Questionnaire: Needs survey among Civil Society Organizations

1) Which type of organization do you represent?
   - Organization for elderly people
   - Organization for people with a disability
   - Organization for people of an ethnic minority
   - Patient organization
   - Sports organization: sector: ........................................
   - Cultural organization: sector: ......................................
   - Environmental organization
   - Community association
   - Social Welfare organization
   - Governmental organization
   - Other: ........................................................................

2) What is the name of your organization?
   ........................................................................................................

3) What is the objective of the organization you represent? (multiple answers possible)
   - Informing/documenting
   - Education
   - Prevention
   - Protest/opposition
   - Lobbying
   - Advising
   - Emancipation
   - Recreational
   - Other: ........................................................................

4) Your organizations exits: (mark only 1 answer)
   - Less than half a year
   - Between half a year and 5 years
   - Longer than 5 years
5) How is your organization financed? (multiple answers possible)

- Government
- Sponsors
- Donations
- Membership
- Support actions (support dinners, fundraising activities, ...)
- Other: .................................................................................................................................

6) Is your organization confronted with (social) problems/issues?

- yes
- no (proceed to question 17)

7) These problems/issues concern: (multiple answers possible)

- Environment
- Health
- Medicine
- Culture
- Geographical environment
- Demographic environment
- Education
- Technology
- Communication
- Architectonics
- Other: .................................................................................................................................

- Specification of problems/issues: .........................................................................................
  ..............................................................................................................................................
  ..............................................................................................................................................
  ..............................................................................................................................................

8) Who (people or groups) are confronted with these problems/issues? (multiple answers possible)

- Local population
- Ethnic minorities
- Youngsters
☐ Elderly people
☐ Patients
☐ People with a disability
☐ Other: .................................................................

☐ Could you describe the persons/people who have to deal with problems/issues?
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9) How big is the group of people facing these problems/issues?
☐ Less than 50 persons
☐ Between 50 and 100 persons
☐ Between 100 and 200 persons
☐ More than 200 persons
☐ No idea

10) Do you know other organizations facing the same problems/issues? (When “yes”, you can fill in maximum 3 other organizations)
☐ No
☐ Yes, which?
   o Name Organization 1: .................................................................
   o Type of organization:
     ▪ Organization for elderly people
     ▪ Organization for people with a disability
     ▪ Organization for people of an ethnic minority
     ▪ Patient organization
     ▪ Sports organization
     ▪ Cultural organization
     ▪ Environmental organization
     ▪ Community association
     ▪ Social Welfare organization
     ▪ Governmental organization

   o Name Organization 2: .................................................................
   o Type of organization:
     ▪ Organization for elderly people
     ▪ Organization for people with a disability
     ▪ Organization for people of an ethnic minority
- Patient organization
- Sports organization
- Cultural organization
- Environmental organization
- Community association
- Social Welfare organization
- Governmental organization

- Name Organization 3: .................................................................
- Type of organization:
  - Organization for elderly people
  - Organization for people with a disability
  - Organization for people of an ethnic minority
  - Patient organization
  - Sports organization
  - Cultural organization
  - Environmental organization
  - Community association
  - Social Welfare organization
  - Governmental organization

11) Which actions did you take to solve the problems/issues you face? (multiple answers possible)
   - A) None
   - B) Started a petition
   - C) Manifestation/March/started a direct action
   - D) Started an action committee
   - E) Took judicial action
   - F) Organized a debate
   - G) Held a press conference
   - H) Held a lecture
   - I) Made a complaint with the municipality, who is the cause of the problem
   - J) Made a complaint with the municipality, who is NOT cause of the problem, but could help solve the problem
   - K) Made a complaint with THE company, who is the cause of the problem
   - L) Made a complaint with A company, who is NOT cause of the problem, but could help solve the problem
   - M) Seek for literature
   - N) Obtained advice with experts
   - O) Obtained advice with a research institute
   - P) Organized a survey/inquiry/colloquium
   - Q) Conducted a count
☐ R) Conducted a measurement
☐ S) Took samples and let them be examined at a laboratory
☐ T) Asked a research institute to make an inquiry
☐ U) Other: .................................................................

12) Which actions do you want to take in the future to solve the problems/issues you face? (multiple answers possible)
   ☐ A) None
   ☐ B) Start a petition
   ☐ C) Manifestation/March/start a direct action
   ☐ D) Start an action committee
   ☐ E) Take judicial action
   ☐ F) Organize a debate
   ☐ G) Hold a press conference
   ☐ H) Hold a lecture
   ☐ I) Make a complaint with the municipality, who is the cause of the problem
   ☐ J) Make a complaint with the municipality, who is NOT cause of the problem, but could help solve the problem
   ☐ K) Make a complaint with THE company, who is the cause of the problem
   ☐ L) Make a complaint with A company, who is NOT cause of the problem, but could help solve the problem
   ☐ M) Seek for literature
   ☐ N) Obtain advice with experts
   ☐ O) Obtain advice with a research institute

(If the answers you have marked are only in the above, please proceed to question 17)
   ☐ P) Organize a survey/inquiry/colloquium
   ☐ Q) Conduct a count
   ☐ R) Conduct a measurement
   ☐ S) Take samples and let them be examined at a laboratory
   ☐ T) Ask a research institute to make an inquiry
   ☐ U) Other: .................................................................

(If the answers you have marked are ALSO or ONLY within the range of P to U, please proceed to question 13)

13) What is the reason for not conduction these types (12P till 12U) of research (yet)? (multiple answers possible)
   ☐ Didn’t thought about it
   ☐ Didn’t know to whom to address for conducting this type of research
   ☐ Insufficient means to LET this type of research be CONDUCTED
☐ Insufficient means to CONDUCT this type of research
☐ Not the expertise to conduct the research
☐ Not the room (e.g. no class) to conduct the research
☐ Not the right equipment to conduct the research
☐ Other: .................................................................

14) When should the research for the problems/issues be finished? (mark only 1 answer)
☐ Within 6 months
☐ Between 6 months and one year
☐ After a year or more

15) Would your organization be willing to supply there full co-operation to a research by: (Mark one alternative with every question: ‘yes’, ‘no’ or ‘not applicable’)

<table>
<thead>
<tr>
<th></th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Not applicable</th>
</tr>
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<tbody>
<tr>
<td>Giving the student a full briefing about the problem</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Letting the student-researcher be in service of the organization for at minimum one day per week</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Not applicable</td>
</tr>
<tr>
<td>Letting the student-researcher run an internship at the organization</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Not applicable</td>
</tr>
<tr>
<td>Meeting with the student-researcher, project manager and research attendant at regular times to talk about the progress of the research</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Not applicable</td>
</tr>
<tr>
<td>Compensating for the costs made by the student-researcher (e.g. making of the report, expenses made by the researcher) (If answered yes to this question, please proceed to the next question)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Not applicable</td>
</tr>
</tbody>
</table>

16) Which amount would you be prepared to contribute in the research expenses? (mark only 1 answer)
☐ Less than 100 euros
☐ Between 100 and 250 euros
☐ Between 250 and 500 euros
☐ Between 500 and 1000 euros
☐ Over 1000 euros
17) Address and telephone number

Please only supply if you agree we may contact you for further information.

Name contact person: ............................................................................................................................................................

Address organization: ................................................................................................................................................................

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Telephone number: ................................................................................................................................................................

Fax: .......................................................................................................................................................................................

E-mail: ................................................................................................................................................................................

I guarantee your privacy. The information in this survey, and in particular your personal information will not be used for commercial purposes, nor be passed on to third parties.