

Stockholms stad brukarundersökning Hemtjänst yngre

Q1

Home care services for people under 65 years of age

The home care service overall

	Very dissatisfied	Quite dissatisfied	Neither satisfied nor dissatisfied	Quite satisfied	Very satisfied	Don't know/ no opinion
How satisfied are you with your home care service overall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q1b

Does the home care service meet your needs for help and support?

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ Don't know/no opinion

Q2

Influence

	No, never	Rarely	Sometimes	Usually	Yes, always	Don't know/ no opinion
Do the staff consider your opinions and wishes regarding the way the help is provided?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can you generally influence the times when the staff come round?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3

Do you have an action plan?

The planning that concerns you and how things are in your home

- ☐ Yes
- ☐ No
- ☐ Don't know

Q4**Did you help to produce your action plan?**

- ☐ Yes
- ☐ No
- ☐ Don't know
-

Q5a**How well the help is provided**

- | | Very
badly | Quite
badly | Neither
well nor
badly | Quite
well | Very
well | Don't know/
no opinion |
|---|-----------------------|-----------------------|------------------------------|-----------------------|-----------------------|---------------------------|
| How well do you think the staff carry out their duties? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-

Q5b-d

- | | No,
never | Rarely | Sometimes | Usually | Yes,
always | Don't know/
no opinion |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| Do the staff generally come round at the agreed time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do the staff generally have enough time to do their duties at your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do the staff usually notify you in advance of temporary changes? (e.g. change of time / day, delays, staff changes, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-

Q6a**Treatment**

- | | No, never | Rarely | Sometimes | Usually | Yes, always | Don't know/
no opinion |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| Do the staff generally treat you well? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-

Q6b**In the past year, have you experienced any of the following in your contacts with the staff?
Tick all that apply****The staff:**

- ☐ Made negative comments about you, your things or your home.
- ☐ Treated you disrespectfully in their choice of words, manner of speech or gestures.
- ☐ Talked down to you, for example as if you were a child.
- ☐ Ignored your wishes regarding e.g. toilet visits, showers or dressing.
- ☐ Were heavy-handed during e.g. toilet visits, showers or dressing.
- ☐ Showed distaste when carrying out their care duties.
- ☐ Acted inappropriately in any other way.
- ☐ No, I have not experienced any of the above situations in the past year.

Q7a
Safety

	Very unsafe	Quite unsafe	Neither safe nor unsafe	Quite safe	Very safe	Don't know/no opinion
How safe or unsafe does it feel to live at home with the support of the home care service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7b
Do you trust the staff who come to your home?

- ☐ Yes, all the staff
- ☐ Yes, most of the staff
- ☐ Yes, some of the staff
- ☐ No, none of the staff
- ☐ Don't know/no opinion

Q8a
Meals

Do the home care staff help you with cooking or food portions delivered to your home?

- ☐ Yes, they help me with cooking
- ☐ Yes, I have food portions delivered to my home
- ☐ No, I do not receive help with meals from the home care staff. [Go to Activities](#)

Q8b

	No, never	Rarely	Sometimes	Usually	Yes, always	Don't know/no opinion
Does the food taste good?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9a
Activities

Have you been allowed walks or outdoor time?

- ☐ Yes
- ☐ No

Q9b

	No, never	Rarely	Sometimes	Usually	Yes, always	Don't know/ no opinion
Are you satisfied with the walks or outdoor time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10

Discrimination at the centre

Discrimination is when you are offended, disadvantaged or treated differently to others by a staff member. The disadvantages or offences must be connected to some of the seven discrimination reasons (gender, gender identity or expression, ethnic origin, religion or other interpretation of belief, disability, sexual orientation and age) If a user in a home offends other users it is called harassment.

Do you feel you have been discriminated against in your housing in the last 12 months?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
- ☐ Don't know

Q11

What was the reason you felt discriminated against? You can select more than one option

- ☐ Because I am a woman (gender)
- ☐ Because I am a man (gender)
- ☐ Because I feel like a woman/man/something else although I was born male or female (gender identity or expression)
- ☐ Because I come from another country (ethnic origin)
- ☐ Because of my religion (religion or other interpretation of belief)
- ☐ Because I suffer from a disability (disability)
- ☐ Because I am/fall in love with or want to have sex with someone of the same gender as myself (sexual orientation)
- ☐ Because of my age (age)
- ☐ Another reason
- ☐ Don't know
- ☐ Prefer not to answer

Q12

Did you tell the staff what happened?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Q13

If you did tell them, do you think things have improved?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
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Q14ab

Contact with the city authorities

	Yes	Partly	No	Don't know /no opinion
Were you well treated by your assistance handling officer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are the handling officer's decisions adapted to your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14c

Do you know which services you have been granted?

- ☐ Yes
- ☐ No
-

Q14de

	Yes	Partly	No	Don't know/ no opinion
Do you receive the home care services which the assistance handling officer has decided on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you aware that you can choose who provides your home care service (municipal home care or various private companies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14f

Who chose your home care service?

- ☐ I chose myself
- ☐ I chose together with a relative/friend
- ☐ A relative/custodian chose for me
- ☐ Someone else chose for me
- ☐ Don't know/no opinion
-

Q14g

Do you know where to turn if you wish to make comments or complaints about the home care service?

- ☐ Yes
- ☐ No

Q15a**Closing questions****How often do you receive home care services?**

- ☐ Every day
- ☐ Once or more a week
- ☐ Less than once a week

Q15b**Is it usually the same person from the home care service who visits you?**

- ☐ Yes
- ☐ No

Q15c**Did you answer the questions yourself?**

- ☐ Yes, all by myself
- ☐ No, with a friend, relative or someone else
- ☐ No, someone else answered for me

Complete

Thank you for taking part.
