

| Section A: | |
|---|---|
| A1. Summary opinion | |
| | Neither Strongly agree nor Strongly Don't disagree Disagree disagree Agree agree know |
| I am satisfied with my housing support staff | |
| I feel safe with my housing support staff | |
| | |
| A2. My opportunities to influence the sup | port I receive |
| | Neither Strongly agree nor Strongly Don't disagree Disagree disagree Agree agree know |
| I'm given an opportunity to have my say on how the support or assistance I receive at the assisted living facility is carried out | |
| My housing support staff ask what kind of support or assistance I would like | |
| I know where to turn if I want to make comments and complaints about my housing support staff | |
| A3. | . |
| My opinions on the support I receive | |
| | Neither Strongly agree nor Strongly Don't disagree Disagree disagree Agree agree know |
| My housing support staff understand what I need | |
| My support workers at the assisted living facility know my strengths and abilities | |
| I am satisfied with the support I get from my housing support staff | |
| A4. | |
| How I get on with my housing support | |
| | Neither Strongly agree nor Strongly Don't disagree Disagree disagree Agree agree know |
| I trust my housing support staff | |
| My support workers at the assisted living facility treat me with respect | |
| The staff are good at getting me to do things independently (in other words, do things myself.) | |
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| Section B: | | | |
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| 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. | | | |
| B1. Do you feel you have been discriminated against by your housing support staff in the last 12 months? | | | |
| | Yes | | |
| | No 📄 | | |
| Prefer not to an | nswer | | |
| B2. What was the reason you felt discriminated against? You can select more than one option. | | | |
| Because I am a woman (gen | ender) | | |
| Because I am a man (gen | | | |
| Because I feel like a woman/man/something else although I was born male or female (gender identication expression). | | | |
| Because I come from another country (ethnic or | origin) | | |
| Because of my religion (religion or other interpretation of be | pelief) | | |
| 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) | | |
| Prefer not to an | nswer | | |
| B3. Did you tell any of the staff what happened? | Yes | | |
| | No | | |
| F | Partly | | |
| Prefer not to an | nswer | | |
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| B4. | | | | |
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| If you did tell them, do you think your situation has improved? | | | | |
| | Yes | | | |
| | No | | | |
| | Partly | | | |
| | Prefer not to answer | | | |
| Section C: Note that the questions below are not about the organisation but are questions about how the investigation of your need for support has been carried out by the municipal aid official! | | | | |
| C1. Have you been in contact with your aid assessor in | n the past year? | | | |
| | Yes | | | |
| | No | | | |
| | Don't know | | | |
| C2. Questions about my care administrator (the person | | | | |
| municipality who looks at what support or assistan | Neither | | | |
| Strongly disagree Disagre | agree nor Strongly Don't | | | |
| It is easy to contact my assistance assessor | | | | |
| I am satisfied with how things went when my care administrator and I reviewed what support I need (for example, accommodation) | | | | |
| I am satisfied with how I was treated by my care administrator | | | | |
| Section D: | | | | |
| D1. Questions about freedom of choice | | | | |
| Strongly disagree Disagre | Neither agree nor strongly Don't ee disagree Agree agree know | | | |
| I am satisfied with the number of hours a month I receive housing support | | | | |
| I chose my provider myself | | | | |
| I have been given information about my ability to choose provider | | | | |
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| Secti | on E: Background | | | |
|-------|---|---|--|--|
| E1. | Did you answer the questions yourse | lf? | | |
| | | Yes, all by myself | | |
| | | No, with a friend, relative or someone else | | |
| | | o, someone else answered the questions for me | | |
| E2. | Were you born in Sweden? | Yes | | |
| | | No | | |
| | | Prefer not to answer | | |
| E3. | Were your parents born in Sweden? | | | |
| E3. | were your parents born in Sweden: | Both my parents were born in Sweden | | |
| | | One of my parents was born in Sweden | | |
| | O_{λ} | INeither of my parents were born in Sweden | | |
| | | Prefer not to answer | | |
| | | Don't know | | |
| E4. | 4. Har du några övriga synpunkter? Dina svar kommer redovisas i sin helhet men anonymiserade och blir offentliga. Skriv därför INTE saker som gör att ditt svar går att identifiera (som namn, adress eller | | | |
| | liknande.) | | | |
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