

- ☐ Never
- ☐ Sometimes
- ☐ Often

Write your comments here:

9. Do you know who to talk to if there is any problem in your daily activities?

- ☐ Yes
- ☐ No

Write your comments here:

### 10. Are you happy in your daily activities?

- ☐ Yes
- ☐ Sometimes
- ☐ No

Write your comments here:

### 11. Do the staff talk to you about getting a paid job?

- ☐ Yes
- ☐ No
- ☐ Don't know

Write your comments here:

### 12. Do the staff treat you well?

- ☐ Yes
- ☐ Sometimes
- ☐ No

Write your comments here:

13. Are you satisfied with the support you get in your daily activities?

- ☐ Yes
- ☐ Sometimes
- ☐ No

Write your comments here:

14. Do you feel that the staff have discriminated against you in your daily activities?

- ☐ Yes
- ☐ No

Write your comments here:

15. Are you female or male?

- ☐ Female
- ☐ Male
- ☐ Other

Write your comments here: