|  |  |
| --- | --- |
| (32) | Adaptation |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Please circle your situation during the project period | No | Rather little | Average | Rather a lot | Very much |
| 1. | Feeling home safety | 1 | 2 | 3 | 4 | 5 |
| 2. | Adapting to the living environment | 1 | 2 | 3 | 4 | 5 |
| 3. | Feeling that the living environment was convenient at the time | 1 | 2 | 3 | 4 | 5 |