



Your Code # is:

The California Foundation for Independent Living Centers (CFILC) is a group working to improve the lives of people with disabilities. Together with the University of California, San Francisco, the University of Northern Colorado, and California State University, Northridge, we are researching technology used to help people with disabilities in their daily lives. Assistive Technology is any device that a person with a disability uses to live or work more independently. It can be a computer, a walker, or even Velcro on a pen.

One way to collect a lot of information from a lot of people is to use a survey. Across California people with disabilities will be supported in completing a survey by phone, in writing, in alternate format or in person. This survey will collect information about your **Assistive Technology** use.

This survey is considered research. There are rules about protecting people and their rights when doing research. You may choose not to send in the survey or only answer some questions. You can call us at 1-800-390-2699 to ask us about the survey or if you need help filling it out.

Sending in the survey by mail or over the Internet means you are choosing to answer the survey. No benefit or service will be given or taken away if you answer the survey. We are collecting this information because we believe it will help people understand why Assistive Technology is important. Your responses are welcome. No one will know that you have participated. **Patricia Yeager is the Principal Investigator and can be reached by calling our office at 800-390-2699. Dr. Kenneth Galea'i, Research Support, can be reached at 970-351-1541.**

The survey will take between 30 and 40 minutes of your time. It might take longer if you are using a translator or interviewer. If you would like to take the survey online, please go to www.atnet.org. The survey is also available in alternative formats by calling 800-390-2699.

To thank you for completing this survey, CFILC would like to send you a check for \$20.00. If you would like to receive this gift you will need to give us your name and address at the end of the survey. **IMPORTANT:** You may take this survey only ONE time, and only ONE check will be issued per person! You will receive your check from CFILC within 7 days of mailing. Checks will be mailed until monies run out. Once you have completed the survey, place the last page with your name and address in one of the postage-paid envelopes provided. Then, place the survey form in the other postage-paid envelope and mail both envelopes to CFILC.

For those answering the survey on the Internet: If you are unable to complete the survey in one session, please click on the “Finish Later” button at the bottom of the page. You will be given a Record Number and Password - **please write these down.** When you return to complete the survey, enter your Record Number and Password into the boxes at the beginning and continue filling out the survey where you left off.

The AT Network website (www.atnet.org) provides information about Assistive Technology and allows individuals to search online for devices and services. People can also receive information about Assistive Technology services and resources by calling the AT Network Information and Referral Service at (800) 390-2699 or through its TDD line at (800) 900-0706.

The Community Research for Assistive Technology project is looking at the use of AT in the lives of people with disabilities. Community disability leaders research AT in four main areas: employment, health, community inclusion and technology for function. For more information about the project, please visit our website at <http://www.atnet.org/CR4AT/home.html> or call Myisha Reed, Project Coordinator at: Phone (800) 390-2699, TDD (800) 900-0706 or e-mail: myisha@cfilc.org. You can also send mail to: 1029 J Street, Suite 120, Sacramento, CA 95814.

NONE OF YOUR RESPONSES WILL IMPACT YOUR BENEFITS.

- 1 DO YOU WANT TO PARTICIPATE IN THIS SURVEY? IF YES PLEASE CONTINUE.**
- 2 IF NO, STOP HERE. YOU CAN ALSO ASK FOR MORE INFORMATION- PLEASE SEE ABOVE FOR CONTACT INFORMATION.**

This survey uses the **shortened term “AT”** to refer to Assistive Technology.

WHAT IS ASSISTIVE TECHNOLOGY? (A definition)

Assistive Technology is “any item, piece of equipment, or product, whether acquired commercially, off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities.” **You might call it a device, aid or tool.**

Some of these questions **MIGHT NOT** apply to you. You may skip questions or answer NA. Please **call us** if you need any help taking the survey.

1a. What language are you using for this survey?

- English
- Spanish
- Sign Language
- Other Language, specify: _____

1b. How are you filling out this survey? (Check **ALL** that apply)

- By telephone
- Through an interviewer
- On the Internet
- In writing, by myself

2. Do you use any technical aids or devices (AT)?

- Yes, Please continue to the next question.
- No, Please go to question #4.

3a. If you do not use any devices please go to question #4. This question is for people who do use devices. What do you use to help yourself? If you use more than one device, please identify the ONE device that is MOST IMPORTANT to you.

- | | |
|--|---|
| <input type="checkbox"/> Cane, walker or crutches | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Flashing / vibrating alerting device |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Magnifiers |
| <input type="checkbox"/> Ventilator | <input type="checkbox"/> TTY/text pager |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Relay services
(video/TTY/Internet) |
| <input type="checkbox"/> Computer - Off the shelf | <input type="checkbox"/> Books on tape |
| <input type="checkbox"/> Specialized software | <input type="checkbox"/> Reacher / Grabber |
| <input type="checkbox"/> Specialized hardware | <input type="checkbox"/> Adapted vehicle |
| <input type="checkbox"/> Communication device (such as
an electronic speech output board) | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Adapted telephone | _____ |
| <input type="checkbox"/> Adapted eating / cooking utensils | _____ |
| <input type="checkbox"/> Talking devices (i.e.
Thermometers, scales) | |

Questions 3b through 3j are about the device you just identified as the most important to you. Please skip to Question 4 if you did not name a device.

3b. How old is this device?

- One year old or less
- About 2 years old
- About 3 years old
- About 4 years old
- 5 to 10 years old
- More than 10 years old

3c. Where did you learn about the actual AT device? (Check **ALL** that apply)

- Health professional
- California Dept of Rehabilitation
- Family/Friend
- Yellow pages
- Independent Living Center
- AT Network
- Disability Business Technical Assistance Center
- Internet
- Catalogue
- Disability Expo / Conference
- Television or radio
- Other, please specify _____

3d. How satisfied are you with these issues regarding this device?

1 is very dissatisfied and 5 is very satisfied.

	Very dissatisfied					Very satisfied				
Overall experience	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to choose item	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Help in finding, selecting, and using the device	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cost of device	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How device works	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Repairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

3e. Which problems make using this device difficult?

1 is a big problem or not easy at all and 5 is not a problem at all or very easy.

	Big Problem					Not a Problem				
Time delay in getting equipment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Additional equipment needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Training not provided	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Equipment not fitting properly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Frequent breakdowns	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Repairs taking too long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
						<input type="checkbox"/> NA				

3f. When this device breaks down, how long does it usually take to get it fixed and back to you for use? (Select **ONE**)

- Less than one week
- 1-2 weeks
- 3-4 weeks
- Over 4 weeks
- It has never broken down
- Don't know

3g. When (or if) this device breaks down, do you have a back-up device? (Select **ONE**)

- Yes
- No
- I don't know

3h. How much did this device cost?

\$ _____ Don't know

3i. Who paid for this device? (Fill in a number "1" by the primary funding source, fill in a "2" by a secondary source, if applicable)

- ___ Private health insurance/HMO
- ___ Medicare
- ___ Medi-Cal
- ___ California Department of Rehabilitation
- ___ Employer
- ___ School system
- ___ Regional Center
- ___ California Children's Services
- ___ VA program
- ___ Independent Living Center
- ___ Community program
- ___ Free/Donated
- ___ Family
- ___ Self-pay
- ___ Other. Please specify _____

3j. Some people use more than one device to help themselves. If you use any other devices, please identify the ONE device that is SECOND MOST IMPORTANT to you. If you do not use any other devices, please skip to Question 4.

- | | |
|---|---|
| <input type="checkbox"/> Cane, walker or crutches | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Flashing / vibrating alerting device |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Magnifiers |
| <input type="checkbox"/> Ventilator | <input type="checkbox"/> TTY/text pager |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Relay services |
| <input type="checkbox"/> Computer - Off the shelf | <input type="checkbox"/> (video/TTY/Internet) |
| <input type="checkbox"/> Specialized software | <input type="checkbox"/> Books on tape |
| <input type="checkbox"/> Specialized hardware | <input type="checkbox"/> Reacher / Grabber |
| <input type="checkbox"/> Communication device (such as an electronic speech output board) | <input type="checkbox"/> Adapted vehicle |
| <input type="checkbox"/> Adapted telephone | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Adapted eating / cooking utensils | _____ |
| <input type="checkbox"/> Talking devices (i.e. Thermometers, scales) | _____ |

Questions 3k through 3r are about the device you just identified as the second most important to you. Please skip to Question 4 if you did not name a device.

3k. How old is this device?

- One year old or less
- About 2 years old
- About 3 years old
- About 4 years old
- 5 to 10 years old
- More than 10 years old

3l. Where did you hear about or find the actual AT device? (Check **ALL** that apply)

- Health professional
- California Dept of Rehabilitation
- Family/Friend
- Yellow pages
- Independent Living Center
- AT Network
- Disability Business Technical Assistance Center
- Internet
- Catalogue
- Disability Expo / Conference
- Television or radio
- Other, please specify _____

3m. How satisfied are you with these issues regarding this device?

1 is very dissatisfied and 5 is very satisfied.

	Very dissatisfied					Very satisfied				
Overall experience	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to choose item	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Help in finding, selecting, and using the device	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cost of device	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How device works	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Repairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

3n. Which problems make using this device difficult?

1 is a big problem or not easy at all and 5 is not a problem at all or very easy.

	Big Problem					Not a Problem				
Time delay in getting equipment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Additional equipment needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Training not provided	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Equipment not fitting properly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Frequent breakdowns	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Repairs taking too long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
						<input type="checkbox"/> NA				

3o. When this device breaks down, how long does it usually take to get it fixed and back to you for use? (Select **ONE**)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Less than one week | <input type="checkbox"/> 1-2 weeks |
| <input type="checkbox"/> 3-4 weeks | <input type="checkbox"/> Over 4 weeks |
| <input type="checkbox"/> It has never broken down | <input type="checkbox"/> Don't know |

3p. When (or if) your equipment breaks down, do you have a back-up device? (Select **ONE**)

- Yes No I don't know

3q. How much did this device cost?

\$ _____ Don't know

3r. Who paid for this device? (Fill in a number "1" by the primary funding source, fill in a "2" by a secondary source, if applicable)

- ___ Private health insurance/HMO
- ___ Medicare
- ___ Medi-Cal
- ___ California Department of Rehabilitation
- ___ Employer
- ___ School system
- ___ Regional Center
- ___ California Children's Services
- ___ VA program
- ___ Independent Living Center
- ___ Community program
- ___ Free/Donated
- ___ Family
- ___ Self-pay
- ___ Other, please specify _____

3s. Do you use any other devices? (Please select **ALL** that apply)

- | | |
|---|---|
| <input type="checkbox"/> Cane, walker or crutches | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Flashing / vibrating alerting device |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Magnifiers |
| <input type="checkbox"/> Ventilator | <input type="checkbox"/> TTY/text pager |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Relay services (video/TTY/Internet) |
| <input type="checkbox"/> Computer - Off the shelf | <input type="checkbox"/> Books on tape |
| <input type="checkbox"/> Specialized software | <input type="checkbox"/> Reacher / Grabber |
| <input type="checkbox"/> Specialized hardware | <input type="checkbox"/> Adapted vehicle |
| <input type="checkbox"/> Communication device (such as an electronic speech output board) | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Adapted telephone | |
| <input type="checkbox"/> Adapted eating / cooking utensils | |
| <input type="checkbox"/> Talking devices (i.e. Thermometers, scales) | |
-
-

3t. Did funding from other sources (not yourself) affect your AT choices?

- Yes No I don't know

3u. Did the price of the device affect your funding choices?

- Yes No I don't know

We want to know if your assistive technology (AT) needs have been met.

4a. Are there any AT devices and/or aids that you need but do not have?

- Yes No If no, skip to question 6.

4b. What aids or devices do you need? (Fill in the blank)

5. If you need technical aids or devices, but have not been able to get them, please mark all the reasons why: (You may select AS MANY AS NECESSARY)

- Not covered by insurance /Medi-Cal/Medicare
- Too expensive
- My condition is not serious enough
- I don't know where or how to obtain it
- Devices are not available in my area
- Some other reason. Specify: _____

6. Did you use AT devices in the past but then stop using them? If no, please skip to question 8

- Yes
- No
- Don't Know

7. Why did you stop using your AT?

 NA

8. Name an Assistive Technology (AT) device or equipment (you might not have it now) that could most help you to live independently in the community:

 Don't know

9. I feel isolated due to my disability: (Select **ONE**)

- Never. Please skip to Question 11.
- Rarely. Please skip to Question 11.
- Sometimes
- Most of the time
- Always
- Don't know

13. If changes could be made to the AT system, what would you like to see happen? (Please check **ALL** that apply)

- | | |
|--|---|
| <input type="checkbox"/> Insurance system changed | <input type="checkbox"/> Case managers available |
| <input type="checkbox"/> Try-out facilities for AT | <input type="checkbox"/> Persons with disabilities included as decision makers in funding process |
| <input type="checkbox"/> More affordable AT | <input type="checkbox"/> Devices easier to get |
| <input type="checkbox"/> More universal design | <input type="checkbox"/> Persons with disabilities involved in the design process |
| <input type="checkbox"/> Expand definition of AT | <input type="checkbox"/> Training on use of equipment |
| <input type="checkbox"/> Better system for repairs | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> National standardization for all agencies | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Collaboration amongst agencies | |

14a. Do you use a TTY/TDD? (Select only **ONE**)

- Yes No Don't Know

If you answered NO or DON'T KNOW please go to question #16. If you answered YES please answer #14b.

14b. Do you use a relay service to communicate with people or businesses who don't have a TTY/TDD?

- Yes No Sometimes I don't know

15. When using your TTY/TDD **are you able to reach people** (with or without a relay service) at the following places? (Select **ONE** answer for each area)

15a. Your health professional's office:
 Yes Sometimes No NA

15b. Your school or your children's school:
 Yes Sometimes No NA

15c. Businesses, restaurants or stores:
 Yes Sometimes No NA

15d. Community services, such as seniors center:
 Yes Sometimes No NA

15e. Government agencies, such as SSI:
 Yes Sometimes No NA

PLEASE REMEMBER: NO BENEFITS OR SERVICES ARE AFFECTED BY YOUR ANSWERS. WE WOULD LIKE TO KNOW HOW ASSISTIVE TECHNOLOGY IS USED FOR YOUR HEALTH.

Health

16. Is your most important healthcare setting **accessible** to you? (Select **ONE**)

- Not at all Mostly not Somewhat Mostly Totally
 Don't know

17. Does your health professional have a **weight scale** that weighs you properly? (Select only **ONE**)

- Yes No Don't Know

18a. Which of the following do **you use while at the health professional's office**? Please check **ALL** that apply:

- | | |
|---|--|
| <input type="checkbox"/> X-ray | <input type="checkbox"/> Ramps |
| <input type="checkbox"/> Scale | <input type="checkbox"/> Braille/audio formats for information |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Non-English brochures/interpreters |
| <input type="checkbox"/> Exam table | <input type="checkbox"/> Lab tests – urine/blood testing, blood pressure |
| <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Lifts to get on equipment or table from wheelchair | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> TTY's | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electric doors | |
| <input type="checkbox"/> Hand/grab rails | |
| <input type="checkbox"/> Ultrasound machines | |

18b. Which of the following **are you prevented from using because it isn't available or isn't accessible**? Please check **ALL** that apply:

- | | |
|---|--|
| <input type="checkbox"/> X-ray | <input type="checkbox"/> Ramps |
| <input type="checkbox"/> Scale | <input type="checkbox"/> Braille/audio formats for information |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Non-English brochures/interpreters |
| <input type="checkbox"/> Exam table | <input type="checkbox"/> Lab tests – urine/blood testing, blood pressure |
| <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Lifts to get on equipment or table from wheelchair | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> TTY's | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electric doors | |
| <input type="checkbox"/> Hand/grab rails | |
| <input type="checkbox"/> Ultrasound machines | |

19. In your opinion, **how knowledgeable is your primary health professional** about the range of Assistive Technologies? (Select **ONE**)

- Poor Fair Adequate Excellent Don't know

IN THIS NEXT SECTION WE WANT TO KNOW ABOUT USING ASSISTIVE TECHNOLOGY FOR EMPLOYMENT. SOME OF THESE QUESTIONS MAY NOT APPLY TO YOU.

Employment

20a. Please tell us about your employment situation. (Select all that apply)

- I work full time
 I work part time
 I am self-employed
 I am working, but not as many hours as I would like
 I am not currently working

20b Answer this question only if you are NOT currently working. (Select all that apply)

- I would prefer to work
- I feel I am able to work
- I am looking for work
- I am volunteering
- I am in school, training for a job
- None of the above

21. What assistive technology device or equipment would help you the most to get or keep a job, full or part time?

- Don't know
- Not applicable

22. How well has AT helped you in searching for a job? (Select **ONE**)

- Not at all
- Very little
- Average
- A lot
- Immensely
- Not applicable

If you are NOT working now, please go to question #29.

23. Please check **ALL** devices or services you use to perform work duties:

- | | |
|---|--|
| <input type="checkbox"/> Magnifier | <input type="checkbox"/> Telephone headset |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Mouth stick |
| <input type="checkbox"/> Wrist splints | <input type="checkbox"/> Support for personal functions:
eating, bathroom |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> Personal assistant |
| <input type="checkbox"/> Computer software to read the
screen in synthesized voice | <input type="checkbox"/> Adapted mouse |
| <input type="checkbox"/> Computer hardware to output
in Braille | <input type="checkbox"/> Adapted computer screen, i.e.
larger screen or flat screen |
| <input type="checkbox"/> Voice activated software | <input type="checkbox"/> Adapted keyboard |
| <input type="checkbox"/> Hearing aid/amplification device | <input type="checkbox"/> Support for mental limitations -
job coaching |
| <input type="checkbox"/> TTY/Pager/text communicator | <input type="checkbox"/> Ergonomic table / chair |
| <input type="checkbox"/> Automatic doors | <input type="checkbox"/> Interpreters |
| <input type="checkbox"/> Ramps | <input type="checkbox"/> Readers |
| <input type="checkbox"/> Tape recorder | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Amplified telephone | |

24. Have you ever requested an AT device as an accommodation from your employer?

- Yes No Don't Know Not Applicable to me

If yes, answer 25, If no, go to question 26

25. What was the **outcome when you requested a device** from your employer? (Select as **MANY** as applicable)

- I got the device
- My requested was denied
- Referred to California Department of Rehabilitation
- Referred to someone for an evaluation
- Employer paid for all of it
- I was asked to pay part
- Employer said I had to buy it myself
- Other _____

26. How did you acquire the AT devices you use at work? (Select up to **THREE**)

- | | |
|--|---|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Self-pay |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Donated | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> California Department of Rehabilitation | |

27. How well have AT devices helped you at work? (Select **ONE**)

- Not at all Very little Average A lot Immensely
 Not applicable to me

Please answer this question if someone else paid for your device(s).

28. If you changed jobs tomorrow, could you take the devices paid for by your employer, Department of Rehabilitation, or someone else from your current job to another job? (Select **ONE**)

- Yes No Not sure Not applicable

This question is for anyone to answer.

29. If you had to **choose what MOST limits you from working** to your fullest ability, it would be: (Please rank the top 3 reasons with 1 being the most limiting and 3 being the least limiting)

- My disability
- Lack of jobs
- Lack of education
- Problems with self-esteem
- Lack of assistive technology
- Attitudes of employers/the public
- Access in general to get in and around places
- Poverty, lack of financial stability
- Fear
- Potential loss of benefits / health coverage
- Communication Barriers
- Lack of transportation
- I do not feel limited
- Other _____

30. Did you know that employers can qualify for incentives to help pay for AT needed at work? (Select **ONE**)

- Yes No

31. Please answer this question if you use AT when working or volunteering; if not, please go to the next question. In the last month, the **use of AT in my work/volunteering has resulted** in (Mark **ALL** that apply)

- | | | | |
|--------------------------|------------------------------|-----------------------------------|-----------------------------|
| a. Improved productivity | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| b. More paid work hours | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| c. Better attendance | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| d. Improved self-esteem | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

If you **do not have devices now, but might in the future please continue** by answering the following questions. Current users of AT devices should also answer.

32. Would you be willing to pay a share of the cost if it would speed up the process of getting the AT you need?

- Yes, if I had the money No Don't know

33. How much would you be willing to spend if you had to pay for AT out of your own pocket? (Select only **ONE** range please.)

- | | |
|--|---|
| <input type="checkbox"/> \$1 - \$99 | <input type="checkbox"/> \$1600 - \$2000 |
| <input type="checkbox"/> \$100- \$499 | <input type="checkbox"/> More than \$2000 |
| <input type="checkbox"/> \$500 - \$999 | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> \$1000 - \$1500 | <input type="checkbox"/> Don't know |

TO HELP US UNDERSTAND THE ANSWERS TO THIS SURVEY WE NEED TO KNOW INFORMATION ABOUT PEOPLE WHO FILLED OUT THE SURVEY. WE NEED SOME INFORMATION ABOUT YOUR PERSONAL SITUATION.

34. Select **ALL** that apply:

- I am a parent of children under 18
- I am providing care for my own parents
- I am providing care for an adult with disabilities over 18
- A family member provides attendant care for me
- Paid caregivers (attendants and others) provide services to me
- I provide my own care

35. Select the **ONE** answer that **best describes** your living situation this month:

- I live independently by myself
- I live with at least one other person (roommate, spouse, child)
- I live with family (parents or adult relatives)
- I live with a live-in caretaker
- I am homeless
- I live in a group home or supervised living environment
- I live in an institution or nursing home
- None of the above

You may write in an answer that describes your situation best:

36. What is your Zip Code? _____

37. Select the **ONE** answer that best fits you:

- Male Female Transgender Intersexed

38. Race & Ethnicity: (**Select as many as apply**)

- White
- Hawaiian/Pacific Islander
- Black/African American
- Asian
- American Indian/Alaska Native
- Hispanic/Latino/a
- Other, please specify _____
- Decline to State

39. Select **ONE** category for your education level:

- 1-8 years
- 9-12 years without diploma
- High school diploma or GED
- Some college but no bachelor's degree
- College graduate
- Graduate or professional degree

40. Please estimate annual income for your entire **household** in 2004, by selecting **ONE** category:

- | | |
|--|--|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$35,000-\$49,999 |
| <input type="checkbox"/> \$5,000-\$9,999 | <input type="checkbox"/> \$50,000-\$69,999 |
| <input type="checkbox"/> \$10,000-\$14,999 | <input type="checkbox"/> \$70,000-\$89,999 |
| <input type="checkbox"/> \$15,000-\$19,999 | <input type="checkbox"/> \$90,000 or more |
| <input type="checkbox"/> \$20,000-\$24,999 | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> \$25,000-\$34,999 | <input type="checkbox"/> Don't know |

41. What is the **main source** of your income? (Select up to **TWO**)

- Employment
- Self-employment
- Pension/Retirement
- Federal government funding (SSI, SSDI TANF)
- Student Financial Aid
- Personal/family wealth
- Inheritance
- Child support
- Insurance settlement for injury
- Workers Compensation
- Don't know
- General Assistance
- Other _____

42. What best describes your major activities in 2004? (Check up to **TWO** areas)

- In school
- Working
- Volunteering
- Advocacy
- Parenting
- Keeping house
- Developing independence
- Caring for myself
- Caring for others
- Hobbies and leisure activities

43. This question is for people that **no longer work, but did in the past**. If you used to work, but don't any longer, is it because of: (Select **ONE**)

- I acquired a disability or it got worse
- Normal retirement
- Early retirement
- My disability benefits prevent me from working
- None of the above

44. How old are you today?

- 18-24
- 25-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

45. At what age did you first start having any difficulty or activity limitation?

- Since birth
- Under 18
- 18-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

46. Which of the following statements apply to you (**Check all that apply**)

- I am blind
- I have low vision
- I am Deaf
- I am hard of hearing
- I don't speak
- People have trouble understanding me when I speak
- I can't get around without help or equipment
- I have trouble walking or am limited in mobility
- I have mental retardation
- I have a developmental disability
- I have a learning disability
- I have a mental health or psychiatric disability
- I have some other type of disability Specify: _____

The Community Research for Assistive Technology project would like to **thank you** for taking our survey. By filling out this survey, you are helping us get one step closer to understanding the gap in Assistive Technology for persons with disabilities.

A website (www.atnet.org) has also been developed to provide information about the AT Network. The AT Network website also provides articles on Assistive Technology and allows individuals to search online for Assistive Technology and services. Individuals can also receive information concerning Assistive Technology services and resources by calling the AT Network's Information and Referral Service at (800) 390-2699 or through its TDD line at (800) 900-0706. The AT Network can also be reached by fax at (916) 325-1699 and e-mail at info@atnet.org.

Please fill out this form to receive your \$20.00 gift. Two self-addressed postage paid envelopes have been provided. Mail the completed form in the first envelope. In the second envelope, mail your completed survey. This helps us to maintain your confidentiality. If no envelopes are attached, please send to:

CFILC/AT Survey
1029 J Street, Suite 120
Sacramento, CA 95814

If you would like to receive the \$20.00 gift, please provide your name and mailing address below:

Name: _____

Street Address or P.O. Box: _____

City: _____

State: _____ Zip Code: _____

IMPORTANT REMINDER: You may take this survey only ONE time, and only ONE check will be issued per person! You will receive your check from CFILC within 7 days of mailing. Checks will be mailed until monies run out.