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

Sysselsättning SoL

We'd like to know what you think of your employment. 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.

mportant to you in your occupation?		
☐ Yes		
Sometimes		
□ No		
Write your comments here:		

1. Are you allowed to make decisions about things that are

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2. Do you receive the help you want in your occupation?		
☐ Yes		
☐ Sometimes		
□ No		
Write your comments here:		
3. Is your occupation important to you?		
☐ Yes		
☐ Sometimes		
□ No		
Write your comments here:		
4. Do the staff in the place where you work care about you?		
☐ Yes		
☐ Sometimes		
□ No		
Write your comments here:		

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5. Do the staff at your employment talk to you in you in a way you		
can understand?		
□ AII		
☐ Some		
☐ None		
Write your comments here:		
6. Do the staff at your employment understand what you say?		
□ AII		
☐ Some		
☐ None		
Write your comments here:		
7. Do you feel safe with the staff at your employment?		
□ AII		
☐ Some		
☐ None		
Write your comments here:		

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8. Are you afraid of anything at the place where you work?		
☐ Never		
☐ Sometimes		
☐ Often		
Write your comments here:		
9. Do you know who to talk to if there is any problem in the place where you work?		
☐ Yes		
□ No		
Write your comments here:		
10. Are you happy at your workplace?		
☐ Yes		
☐ Sometimes		
□ No		
Write your comments here:		

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11. Do the staff talk to you about getting a paid job?
☐ Yes
□ No
☐ Don't know
Write your comments here:
12. Were you well treated by your assistance officer?
☐ Yes
Sometimes
□ No
Write your comments here:
13. Do the staff treat you well?
☐ Yes
☐ Sometimes
□ No
Write your comments here:

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14. Has your assistance officer clearly explained what support you can apply for?
☐ Yes
☐ Sometimes
□ No
Write your comments here:
15. Are you satisfied with the support provided by your employer?
☐ Yes
Sometimes
□ No
Write your comments here:
16. Do you feel that you are mistreated by the staff?
☐ Yes
☐ Sometimes
□ No
Write your comments here:

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17. Are you female or male?	
☐ Female	
☐ Male	
☐ Other	
Write your comments here:	

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