

| Page 1   |  |   |
|--|--|---|
| SAFETY   | HEALTH CARE  | EDUCATION   |
| <i>Page 2 (safety)</i>   | <i>Page 2 (health care)</i>  | <i>Page 2 (education)</i>   |
| I feel me safe / not safe<br><b>Rating: 10 (Safe) - 1 (Not Safe)</b>   | My neighbourhood:<br>1. choose your location<br>2. name your city, street, neighbourhood   | My neighbourhood:<br>1. choose your location<br>2. name your city, street, neighbourhood  |
| <i>Page 3 (safety)</i>   | <i>Page 3 (health care)</i>  | <i>Page 3 (education)</i>   |
| <b>Where</b><br>- at home<br>- in the street<br>- in the shop<br>- in the supermarket<br>- in the restaurant<br>- restaurant / lunchroom<br>- at school<br>- another, name it  | <b>I want to share my experience about:</b><br>- family doctor<br>- general medical practitioner<br>- psychological help<br>- dentist<br>- physiotherapy<br>- obstetrician<br>- children doctor<br>- care of the elderly<br>- disable care<br>- another: name it | <b>Choose kind of education:</b><br>- nursery / crèche / child care<br>- after school child service<br>- elementary school<br>- secondary vocational education<br>- intermediate vocational education<br>- higher professional education<br>- University / academic education<br>- pre-university education<br>- another: name it |
| <i>Page 4 (safety)</i>   | <i>Page 4 (health care)</i>  | <i>Page 4 (education)</i>   |
| <b>My Activity</b><br>- I am walking<br>- I am biking<br>- I am driving<br>- Public transport<br>- another, name it  | <b>My experience:</b><br><b>Rating: 10 (very good) - 1 (very bad)</b><br>- quality<br>- long waiting list<br>- short waiting list<br>- distance<br>- accessibility<br>- another: name it   | <b>My experience:</b><br><b>Rating: 10 (very good) - 1 (very bad)</b><br>- quality<br>- distance<br>- accessibility<br>- another: name it   |
| <i>Page 5 (safety)</i>   | <i>Page 5 (health care)</i>  | <i>Page 5 (education)</i>   |
| <b>When</b><br>- day time<br>- always<br>- sometimes / at night<br>- at night<br>- in the morning<br>- in the evening<br>- another, name it  | Add my location<br>Add photo<br>Add suggestion   | Add my location<br>Add photo<br>Add suggestion  |
| <i>Page 6 (safety)</i>   |  |   |
| <b>Experience</b><br>- lighting: not enough / too much / not applicable<br>- noise: not enough / too much / not applicable<br>- people density: not enough / too much / not applicable<br>- fragrance: not enough / too much / not applicable<br>- another: name it / not applicable |  |   |
| <i>Page 7 (safety)</i>   |  |   |
| Add my location<br>Add photo<br>Add suggestion   |  |   |