

# Arizona Statewide Independent Living Council (AZ SILC)

## Independent Living Needs Survey

### Section 1: Demographics

1. Please identify yourself:

- Person with a disability
- Parent of a minor or guardian of an adult with a disability\*
- Family member/partner of an adult with a disability\*
- Friend/ personal assistant of an adult with a disability\*
- Community advocate/service provider (skip to #17)
- Other (Please specify) \_\_\_\_\_

\* Please respond to questions 2 through 14 as a description of the person with a disability.

2. Where do you live?

- ZIP Code \_\_\_\_\_
- Name of Tribal Community \_\_\_\_\_
- Other \_\_\_\_\_

3. What is your gender?

- Male
- Female

4. What is your age?

- Under 5
- 5 – 15
- 16 – 24
- 25 – 44
- 45 – 64
- 65 years and over

5. How would you describe your ethnicity? (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black/African American
- Caucasian
- Hispanic/Latino
- Native Hawaiian/
- Other (Please specify \_\_\_\_\_)

6. What is your annual 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?
- Live alone
  - With spouse/partner
  - With parents
  - With relative(s) or friend(s)
  - 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. What is your disability?
- Cognitive
  - Environmental/Multiple Chemical Sensitivity
  - Hearing
  - Mental
  - Physical
  - Visual
  - Multiple
9. What is the highest educational level or years in school you completed?
- No formal schooling
  - Elementary education (1-8)
  - Secondary education, no diploma (9-12)
  - Special education certificate/diploma
  - High school diploma or GED
  - Associate degree or vocation certificate
  - Bachelors degree
  - Masters degree or higher
10. What is your current employment status?
- 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
- A student
- Retired

11. Are you a veteran?

- Yes
- No

12. Please check yes or no (with  $\surd$ ) to indicate **1**) whether you have needed the following services, and **2**) whether you have received the services in the past 6 months. (Check all that apply)

	You needed the service		You received the service	
	Yes	No	Yes	No
a. Advocacy / Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Behavioral Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Benefits Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Communications Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Emergency/Safety Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Employment/Vocational Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Home Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Independent Living Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Information and Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

m. Interpreter Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Mobility Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Nursing Home Transition Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Peer Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Personal Assistance Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Personal Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Temporary Emergency Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Have you ever used services from any of the following Centers for Independent Living (CILs)? (Check all that apply)

- Arizona Bridge to Independent Living (ABIL) in Phoenix
- ASSIST! To Independence in Tuba City
- CyberCIL on the Internet
- DIRECT in Tucson
- New Horizons in Flagstaff and Prescott
- SMILE in Yuma

14. Have you ever used services from the AZ Rehabilitation Services Administration (RSA)/Independent Living Rehabilitation Services Administration (I.L.R.S.)?

- Yes
- No

15. Below is a list of statements dealing with your general feelings about yourself as a person with a disability. Please check the number (with  $\surd$ ) that best describes how you feel about yourself.

	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly Disagree
a. In general I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. In general my physical health is good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am able to live independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am able to maintain and stay within my budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can get the medical attention I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am happy in my current living situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I receive the social and emotional support that I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I participate in and feel connected to my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am able to access the services I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I have adequate opportunity to be involved in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I feel people have a good understanding of disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I feel discriminated against because of my disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Did you vote in the last election?

- Yes
- Not registered to vote
- Not eligible to vote
- No

17. What do you believe are the greatest needs of Arizonans with disabilities? Please check the number (with  $\surd$ ) that best reflects what you believe.

	1. Not a Need at All	2. A Little Need	3. A Moderate Need	4. A Significant Need
a. Advocacy / Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Behavioral Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Benefits Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Communications Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Home Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Independent Living Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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