Directions: Check mark or fill in the bubble next to the answers that apply to you. Please answer ALL the questions below to the best of your ability. If you need assistance please call (610)-770-9781 ext. 137/138 or online by going to https://www.surveymonkey.com/s/SFTM5QN. You can also find the survey on the Lehigh Valley Center for Independent Living’s (LVCIL) Facebook page. Thank you for your input.

1. Which of the following best describes you?
   - ☐ I am a person with a disability completing this survey on my own behalf.
   - ☐ I am a person with a disability completing this survey with the assistance of someone else.
   - ☐ I am parent of child with a disability.

2. Your age or your child’s age (if you are a parent/guardian)?
   - ☐ Younger than 10
   - ☐ 10-18
   - ☐ 19-35
   - ☐ 36-65
   - ☐ 66 or older

3. Which of the following best describes your disability?
   - ☐ Physical disability
   - ☐ Psychiatric or emotional disability (e.g., bipolar disorder, schizophrenia, depression).
   - ☐ Sensory Disability (e.g., blindness, vision impairment, deafness).
   - ☐ Learning or cognitive disability (e.g., dyslexia, learning disability, and Autism).
   - ☐ Intellectual Disability
   - ☐ Other

4. What County do you live in?
   - ☐ Bradford
   - ☐ Columbia
   - ☐ Lackawanna
   - ☐ Lehigh
   - ☐ Luzerne
   - ☐ Monroe
   - ☐ Northampton
   - ☐ Pike
   - ☐ Sullivan
   - ☐ Susquehanna
   - ☐ Wayne
   - ☐ Wyoming
   - ☐ Other___________________
5. **What is your source of health insurance?**
   - ○ Health insurance through my employer.
   - ○ Health insurance through someone else’s employer.
   - ○ Medicare, Medicaid, Medical Assistance, MAWD, or the Access Card
   - ○ No health insurance.
   - ○ Don’t know.
   - ○ Other______________________________

6. **In the past year, was there a time when you needed medical care and DID NOT get it?**
   - ○ Yes
   - ○ No (If no skip question 7)

7. **If yes, for what reasons did you not receive care? (Check all that apply)**
   - ○ Couldn’t find a doctor that would accept my insurance.
   - ○ Couldn’t afford my co-pay
   - ○ Not covered by insurance.
   - ○ Couldn’t get an appointment
   - ○ Unreliable Transportation
   - ○ Transportation Costs
   - ○ Doctor would not and/or could not accommodate my disability
   - ○ Other

8. **I utilize attendant care services**
   - ○ Yes
   - ○ No (if no skip question 9)

9. **If yes, how would you describe your feelings about your attendant care services?**
   - ○ Very Satisfied
   - ○ Satisfied
   - ○ Dissatisfied
   - ○ Very dissatisfied

10. **How often do you fill the prescriptions given to you by your health care provider?**
    - ○ All the time
    - ○ Often
    - ○ Sometimes
    - ○ Almost never
    - ○ Never
11. What if anything prevents you from filling a prescription? (Check all that apply)
   - I can’t afford it
   - No or unreliable transportation
   - I forget about it
   - I no longer want to take the medication that I was prescribed
   - I do not want to take medication anymore
   - Not applicable

12. Do you have all the services you need to live independently?
   - Yes (if yes, skip question 13)
   - No

13. If no, what other services would you like to receive?
   - Attendant care services
   - Independent living skills training
   - Nursing home transition services
   - Youth transition services
   - Healthcare transition services
   - Self-Advocacy training
   - Housing services
   - Peer support
   - Other__________________________

14. Is using/finding accessible transportation a problem for you?
   - Yes
   - No

15. If no, why?
   - I have a car and drive
   - I have someone available to drive me
   - I use the fixed route bus
   - I use paratransit/shared ride
   - Not applicable

16. If yes, why?
   - I am unable to drive
   - I am unable to afford car/gas
   - I was denied paratransit
   - There is no paratransit near me
   - The local paratransit service is unreliable
   - I am unable to use the fixed route bus
17. What is your employment status?
   - Working fulltime
   - Working part-time
   - Retired and not working right now
   - Unemployed
   - Full time student
   - Other________________________

18. If you are unemployed, what is the primary reason why?
   - Unable to work due to health problem or disability
   - Unable find a job that accommodates my disability
   - I prefer not to work
   - Might lose income assistance or health benefits if I work
   - Unable find a job based on my skills
   - Not applicable
   - Other Reason_______________________________________________________________

19. What type of housing do you have?
   - I live with 1 or more family member(s)
   - Private housing that I own/partially own
   - Private apartment or home that I rent
   - Community or shared living option
   - Residential or long term care (nursing facility)
   - I am staying with someone, near homeless
   - I am homeless or residing in a shelter
   - Other____________________________

20. Does your current housing meet your needs?
   - Yes
   - No

21. If your current housing does NOT meet your needs, what is preventing you from obtaining more adequate housing?
   - It is too expensive
   - I don’t know where to look for adequate housing
   - I don’t want to move
   - There is a waiting list for the housing that I want
   - Other reason
22. I am able to choose where I want to live?
   - [ ] Strongly agree
   - [X] Agree
   - [ ] Disagree
   - [ ] Strongly disagree

23. I feel safe in my home.
   - [ ] Strongly agree
   - [X] Agree
   - [ ] Disagree
   - [ ] Strongly disagree

24. My housing is affordable.
   - [ ] Strongly agree
   - [X] Agree
   - [ ] Disagree
   - [ ] Strongly disagree

25. Are you using assistive technology devices/equipment? (If no, skip question 26)
   - [ ] Yes
   - [ ] No
   - [ ] I don’t know

26. Are there types of or assistive technology that you need but do not have?
   (Check all that apply)
   - [ ] Adaptive Driving Technology
   - [ ] Communication Device or Software
   - [ ] Hearing Aid
   - [ ] Other________________________

27. Are you using any durable medical equipment? (If no, skip question 28)
   - [ ] Yes
   - [ ] No
   - [ ] I don’t know

28. Is there any durable medical equipment that you need but do not have? (Check all that apply)
   - [ ] Mobility Device (eg: wheelchair, walker, cane, prosthetic, knee/ankle brace)
   - [ ] Lift or Ramp
   - [ ] Oxygen/other breathing assistance
   - [ ] Railing or Bar
   - [ ] Other________________________
29. What prevents you from having the assistive technology you need?
   - I don’t know where to get it
   - I can’t afford it
   - I have it, but it’s broken/doesn’t work
   - Insurance declined it
   - I am on a waiting list for it
   - I don’t know how to use it
   - I used it for a while, but it didn’t really help me
   - I never tried to get it
   - Nothing, my assistive technology meets all of my needs
   - Don’t know
   - Other_________________________

30. What prevents you from having the durable medical equipment you need?
   - I don’t know where to get it
   - I can’t afford it
   - I have it, but it’s broken/doesn’t work
   - Insurance declined it
   - I am on a waiting list for it
   - I don’t know how to use it
   - I used it for a while, but it didn’t really help me
   - I never tried to get it
   - Nothing, my durable medical equipment meets all of my needs
   - Don’t know
   - Other_________________________

31. Are you registered to vote?
   - Yes
   - No (If no, skip question 32)

32. If yes, how often do you vote?
   - Every possible election
   - I vote every presidential election only
   - I only vote once in a while
   - Not applicable

33. If no, do you know how to register if you want to vote?
   - Yes
   - No

34. Is your polling place accessible?
   - Yes
   - No
35. Are the voting machines accessible to you?
   ○ Yes   ○ No

36. Polling place workers are willing to accommodate my disability?
   ○ Yes   ○ No

37. Would the need for a photo ID prohibit you from voting?
   ○ Yes   ○ No

38. I know what to do and where to go during a natural disaster or local emergency:
   ○ Strongly agree   ○ Disagree
   ○ Agree   ○ Strongly disagree

39. I have an emergency kit:
   ○ Yes   ○ No

40. I have a cell phone to use in case of an emergency:
   ○ Yes   ○ No

41. I have a disaster emergency preparedness plan:
   ○ Yes   ○ No

ANY COMMENTS?
______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________