

# STUDENT WORKING CONDITIONS

Fiscal year 2016-2017

A survey by Uppsala Student Union

During the 2012-2013 fiscal year, the Student Liaison Officers of Uppsala Student Union carried out a survey of the students' perceptions of the work environment. The survey had a focus on both the physical and the psychosocial work environment for the students. The result became the basis for the report that was published March 6<sup>th</sup> 2014. The results of the survey included that the mental health had become worse among students compared to the previous report that was released four years earlier.

With this survey Uppsala student union is conducting a follow up of the last survey, this time with a bigger focus on the psychosocial work environment.

So that we who are conducting the survey will get such a great insight in your study conditions we ask you to fill in personal comments as far as possible. Your answers make a difference!

**Kind regards,**

**The Student Liaison Officers of Uppsala Student Union.**



**Uppsala studentkår**

## General information about you

### 1) What faculty are you currently studying at?

- |  |   |
|--|---|
| <input type="checkbox"/> Faculty of Pharmacy | <input type="checkbox"/> Faculty of Social Science      |
| <input type="checkbox"/> Faculty of Art      | <input type="checkbox"/> Faculty of Languages           |
| <input type="checkbox"/> Faculty of Law      | <input type="checkbox"/> Faculty of Theology            |
| <input type="checkbox"/> Faculty of Medicine | <input type="checkbox"/> Faculty of Educational Science |

### 2) How many higher education credits are you studying this semester?

- 7,5
- 15
- 30
- >30

### 3) How many semesters have you been studying at Uppsala University (this semester included)?

### 4) What year were you born?

### 5) Which gender do you identify as?

- Male
- Female
- Other/both male and female
- Don't know/Don't want to reply

### 6) Are you born in a different country than Sweden?

- Yes
- No

### 7) Are either of your parents born in a different country than Sweden?

- Yes, both
- Yes, one
- No

### 8) Which is the highest level of education attained by either of your parents (alternative the parent or guardian you grew up with)?

- |  |  |
|--|--|
| <input type="checkbox"/> Early secondary education                           | <input type="checkbox"/> University/College education, bachelor's degree |
| <input type="checkbox"/> Late secondary education                            | <input type="checkbox"/> Post-graduate degree                            |
| <input type="checkbox"/> University/College education, less than three years | <input type="checkbox"/> Doctorate                                       |

## Part 1, Course information

In this part we want to find out how the communication has been working on the course that you are studying, if you students received information about course start, completion possibilities and the course as a whole. Answer by your current study situation.

**To which degree do you agree with the following statements?**

(1= Do not agree at all, 5= Agree completely)

- a) Information about the course, as well before the course starting and during the course, has been easy to find.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

- b) Information about the requirements for attendance has been clear.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

- c) Information about completion possibilities has been easy to find.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

- d) Information about completion possibilities has been clear.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

- e) It has clearly appeared how I, for example during illness, can compensate for absence during a compulsory part of the course.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

- f) It has been clear regarding who I should contact regarding questions about my studies.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

**g)** The demands that are made on me in my studies are clear.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

**h)** I believe that the demands are too high in my current study situation.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

**i)** I believe that the demands are too low in my current study situation.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

**j)** I know what's expected of me to achieve the goals of the course.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

**k)** I can be ill for a week without it affecting my possibilities to complete the course within the frame of the course.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

**l)** I have received clear feedback on my efforts that showed what has been working well and what can be done better.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

**m)** The forms of working in my course are varied (in forms of seminars, individual work and group projects).

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

## Part 2, Health

This part includes questions about physical and mental health. Here we want you to answer questions regarding how often you have had or have, any or some of the following troubles.

|             | Every week               | Every month              | Every other month        | 1-2 times per semester   | Never                    |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you believe these concerns are caused partially or totally by your studies?**

Yes  No  Do not know

*Comment:*

|            | Every week               | Every month              | Every other month        | 1-2 times per semester   | Never                    |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| b) Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you believe this anxiety is caused partially or totally by your studies?**

Yes  No  Do not know

*Comment:*

|           | Every week               | Every month              | Every other month        | 1-2 times per semester   | Never                    |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| c) Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you believe this stress is caused partially or totally by your studies?**

Yes  No  Do not know

*Comment:*

|                             | Every week               | Every month              | Every other month        | 1-2 times per semester   | Never                    |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| d) Tiredness/<br>exhaustion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you believe this tiredness/exhaustion is caused partially or totally by your studies?**

Yes  No  Do not know

*Comment:*

|             | Every week               | Every month              | Every other month        | 1-2 times per semester   | Never                    |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| e) Headache | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you believe this headache is caused partially or totally by your studies?**

Yes  No  Do not know

*Comment:*

|                                     | Every week               | Every month              | Every other month        | 1-2 times per semester   | Never                    |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| f) Digestion or intestinal troubles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you believe this digestion or intestinal troubles are caused partially or totally by your studies?**

Yes                       No                       Do not know

*Comment:*

|             | Every week               | Every month              | Every other month        | 1-2 times per semester   | Never                    |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| g) Insomnia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you believe this insomnia is caused partially or totally by your studies?**

Yes                       No                       Do not know

*Comment:*

|            | Every week               | Every month              | Every other month        | 1-2 times per semester   | Never                    |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| h) Sadness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you believe this sadness is caused partially or totally by your studies?**

Yes                       No                       Do not know

*Comment:*

|                                      | Every week               | Every month              | Every other month        | 1-2 times per semester   | Never                    |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| i) Troubles with neck/shoulders/back | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you believe these troubles with neck/shoulders/back are caused partially or totally by your studies?**

Yes                       No                       Do not know

*Comment:*

|                               | Every week               | Every month              | Every other month        | 1-2 times per semester   | Never                    |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| j) Concentration difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you believe these concentration difficulties are caused partially or totally by your studies?**

Yes                       No                       Do not know

*Comment:*

### Part 3, Study climate

In this part we want to hear about how you experience the study climate at your current course. This information is important for getting an insight into the atmosphere in the teaching environment and how this environment affects students' wellbeing and sense of community. The purpose is to see how social factors affect students' psychosocial working environment, in order to determine in which areas the study climate needs to improve.

#### To which degree do you agree with the following statements?

(1= Do not agree at all, 5= Agree completely)

a) There is a good atmosphere in my course.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

b) We have a good sense of community in my course.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

c) I feel like I'm left outside my study situation (None self-chosen loneliness)

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

d) I have fellow students to work with when I need it.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

e) The cooperation with my fellow students works well.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

f) There is an even distribution of workload in group projects.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

g) I believe that it's an open and allowing atmosphere and that I feel confident to participate in the different course parts, like seminars and lectures.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

e) I believe that the teacher is receptive for questions and comments.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

g) The teaching forms during the current course promote cooperation between fellow students.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*



## Part 4, Aggravating circumstances and factors for your studies

There are many potential factors that can become an obstacle for a student to cope with their education. In this part we want to find out if any of the following listed factors have been an obstacle for you to cope with your education.

**Do you believe that any of the following factors have been an obstacle for your possibility to implement your education? (Several factors are possible)**

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| a) Financial situation   | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| b) Physical illness  | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| c) Stress  | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| d) Mental illness  | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| e) Problems with alcohol/drugs   | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| f) Visible disability  | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| g) Not visible disability (e.g. ADHD, dyslexia).                               | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| h) Language barrier / difficulties with writing "academic"                     | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| i) Not visible physical disability (e.g. asthma, allergies, eyesight, hearing) | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| j) Sex or gender   | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| k) Transgender identity or expression  | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| l) Ethnicity   | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| m) Sexual orientation  | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| n) Age   | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| o) Religion or other belief  | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| p) Family and/or other relationships   | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| q) Lack of social contacts   | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |
| r) Close friends or relatives problems (e.g. mental illness, alcohol or drugs) | <input type="checkbox"/> Ja | <input type="checkbox"/> Nej |

**If you have answered yes to one or more of the above do you feel that you have received support from the university? (Through student counseling, etc.)?**

- Yes       No       Not relevant

*Comments:*

## Part 5, Support resources by Uppsala University

Uppsala University provides support resources to help students during their time at the university. The support that is provided includes the Language Workshop, Student health department, Student counseling and other types of administrative support.

**1. The questions that follow are about your experience of the support resources that is offered by the university.**

*(1= not satisfied 5=very satisfied)*

a) **How satisfied are you with** the information about the support resources that can be provided by the university?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

b) **How satisfied are you with** the information about the support resources at the university's website?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

c) **How satisfied are you with** the information about the support resources at your department's website?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

d) **How satisfied are you with** the support resources provided by the Student Health Department?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

e) **How satisfied are you with** the availability of the administrative staff? (e.g. Course administrators)

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

f) **How satisfied are you with** the availability of the student counselors?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

**Have you been lacked any support from by Uppsala University during your time at the university? In what sense?**

## 2. How satisfied are you with the service that been provided by the university regarding the following questions?

(1= not satisfied 5=very satisfied)

a) Administrative service such as course registration at a course/program, issuance of a certification etc.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

b) Help at the usage of the services of the University Library.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

c) Help with planning of your studies or discussion regarding your study situation.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

e) Help with your physical and mental health.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

f) Help with planning/preparation for future work life after your studies.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

g) Access to rest areas.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

h) Quality of rest areas.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

## Part 6, Support resources from Uppsala Student Union

Uppsala Student Union offers a line of support resources. In this part we want to find out how satisfied you are with the information and the support that you have received from Uppsala Student Union regarding the support resources that are provided.

*(1= not satisfied 5=very satisfied)*

a) The information about the support resources that Uppsala Student Union is providing.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

b) Support from the Student Liaison Officers at Uppsala Student Union.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

c) Support from the Student and PhD student ombudsman.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | Not relevant             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comment:*

d) Have you been missing any support from Uppsala Student Union during your time at Uppsala University?

- Yes
- No

**If you answered yes, what have you been missing?**

## Part 7, Discrimination and harassment

In this part we want to hear about your experiences of discrimination and harassment during your study time at Uppsala University.

What do we mean by **discrimination**?

**Discrimination** = special treatment (of individuals or groups) which means a deviation from the principle that every case should be treated alike.

What do we mean by **harassment**?

**Harassment** = a behavior that offends someone's dignity, for example ridiculing or demeaning generalizations. Harassment can also be of sexual nature, which makes them sexual harassments. Other than comments and words it can be in the form of groping or intrusive glances. It can also be unwanted compliments, invitations or allusions.

### 1. Have you ever felt discriminated sometime during your studies at Uppsala University?

Yes  No  Don't want to reply

### 2. If yes, on what/which grounds have you been discriminated? (Several options possible)

- |  |  |
|--|--|
| a) Gender <input type="checkbox"/>                             | e) Disability <input type="checkbox"/>               |
| b) Transgender identity or expression <input type="checkbox"/> | f) Ethnicity <input type="checkbox"/>                |
| c) Age <input type="checkbox"/>                                | g) Religion or other belief <input type="checkbox"/> |
| d) Sexual orientation <input type="checkbox"/>                 | h) Social background <input type="checkbox"/>        |
| i) By another reason ( <i>specify</i> ):                       |  |

*Other comment:*

### 3. Who performed the discrimination? (Several options possible)

- |  |  |
|--|--|
| a) Teacher/supervisor <input type="checkbox"/> | d) Other university staff <input type="checkbox"/>                               |
| b) Examiner <input type="checkbox"/>           | e) Staff of external education period (e.g. internship) <input type="checkbox"/> |
| c) Other students <input type="checkbox"/>     |  |

*Other comment:*

### 4. Have you ever felt harassed sometime during your studies at Uppsala University?

Yes  No  Don't want to reply

### 5. If yes, on what/which grounds have you been harassed? (Several options possible)

- |  |  |
|--|--|
| a) Gender <input type="checkbox"/>                             | e) Disability <input type="checkbox"/>               |
| b) Transgender identity or expression <input type="checkbox"/> | f) Ethnicity <input type="checkbox"/>                |
| c) Age <input type="checkbox"/>                                | g) Religion or other belief <input type="checkbox"/> |
| d) Sexual orientation <input type="checkbox"/>                 | h) Social background <input type="checkbox"/>        |
| i) By another reason ( <i>write it down</i> ):                 |  |

*Other comment:*

**6. Who performed the harassment? (Several options possible)**

- |  |   |
|--|---|
| a) Teacher/supervisor <input type="checkbox"/> | d) Other university staff <input type="checkbox"/>                                  |
| b) Examiner <input type="checkbox"/>           | e) Staff of external education period (e.g. internship)<br><input type="checkbox"/> |
| c) Other students' <input type="checkbox"/>    |   |

*Other comment:*

**7. If you've been the victim of discrimination and harassment, have you then been in contact with someone to tell about the event? If no, why? If yes, to whom?**

- Yes\*
- No\*\*

**\*If yes, who have you been in contact with?**

- |  |   |
|--|---|
| a) Teacher/supervisor <input type="checkbox"/>     | d) Staff of external education period (e.g. internship)<br><input type="checkbox"/> |
| b) Other university staff <input type="checkbox"/> | f) Someone at a Student Union <input type="checkbox"/>                              |
| c) Other students' <input type="checkbox"/>        | g) The Student Health Department <input type="checkbox"/>                           |

**\*\*If no, why didn't you contact anyone about the event?**

## Part 8, Final questions

1. **What could improve your psychosocial work environment at Uppsala University?**

2. **Do you have something else that you want to add?**

Thank you for your participation!



**Uppsala studentkår**