

SCILC Statewide Needs Assessment

Thank you for taking the time to complete this survey. It is designed to measure barriers in the community for people with disabilities so that the SC Statewide Independent Living Council (SCSILC) and the Centers for Independent Living (CILs) can address them. Your input is important! Responses are anonymous.

1. What is your zip code?

2. What is your gender?

- Prefer not to answer
- Male
- Female
- Other (please specify)

3. How old are you?

- Prefer not to answer
- Under 5
- 5-15
- 16-24
- 25-44
- 45-64
- 65 and older

4. What is your ethnicity? (Check all that apply)

- Prefer not to answer
- American Indian or Alaskan Native
- Asian
- Black/African American
- Caucasian
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- Other (please specify)

5. What is your employment status? (More than one may apply)

- Prefer not to answer
- Never employed
- Self-employed
- Employed part-time (34 hours per week or less)
- Employed full-time (35 hours per week or more)
- Out of work for more than 1 year
- Out of work for less than 1 year
- Student
- Retired

6. What is your household income?

- Prefer not to answer
- \$0-\$9,999
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$59,999
- \$60,000-\$69,999
- \$70,000 or more

7. How would you describe your living arrangement?

- Prefer not to answer
- Live alone
- With spouse/partner
- With parents
- With relative(s) or friend(s)
- Campus Housing
- With unrelated person(s) such as an attendant or housekeeper
- In a group home
- Mental health facility
- Nursing home/skilled care facility
- No fixed address - homeless
- Other (please specify)

8. How many people live in your household?

9. What is your disability? (Check all that apply)

- Intellectual/Developmental
- Environmental/Multiple Chemical Sensitivity
- Hearing
- Physical
- Visual
- Psychiatric
- Other (please specify)

10. What is the highest educational level or years in school you completed?

- Prefer not to answer
- No formal schooling
- Elementary education (grades 1-8)
- Secondary education, no diploma (grades 9-12)
- Special education certificate/diploma
- High school diploma or GED
- Associate degree or vocational certificate
- Bachelors degree
- Masters degree or higher

11. Did you vote in the 2014 election?

- Yes
- Not registered to vote
- Not eligible to vote
- Registered and eligible but did not vote

12. Are you familiar with the Center for Independent Living (Able SC, AccessAbility, or Walton Options for Independent Living) in your area?

- Yes
- No
- I live in an unserved county.

13. Below is a list of statements about general feels as a person with a disability. Please check the box to the right if the statement is true for you (yes), false for you (no), if you're unsure, or if the question does not apply.

	Yes	No	Unsure	Does not apply
In general, I am satisfied with my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, my physical health is good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to live independently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to maintain and stay within my budget.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get the medical attention I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy in my current living situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive the social and emotional support that I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have adequate access and opportunity to be involved with my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participate in and feel connected to my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to access the services I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like my community is inclusive and accessible for people with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel discriminated against because of my disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please indicate if you feel that each of the categories below have barriers for people with disabilities.

	Yes	No	Not sure	Does not apply
Access to public venues (i.e. beaches, stores, restaurants, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Sign Language interpreter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive technology & durable medical equipment (i.e. wheelchairs, computers, lifts, communication boards, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits planning assistance (i.e. Supplemental Social Income, Social Security Disability Insurance, Supplemental Nutritional Assistance Program, Medicaid, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling/mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability & Aging Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education (i.e. GED, IEPs, postsecondary education, vocational training, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness (i.e. for tornadoes, floods, terror attacks, natural disasters, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Care (i.e. doctors, home health care, hospital, rehab facilities, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Modifications (i.e. ramps, handrails, grab bars)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information Access (i.e. Accessible websites, digital documents, and print materials)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orientation and Mobility (O&M) training for people who are blind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal assistance services (i.e. care givers, personal attendants, respite care, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal transportation (i.e. car ownership, vehicle modifications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (i.e. sports, movies, arts, cultural events, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual, reproductive, and family planning health services and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapy services (i.e. occupational, physical, or speech therapies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation services (i.e. air, rail, bus, taxi, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Leadership and Transition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

15. Please select the five categories where you see the most significant barriers.

- Access to public venues (i.e. beaches, stores, restaurants, etc.)
- American Sign Language interpreter services
- Assistive technology & durable medical equipment (i.e. wheelchairs, computers, lifts, communication boards, etc.)
- Benefits planning assistance (i.e. Supplemental Social Income, Social Security Disability Insurance, Supplemental Nutritional Assistance Program, Medicaid, etc.)
- Counseling/mental health services
- Dental Services
- Disability & Aging Services
- Education (i.e. GED, IEPs, postsecondary education, vocational training, etc.)
- Emergency Preparedness (i.e. for tornadoes, floods, terror attacks, natural disasters, etc.)
- Employment Services
- Health Care (i.e. doctors, home health care, hospital, rehab facilities, etc.)
- Home Modifications (i.e. ramps, handrails, grab bars)
- Housing
- Independent Living Services
- Information Access (i.e. Accessible websites, digital documents, and print materials)
- Orientation and Mobility (O&M) training for people who are blind
- Personal assistance services (i.e. care givers, personal attendants, respite care, etc.)
- Recreational opportunities (i.e. sports, movies, arts, cultural events, etc.)
- Sexual, reproductive, and family planning health services and education
- Therapy services (i.e. occupational, physical, or speech therapies)
- Transportation services (i.e. air, rail, bus, taxi, etc.)
- Youth Leadership and Transition
- Other (please specify)

16. Please share any other insights or personal experiences.