

## **Appendix H: Assistive Technology Survey**

## Assistive Technology Evaluation

**Check only one answer for each question or statement, unless instructed to do otherwise.**

### Living situation

---

1. Where do you currently live?
  - My own house or condominium/townhouse
  - My own apartment
  - Supervised living apartment, group home, or other community living arrangement
  - Community training home
  - With my parent/s in their home
  - With other relatives in their home
  - Housing complex for seniors or people with disabilities
  - Assisted living
  - Other (describe) \_\_\_\_\_
  
2. Whom do you currently live with? Check all that apply.
  - No one - I live alone
  - With a live-in paid assistant
  - With a spouse or partner
  - With my children under age 18
  - With my parent/s
  - With my children age 18 or over
  - With another relative
  - With a friend or roommate in a group home or a supervised living arrangement
  - Other (describe) \_\_\_\_\_

### Health

---

3. Overall, how would you rate your health during the past month?
  - Excellent
  - Good
  - Fair
  - Poor

4. Do you need help from assistive devices or another person for any of the following activities because of a disability or health problem? Please tell me how much help you need with each activity using the following responses: you can do it by yourself, you can do it with the help of assistive devices, you can do it only with help from someone else, or you cannot do the activity at all. Check only one box for each statement.

	<u>By yourself</u>	<u>With help from assistive devices</u>	<u>Only with help from someone else</u>	<u>Cannot do it at all</u>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping for groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing routine household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing money, including keeping track of bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking medications correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting to places out of walking distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of a bed or chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting around inside the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How many paid personal assistants, or other paid helpers that you hire, work for you at least once a month?

- None
- 1-2
- 3-4
- 5-6
- 7 or more

6. On average, how many total hours of paid assistance do you receive each week from all your personal assistants or other paid helpers hired by you?

\_\_\_\_\_ hours per week

7. Now think about any unpaid assistance you receive from family or friends. On average, how many total hours of unpaid assistance do you receive each week from family or friends?

\_\_\_\_\_ hours per week

8. How physically accessible for you are your home, your workplace, or other places you want to go? Please tell me how accessible each one is for you overall: totally accessible, somewhat accessible, or not accessible at all. Check only one box for each statement.

a. How accessible for you is your home or residence?

- Totally accessible
- Somewhat → Please explain: \_\_\_\_\_
- Not at all → Please explain: \_\_\_\_\_

b. How accessible for you is your workplace?

- Totally accessible
- Somewhat → Please explain: \_\_\_\_\_
- Not at all → Please explain: \_\_\_\_\_
- I do not work

c. How accessible for you are the places where you want to shop or do errands?

- Totally accessible
- Somewhat → Please explain: \_\_\_\_\_
- Not at all → Please explain: \_\_\_\_\_

d. How accessible for you are any recreation or leisure activities you want to do in the community?

- Totally accessible
- Somewhat → Please explain: \_\_\_\_\_
- Not at all → Please explain: \_\_\_\_\_

## Assistive Technology

---

9. Assistive technology is defined as any item or piece of equipment that is used to help maintain, improve, or increase functioning in all aspects of life. Some people use assistive devices or technology to help them at home or at work. Please tell me if you do not need it, currently use it, or do need it but do not have each assistive technology or device. Check only one box for each statement.

	<u>I do not need it</u>	<u>I currently use it</u>	<u>I do need it, but do not have it</u>
Building modifications (such as entrance ramps, expanded doorways, accessible space, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility aids (such as electric wheelchair, stair lift, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation aids (such as lift van, adaptive driving controls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer access aids (such as touch screens, keyless entry, voice to text software, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication aids (such as communication boards, voice activated telephone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devices for people who are deaf (such as TDD, TTY, phone relay services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devices for people who are blind or legally blind (such as Braille translation software, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental controls – Equipment to help control items in your environment by voice or switch activation, such as your telephone, lights, TV, climate controls, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 10 How do you think an assistive technology device might help you? (*Probe if necessary: What activities do you want to do that an assistive technology device might help you with?*)

11. Where have you gotten information about what assistive technology is available?

12. What concerns do you have regarding assistive technology?

13. Please tell me how much you agree or disagree with the following statements, using the following responses: strongly agree, agree, disagree, or strongly disagree. Check only one box for each statement.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	
I have the right assistive technology to easily live at home.					
I have the right assistive technology to work at my job.					I am not working

### **Social Support**

---

14. Overall, how satisfied are you with your life in general?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

15. If you needed some extra help, could you count on any family or friends to help you with daily tasks like grocery shopping, cooking, or giving you a ride?

- No
- Yes

16. Do you currently receive this type of extra unpaid help from family or friends at least once a week?

- Yes, I currently receive unpaid help
- No, but I could use some unpaid help
- I do not need any unpaid help

17. How often do you participate in any community activities or groups, such as a community center, social group, advocacy group, religious group, support group, sports group, or any other community group?

- Never or almost never
- Once or twice a year
- Every few months
- Once or twice a month
- Once a week or more

18. How many days per week, on average, do you leave home for any reason?
- Less than one day per week                       4-6 days per week  
 1-3 days per week                                       Every day
19. Is the number of days you leave home each week the right amount for you?
- Yes, I go out enough  
 No, I want to go out more  
 No, I want to go out less
20. What keeps you from going out more often? Check all that apply.
- Nothing, I go out as much as I want                       Financial concerns  
 Health concerns                                                       No person to assist me  
 Emotional concerns                                                       Accessibility issues  
 Lack of transportation                                                       Other \_\_\_\_\_  
 Lack of assistive technology

### **General Information**

---

21. What is your marital status?
- Married                       Separated                       Never married  
 Widowed                       Divorced                       Living together as though married
22. What is the highest grade or year you finished in school?
- 8<sup>th</sup> grade or less                                                       Some college  
 Some high school                                                       Two-year college degree  
 High school diploma or GED                                                       Four-year college degree  
 Technical school/community college                                                       Post graduate degree
23. Are you currently employed, volunteering, or going to school? Check all that apply.
- Work full time                                                       Homemaker                                                       Attend school  
 Work part time                                                       Volunteer
24. Which category best describes your total monthly household income from all sources before taxes? Include income such as wages, salaries, Social Security, retirement benefits, veteran's benefits, public assistance, investment income, or any other income.
- Less than \$500 each month                                                       \$4,000 - \$4,999  
 \$500 - \$999                                                               \$5,000 - \$6,999  
 \$1,000 - \$1,999                                                               \$7,000 - \$8,999  
 \$2,000 - \$2,999                                                               \$9,000 - \$12,499  
 \$3,000 - \$3,999                                                               \$12,500 or more a month
25. Check all sources of income you receive. Check all that apply.
- Wages/Salary                                                       Public assistance                                                       Family  
 Veteran's benefits                                                       Retirement benefits                                                       Other: \_\_\_\_\_  
 Social Security                                                       Investment income

26. Is there anything else you would like to add?

**NOTE: The following questions are added for the follow up interviews:**

27. Please indicate how much you agree or disagree with the following statements using these responses: strongly agree, agree, disagree, or strongly disagree. Check only one box for each statement.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
I accomplished the goals that I wanted to with this assistive technology.				
I would recommend this assistive technology to other people with similar disabilities.				
I am satisfied with the assistive technology that I received.				

28. Please tell me why you either are, or are not, satisfied with the assistive technology that you received. *(Probe if necessary: What do you especially like about the assistive technology you received? What would you change to make yourself more satisfied with the assistive technology you received?)*

29. Please think about the company or people who set up and maintain your assistive technology. Then tell me how much you agree or disagree with the following statements using these responses: strongly agree, agree, disagree, or strongly disagree. Check only one box for each statement.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
I am confident of getting the assistive technology services I need when I need them.				
I can always reach someone for help with my assistive technology whenever I need it.				
The people who provide my assistive technology treat me with courtesy and respect.				

30. You received a [name of AT device] from the [program name] long-term loan program. Are you still using the AT that you received?
- No
  - Yes

30a. [Open text box for additional comments.]

31. **If No to Question 30:** May we come and take the [name of AT device] (if appropriate) to loan out to someone else who may need it?
- No
  - Yes
  - Not applicable (answered Yes to Q 30)

31a. [Open text box for additional comments.]

32. Do you need more training on how to use the [name of AT device] you received?
- No
  - Yes

32a. [Open text box for additional comments.]

33. **If Yes to Question 32:** Would you like to have a Tech Mentor provide support and orientation/basic training?
- No
  - Yes
  - Not applicable (answered No to Q 32)

33a. [Open text box for additional comments.]