

# KEKS Youth service questionnaire

**Hi!**

**You are taking part in open youth work.** Through this questionnaire we want to know how you experience this. The over-all result will be presented to youth workers and young persons at your youth service. Then you can work together to make it even better.

The questionnaire is handled by **KEKS**, a network of youth services that work together in order to improve youth work. Your responses are completely anonymous, no one will be able to see what you have answered.

You answer by clicking on the option that best corresponds with your opinion.

**To think about when you answer the questions:**

- Read the questions carefully.
- If you feel unsure – click on the ? or ask a youth worker!
- If you feel that you can not answer – mark “I don’t know”
- Give your honest opinion!

**Note!** We know that there are a lot of questions – but it is really important that you answer them all!

**Thanks’ a lot and good luck!**

Filled in by staff

Organisation/Municipality: \_\_\_\_\_

Name of the meeting place: \_\_\_\_\_

1. Approximately how often do you visit your youth service after school hours during a normal week?

- 7 days a week    6 days a week    5 days a week    4 days a week  
 3 days a week    2 day a week    1 day a week    More seldom

## How are things at your youth service?

1. Youth workers will stop anybody that makes it unpleasant for others

- Always    Usually    Sometimes    Rarely    Never    I don't know

2. I feel safe/secure

- Always    Usually    Sometimes    Rarely    Never    I don't know

3. The atmosphere is good

- Always    Usually    Sometimes    Rarely    Never    I don't know

4. It feels like I am part of a community

- Always    Usually    Sometimes    Rarely    Never    I don't know

5. I can be myself

- Always    Usually    Sometimes    Rarely    Never    I don't know

6. The same rules apply regardless of who is working

- Always    Usually    Sometimes    Rarely    Never    I don't know

## What do you think about the facilities, the opening-hours and the activities?

1. One can engage in various activities without disturbing each other

Yes       No       I don't know

2. The facilities are nice

Yes       No       I don't know

3. The opening hours are good

Always    Usually    Sometimes    Rarely    Never    I don't know

4. There are fun things to do

Always    Usually    Sometimes    Rarely    Never    I don't know

5. Young people take responsibility at your youth service

Always    Usually    Sometimes    Rarely    Never    I don't know

## How does the youth workers treat you?

1. The youth workers are happy that I come to the youth service

Always    Usually    Sometimes    Rarely    Never    I don't know

2. The youth workers talk to me about how I am/feel

Always    Usually    Sometimes    Rarely    Never    I don't know

3. The youth workers encourage me to come up with ideas and suggestions

Always  Usually  Sometimes  Rarely  Never  I don't know

4. The youth workers encourage me to take responsibility for activities

Always  Usually  Sometimes  Rarely  Never  I don't know

5. I have confidence in the youth workers

Always  Usually  Sometimes  Rarely  Never  I don't know

## Have you been actively participating?

1. I have taken part in decision making regarding the youth service  
(e.g. about activities, economy, opening hours, rules.)

Yes  No  I don't know

2. I have been involved in planning one or more activities.

Yes  No  I don't know

3. I have participated and taken responsibility when one or more activities have been carried out

Yes  No  I don't know

4. I have learned things while participating

Yes  No  I don't know

5. The youth workers have talked to me about what I have learned through participating

Yes       No       I don't know

Young people participating in different kinds of groups can also fill out our special project/group questionnaire.

6. Have you filled out any project/group questionnaires this year?

Yes       No       I don't know

## **At last, a few questions about you.**

It is important to us that everyone gets the same possibilities and treatment regardless of age, gender, background or, for example, disabilities. Depending on how you answer the below questions we will be able to see if there are differences regarding how activities are perceived by, for example, boys and girls. If there are such differences we want to be able to do something about it. That is why we ask the following questions.

1. Gender?

Female                       Male       Non-binary       I don't want to answer

2. Is one or both of your parents born outside Sweden?

Yes       No       I don't know

3. What school year are you in?

- 6<sup>th</sup> grade
- 7<sup>th</sup> grade
- 8<sup>th</sup> grade
- 9<sup>th</sup> grade
- Left 9<sup>th</sup> grade, but not studying
- 1<sup>st</sup> year in high school
- 2<sup>nd</sup> year in high school
- 3<sup>rd</sup> year in high school
- I am in a preparatory class for immigrants
- Have left 3<sup>rd</sup> year and...
  - study
  - work
  - neither study nor work

**This question should only be answered if you are in 7<sup>th</sup> grade to 3<sup>rd</sup> year in high school.**

4. Do you have at least a passing grade in mathematics and English?

- Yes       No       I don't know

5. Do you have some kind of disability?

*(for example are dyslectic, are in need of a wheel-chair or have some kind of diagnosis)*

- Yes       No       I don't know

6. Have you been treated unfairly at your youth service?

**(Note! You can check multiple options)**

Due to:	No	Yes, by other visitors	Yes, by youth workers
Your gender or gender stereotypes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Are you a member of any association?

(e.g. practicing football or other sports, theatre, dance, or something similar)

Yes       No       I don't know

8. Have you had serious problems at home, in school or on your leisure time in the last six months?

(Due to for example alcohol, drugs or violence)

Yes       No       I don't know

If "yes" (You can choose multiple options)

- I have talked to a youth worker about these problems
- I have talked to a teacher or counsellor about these problems
- I have had contact with the social services about these problems
- I have had contact with the police about these problems
- I have not talked to anybody about these problems
- I don't want to answer

9. How do you feel?

Great    Good    Okay    Not so good    Bad

Here you can make a short note if you think that there is something of importance that we did not ask you about regarding your youth service. For example, if there is something special that needs to be improved during next year?

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If you have any other comments on your youth service or this questionnaire you are welcome to send us an email to [info@keks.se](mailto:info@keks.se)  
Please write "Youth service questionnaire" in the header.

**Thank you** for taking your time to answer our questionnaire!

Please ask your youth worker when you are going to discuss the results from it together.