

Trygghetstreff – Questionnaire for Participants

Date (format 01.07.1984): _____

Location: _____

1. Have you previously participated at Trygghetstreff about fire safety?

- Yes No Don't know

2. Gender:

- Female Male

3. Age: _____

4. How do you live?

- Alone in an apartment/house
 With others in a house/apartment
 Assisted housing
 Other: _____

5. What did you learn at Trygghetstreff that you did not know before?

(Tick all that apply)

- How I can prevent fires at home (timers on kitchen appliances, safe smoking habits, etc.)
 Correct use and maintenance of smoke alarms and fire extinguishing equipment
 What is most important to do in the event of a fire (evacuation rather than extinguishing)
 Who to call in case of fire (110)
 Other: _____

6. Do you feel safer at home after Trygghetstreff?

- Safer No change Less safe

7. Is there anything you want to check or change at home after the presentation? (Tick all that apply)

- Check the smoke alarm/fire extinguisher
- Purchase new equipment
- Plan and ensure that I have good escape routes
- Talk to the people I live with about fire safety
- I want to make other changes: _____
- No, I do not see a need to do anything

8. What have you gained from Trygghetstreff? (Tick all that apply)

- Increased knowledge
- I think more about fire safety now
- An important reminder
- Received useful gifts
- Became aware of new risks and challenges
- Feel more confused now
- Other: _____

9. How satisfied are you with the following aspects of Trygghetstreff?

	Satisfied	Neutral	Dissatisfied	Not relevant
Refreshments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire safety program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Would you like to participate at Trygghetstreff again?

- Yes No Don't know

11. If we may contact you for follow-up questions:

Name: _____ Phone number: _____

Your contact information will be treated confidentially and used only for follow-up purposes.