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.

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

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.**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very dissatisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to choose item</td>
<td>[1] [2] [3] [4] [5]</td>
<td></td>
</tr>
<tr>
<td>Help in finding, selecting, and using the device</td>
<td>[1] [2] [3] [4] [5]</td>
<td></td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Big Problem</th>
<th>Not a Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time delay in getting equipment</td>
<td>[1] [2] [3] [4] [5]</td>
<td></td>
</tr>
<tr>
<td>Training not provided</td>
<td>[1] [2] [3] [4] [5]</td>
<td></td>
</tr>
</tbody>
</table>
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 _________________________
Community Research for Assistive Technology – California AT & Consumers Survey

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.

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

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.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very dissatisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall experience</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Ability to choose item</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Help in finding, selecting, and using the device</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Cost of device</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>How device works</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Repairs</td>
<td>1 2 3 4 5</td>
<td>NA</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Big Problem</th>
<th>Not a Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time delay in getting equipment</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Additional equipment needed</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Training not provided</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Equipment not fitting properly</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Frequent breakdowns</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Repairs taking too long</td>
<td>1 2 3 4 5</td>
<td>NA</td>
</tr>
</tbody>
</table>
3o. 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

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 _________________________
Community Research for Assistive Technology – California AT & Consumers Survey

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

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

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
10. Does using AT help you cope with feeling isolated? (Select ONE)

☐ Never  ☐ Rarely  ☐ Sometimes  ☐ Most of the time  ☐ Always
☐ Not applicable to me (IF you do not use AT you select this answer)

You might not use AT now, but if you think it would help in activities you do, please answer this question. **If not applicable please skip to #13**

11. For which activities in the home do you need AT? (Check ALL that apply to you):

☐ Cooking/eating  ☐ Parenting  ☐ Alerting/Signaling  ☐ Getting around  ☐ Computer Use
☐ Reading  ☐ Paying bills  ☐ Other- please describe

☐ Cleaning  ☐ Watching TV  ☐ Communicating  ☐ Writing
☐ Personal care - includes dressing, toileting, bathing, brushing teeth, etc.

12. For which activities in the community do you need assistive technology (AT)? (Check ALL that apply to you)

☐ Errands  ☐ Shopping  ☐ Social/Community Activities
☐ Family activities  ☐ Taking classes  ☐ Transportation
☐ Health appointments  ☐ Communicating with others  ☐ Employment (any type-full or part-time)
☐ Volunteering  ☐ Reading  ☐ Other- please describe

CFILC would like to know **what changes would improve** the system that provides, funds and repairs devices and equipment (AT). Even if you do not use devices or AT right now, you still may have ideas.
13. If changes could be made to the AT system, what would you like to see happen? (Please check ALL that apply)

☐ Insurance system changed
☐ Try-out facilities for AT
☐ More affordable AT
☐ More universal design
☐ Expand definition of AT
☐ Better system for repairs
☐ National standardization for all agencies
☐ Collaboration amongst agencies
☐ Case managers available
☐ Persons with disabilities included as decision makers in funding process
☐ Devices easier to get
☐ Persons with disabilities involved in the design process
☐ Training on use of equipment
☐ Don’t know
☐ Other ____________________

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:

☐ X-ray  ☐ Ramps
☐ Scale  ☐ Braille/audio formats for information
☐ Mammography  ☐ Non-English brochures/interpreters
☐ Exam table  ☐ Lab tests – urine/blood testing, blood pressure
☐ Sign Language Interpreter  ☐ None of the above
☐ Lifts to get on equipment or table from wheelchair  ☐ Don’t know
☐ TTY’s  ☐ Electric doors
☐ Non-English Sign Language Interpreter  ☐ Other ____________________
☐ Hand/grab rails  ☐ Lab tests – urine/blood testing, blood pressure
☐ Ultrasound machines  ☐ None of the above
18b. Which of the following are you prevented from using because it isn’t available or isn’t accessible? Please check ALL that apply:

- [ ] X-ray
- [ ] Scale
- [ ] Mammography
- [ ] Exam table
- [ ] Sign Language Interpreter
- [ ] Lifts to get on equipment or table from wheelchair
- [ ] TTY’s
- [ ] Electric doors
- [ ] Hand/grab rails
- [ ] Ultrasound machines
- [ ] Ramps
- [ ] Braille/audio formats for information
- [ ] Non-English brochures/interpreters
- [ ] Lab tests – urine/blood testing, blood pressure
- [ ] None of the above
- [ ] Don’t know
- [ ] Other ____________________

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:

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

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)

☐ Employer  ☐ Self-pay
☐ Health Insurance  ☐ Not applicable
☐ Donated  ☐ Other _______________________
☐ 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  ☐ Yes    ☐ Somewhat    ☐ No
b. More paid work hours  ☐ Yes    ☐ Somewhat    ☐ No
c. Better attendance  ☐ Yes    ☐ Somewhat    ☐ No
d. Improved self-esteem  ☐ Yes    ☐ Somewhat    ☐ 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.)

☐ $1 - $99  ☐ $100 - $499  ☐ $500 - $999  ☐ $1000 - $1500  ☐ $1600 - $2000  ☐ More than $2000  ☐ Not applicable  ☐ 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:

- [ ] Less than $5,000
- [ ] $5,000-$9,999
- [ ] $10,000-$14,999
- [ ] $15,000-$19,999
- [ ] $20,000-$24,999
- [ ] $25,000-$34,999
- [ ] $35,000-$49,999
- [ ] $50,000-$69,999
- [ ] $70,000-$89,999
- [ ] $90,000 or more
- [ ] Decline to state
- [ ] 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.