April 2015

SPØRGESKEMA

TIL BEBOERE PÅ BOTILBUD

**OVERSÆTTELSE TIL ENGELSK**

Fra næste side er der en fuld oversættelse af det danske spørgeskema.

Det er valgfrit for kommunen, om de spørgsmål, der ikke står med fed skrift, medtages i undersøgelsen.

Dvs. følgende spørgsmål er valgfrie:

nr. 1, 7-15 og 17.

De danske spørgsmål kan identificeres i oversat form på baggrund af spørgsmålsnumrene.

QUESTIONNAIRE FOR RESIDENTS

AT RESIDENTIAL INSTITUTIONS

|  |  |
| --- | --- |
| **WHAT YOU THINK ABOUT:***Please cross one box in each row* | PLEASE WRITE YOUR COMMENTS HERE |
| 1.  A What do you think about living here at [botilbuddets navn]? What is the best thing about it? What is the worst thing about it?  B What is it like living here? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please cross one box in each row* | Yes | Both yes and no | No | Don't know |
|  |  |  |  |
| 2. Do the staff working here speak nicely to you? |  |  |  |  |
| 3. Do you like the staff who work here? |  |  |  |  |
| 4. Do the staff tell you what is planned for the day/week? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please cross one box for each question* | Do not receive help with this /not relevant | Yes | Yes/no | No | Don't know |
|  |  |  |  |  |
| 5.  A. Do you feel you are helped to better look after yourself?  B. Does the help you receive enable you to do things on your own? |  |  |  |  |  |
| 6.  A. Do you think that the staff are attentive to your wishes?  B. Do the people working here listen to what you want to do? |  |  |  |  |  |
| 7.  Do you decide how to spend your own money? |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please cross one box only* | Not relevant | Yes | Yes and no | No | Don't know |
|  |  |  |  |  |
| 8. Do you like the other residents living here? |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please cross one box in each row* | Not relevant | Yes  | Yes and no | No | Don't know |
|  |  |  |  |  |
| 9. Is there anyone living here at [botilbuddets navn] who makes you feel frightened? |  |  |  |  |  |
| 10. Can you find somewhere to be in peace and quiet when you want? |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please cross one box only* | Do not receive help with this /not relevant | Yes | Yes and no | No | Don't know |
|  |  |  |  |  |
| 11. A. Do the staff help you to participate in activities here and elsewhere? B. Do you receive help to do things which you think are fun? |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please cross one box only* | Not relevant | Good | Good and bad | Bad | Don't know |
|  |  |  |  |  |
| 12. A. What do you think about the food here at [botilbuddets navn]? B. What does the food taste like? |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please cross one box only* | Do not receive help with this /not relevant | Yes | Yes and no | No | Don't know |
|  |  |  |  |  |
| 13. Are the staff that work here good at helping you to take a bath/shower? |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please cross one box only* | Not relevant | Yes | Yes and no | No | Don't know |
|  |  |  |  |  |
| 14. Do you decide when you want to go to bed? |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please cross one box only* | Not relevant | Good | Good and bad | Bad | Don't know |
|  |  |  |  |  |
| 15. A. What do you think about the joint excursions and events which are organised here?  B. Do you do fun things here? |  |  |  |  |  |
| 16.  A. What do you think generally about [botilbuddets navn]?  B. What is it like living here? |  |  |  |  |  |

**Comments**

*Please add any additional comments here:*

|  |  |
| --- | --- |
| 17 |  |

**INFORMATION ABOUT THE RESPONDENT**

Finally, I would like to ask:

|  |
| --- |
| **18. Are you...?** *Please cross one box only* |
|  Male |
|  Female |

|  |
| --- |
| **19. When were you born?** |
| Please state your year of birth |  |

|  |  |  |
| --- | --- | --- |
|  |  | **Target group classification***(you are welcome to cross more than one box)* |
| **20.** | **Physical functional impairment** |  |
| 20.A | Mobility impaired |  |
| 20.B | Visually impaired |  |
| 20.C | Hearing impaired |  |
| 20.D | Deaf and blind |  |
| 20.E | Communication impaired |  |
| **21.** | **Mental functional impairment** |  |
| 21.A | *Intellectual/cognitive disorder* |  |
| 21.A.1 | Senile |  |
| 21.A.2 | Brain-damaged |  |
| 21.A.3 | Developmental disorder |  |
| 21.A.4 | Mental handicap |  |
| 21.B | *Mental disorder* |  |
| 21.B.1 | Anxiety |  |
| 21.B.2 | Depression |  |
| 21.B.3 | Altered perception of reality |  |
| 21.B.4 | Personality disorder |  |
| 21.B.5 | Eating disorder |  |

**Thank you for your help**