

SURVEY OF ASSISTIVE TECHNOLOGY USERS' NEEDS IN MASSACHUSETTS

Dear Survey Respondent,

Massachusetts is studying the needs of people with disabilities for assistive technology (known as "AT"). If you are an AT user yourself, we hope you will take the time to respond to this survey. If you work with AT users or have someone using AT in your family, we request your responses as well.

Your time on this survey will help decide how our state can make AT easier to use and more available for a wider group of people. Thank you for taking the time to complete this survey and helping to improve the lives of persons with disabilities in Massachusetts.

This survey is available in foreign languages (Spanish, Portuguese, Chinese, Vietnamese, Khmer and Russian) and in alternative formats: large print or Braille. Both foreign language and alternative formats of this survey are available upon request. If you have any questions regarding the survey, please contact Massachusetts Assistive Technology Act Project Staff at Massachusetts Rehabilitation Commission via phone (voice) 617-204-3851 or (TTY) 617-204-3815. Please mail or fax your completed survey to the address below.

Thank you!

Massachusetts Rehabilitation Commission
Independent Living and Rehabilitation Technology Department
27 Wormwood St. Suite 600
Boston, MA 02210
Fax: Donna White at MRC 617 727 1354

What is AT?

- *wheelchairs*
- *communication devices*
- *hearing aids*
- *assistive listening devices*
- *talking watches*
- *electronic aids to daily living*
- *large print material,*
- *text-to-speech screen readers*
- *alternative keyboards and mice*
- *head pointing devices*
- *voice recognition software*
- *screen magnification software*
- *adaptive toys*
- *adaptive learning tools*

Before you begin, please indicate who is completing this survey.*

- I am an AT user myself I am an advocate of an AT users
 I am a family member of an AT user Other: Please specify _____
 I am an educator of AT users
 I am a clinician of AT users
 I am a service provider of AT users

Section I

Please answer questions in this section if you are an AT user yourself or completing the survey on behalf of an individual AT user. Otherwise, please skip to Section II.

1. What is your age?

- 0 – 3 years old 4 – 22 years old 23 – 59 years old 60 years old +

2. Where do you live?

- Cape & Island Central MA Greater Boston
 Northeast MA Southeast MA Western MA

3. Where do you get most AT supports?

- Cape & Island Central MA Greater Boston
 Northeast MA Southeast MA Western MA

4. What is your ethnicity?

- American Indian/Alaska Native Asian Black/African American
 Hispanic/Latino Native Hawaiian or Pacific Islander White

5. What disability best describes you?

- Physical disability Visual disability Intellectual disability
 Learning disability Legally Blind Psychiatric disability
 Deaf Brain Injury Hard of Hearing
 Other: Please Specify _____

6. Do you have difficulty with the following sensory-motor function?

- Seeing Learning Remembering
 Lifting Speaking Walking
 Interacting with others Thinking Listening (auditory processing)
 Hearing
 Long term emotional, psychological, or psychiatric condition
 Other: _____

7. Do you work?

- Yes No

8. If yes, what is your work status?

- Full-time Part-time Internship Volunteer
 Other (Please specify): _____

9. What is your current living situation?

- Living alone
 Living with family members
 Living with roommates
 Living in a group home
 Living in a nursing facility
 Living in an institution

10. Has your living situation changed in the last 5 years?

- Yes No

Section II

Please answer these questions if you are either an AT User yourself **or** if you have a family member who uses AT, or if you provide **any** service to AT Users.

11. To what extent do you agree that AT contributes to your independence **or** to that of the AT users in your family or with whom you work?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Living independently	4	3	2	1	0
Working	4	3	2	1	0
Participating in the community (volunteer, religious worship, community events)	4	3	2	1	0
Learning (school, general education)	4	3	2	1	0

12. What are the biggest barriers that you faced in getting the right AT **or** that were faced by AT users in your family or with whom you work? *(Check all that apply)*

- Frustration using AT
- High cost
- Lack of funding
- Lacks access to a local resource center
- Lack of AT loaner equipment to try out for short-term
- Lack of knowledge on what AT devices are available
- Lack of skilled professionals to make good recommendations
- Other: Please specify _____
- Lack of training
- Long insurance approval process
- Purchased wrong AT
- No barriers

13. Are you familiar with the Massachusetts Assistive Technology Loan Program (MATLP) which is a low-interest financial loan program?

- Yes
- No

14. If yes, how did you learn about this program? (Check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> AT workshop | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Website | <input type="checkbox"/> Mass AT Toll-Free Hotline |
| <input type="checkbox"/> Local community disability-related organization | |
| <input type="checkbox"/> Other: Please specify_____ | |

15. In your opinion, what would be the best strategy to further advertise the Massachusetts Assistive Technology Loan Program? (*Check one*)

- | | |
|--|---|
| <input type="checkbox"/> AT workshop | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Website | <input type="checkbox"/> AT Toll-Free Hotline |
| <input type="checkbox"/> Local community disability-related organization | |
| <input type="checkbox"/> Other: Please specify_____ | |

16. In your opinion, would a new AT Reutilization Program - that allows one to swap, repair, recycle, or otherwise re-use various second-hand AT devices - be helpful in our state?

- Yes No

17. Have you ever obtained AT devices from such an AT Reutilization program for yourself **or** for an AT user in your family or with whom you work?

- Yes No (Please go to question #21)

18. If yes, how satisfied were you with the following aspects of that AT Reutilization Program?

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Choice of AT devices	4	3	2	1
Condition of the AT devices	4	3	2	1
Knowledge of the staff	4	3	2	1
Technical support offered	4	3	2	1

19. If yes, to what extent did you find the services of that AT Reutilization program to be:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Reliable	4	3	2	1	0
Essential for pursuing educational goals.	4	3	2	1	0
Critical for independence in the community.	4	3	2	1	0
Helpful for using telecommunication and information technology.	4	3	2	1	0

20. What barriers, if any, prevented you from using an AT Reutilization Program or prevented its use by an AT user in your family or with whom you work?

- | | |
|--|---|
| <input type="checkbox"/> Lack of warranty protections
<input type="checkbox"/> Recycled AT outdated
<input type="checkbox"/> Poor quality of second-hand AT device | <input type="checkbox"/> No barriers
<input type="checkbox"/> No interest in second-hand AT
<input type="checkbox"/> Incompatibility with higher tech AT
<input type="checkbox"/> Other: _____ |
|--|---|

21. In your opinion, would an AT Lending Program - that allows individuals to borrow AT devices for short periods of time - be helpful in our state?

- Yes No

22. Have you ever borrowed AT devices from such an AT Lending Program for yourself or for an AT User in your family or with whom you work?

- Yes No (Please go to question #26)

23. If yes, how satisfied were you with the following aspects of that AT Lending Program?

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Selection of devices	4	3	2	1	0
Condition of devices	4	3	2	1	0
Staff level of expertise	4	3	2	1	0
Loan period	4	3	2	1	0

24. If yes, to what extent did you find the services of the AT lending Program to be:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Reliable	4	3	2	1	0
Essential for pursuing educational goals.	4	3	2	1	0
Critical for independence in the community.	4	3	2	1	0
Helpful for using telecommunication and information technology.	4	3	2	1	0

25. What barriers, if any, prevented you from borrowing from an AT Lending Program **or** prevented its use by AT Users in your family or with whom you work?

- Limited AT selection
 Program already exists in my community
 Loan period too short
 Other: Please specify _____
 No barriers

26. In your opinion, would a new AT Demonstration Center - that displays the newest AT devices and allows people to try them out with assistance from technical staff - be helpful?

- Yes
 No

27. If yes, how far would you be willing to travel to reach such an AT Demonstration Center **or** how far would AT users in your family or with whom you work willingly travel?

- 0 – 25 miles
 26 -50 miles
 51 – 75 miles
 76 – 100 miles

28. Have you ever used such an AT Demonstration Center for yourself or for an AT User in your family or with whom you work?

- Yes
 No

29. If yes, how satisfied were you with the following aspects of the AT Demonstration Center's services?

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Demonstration of AT devices	4	3	2	1
Expertise of Staff	4	3	2	1
Preliminary evaluation	4	3	2	1
Training to use equipment	4	3	2	1
Technical support	4	3	2	1

30. If yes, to what extent did you find the services of the AT Demonstration Center to be:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Reliable	4	3	2	1	0
Essential for pursuing educational goals.	4	3	2	1	0
Critical for independence in the community.	4	3	2	1	0
Helpful for using telecommunication and information technology.	4	3	2	1	0

31. What barriers, if any, prevented you from using an AT Demonstration Center **or** prevented its use by AT users in your family or with whom you work?

- | | |
|--|--|
| <input type="checkbox"/> Center already exists in my community | <input type="checkbox"/> Centers have limited AT devices |
| <input type="checkbox"/> Center located too far away | <input type="checkbox"/> Staff unequipped to address needs |
| <input type="checkbox"/> No barriers | <input type="checkbox"/> Other: _____ |

32. Please put the following proposed new AT programs for Massachusetts in order of importance to you by ranking them from 1 to 3. (1 = the Most Important, 3 = Least Important)

- __ AT Reutilization Program
- __ AT Lending Program
- __ AT Demonstration Center

Section III

Please answer these questions if you are either an AT User yourself **or** if you have a family member who uses AT, or provide any service to AT Users.

33. In your opinion, have you received ongoing strong support and advocacy for your AT needs in Massachusetts **or** have AT users in your family or with whom you work received such quality assistance?

Yes

No

34. In your opinion:

A. What forms of advocacy are needed to improve AT services in Massachusetts?

B. What AT supports are difficult to obtain in Massachusetts?

35. Have there been enough AT conferences and trainings held in Massachusetts?

Yes

No

36. How frequently have you attended?

None

Once a year

Twice a year

Three or more times a year

37. How often would you attend if there were more AT conferences and trainings?

None

Once a year

Twice a year

Three or more times a year

38. How often each year would you likely use a toll-free hotline that answers questions about AT?

Never

1 - 3 times

4-6 times

7 - 9 times

> 10

39. In your opinion, how helpful would an email distribution list - that automatically broadcasts information over the internet - be in sharing AT information amongst residents of Massachusetts?

- Very helpful
- Somewhat helpful
- Not at all helpful

40. Are there any other recommendations you would like to make about how Massachusetts can better meet the AT needs of persons with disabilities in our state?

41. OPTIONAL:

Name: _____ Email: _____ Phone: _____

Thank you for completing this survey!