**WBU Older Persons Committee Survey**

**Questionnaire for individuals over the age of 55 years**

Please complete and return to [charles.mossop@cnib.ca](mailto:charles.mossop@cnib.ca) by

**JUNE 30th 2018**

1. Your Country \_\_\_\_\_\_\_
2. Gender

\_\_\_female

\_\_\_male

\_\_\_other

\_\_\_I prefer not to answer

1. Your Age:

\_\_\_55 - 60

\_\_\_61 -65

\_\_\_66 – 70

\_\_\_71 - 75

\_\_\_Over 75

1. Do you describe yourself as a person who is:

\_\_Blind

\_\_Partially sighted (has low vision)

\_\_Deaf/blind

1. Status

\_\_\_Paid Employee

\_\_\_Self-employed

\_\_\_Unemployed

\_\_\_Have never been employed

\_\_\_Retired

­­­­\_\_\_ Prefer not to answer

1. Are you associated with an organization of or for persons with vision loss in your country or community?

\_\_\_Yes

\_\_\_No

1. If your answer to Question 6 was "**Yes**" do you believe your wants and needs are being met or adequately represented by your organization?

\_\_\_Yes

\_\_\_No

1. If your answer to Question 6 was “**Yes**” how often are you involved in activities at the organization you are associated with?

\_\_\_Often

\_\_\_Sometimes

\_\_\_Never

\_\_\_No activities are arranged

1. If your answer to Question 6 was "**No**" and you are **not** associated with an organization of or for people with vision loss, what do you think prevents you from associating with such an organization?

(check all that apply)

\_\_There is no active organization close to where I live

\_\_I do not have transportation to attend their meetings or events

\_\_ I have no one to accompany me to activities or events

\_\_ I do not receive information on their activities or programs

\_\_ I believe the organization is only open to younger people

\_\_ I do not feel the organization has programs or activities that meet my needs or interests

\_\_ I am not interested in associating

\_\_ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you be more likely to participate if there was a specific organization for older persons?

\_\_\_Yes

\_\_\_No

\_\_\_Not sure

1. Do you have access to vision rehabilitation services in your neighborhood?

\_\_Yes

\_\_No

1. If your answer to Question 11 was “**Yes**” indicate the distance you have to travel to obtain those services

\_\_\_Less than10 km

\_\_\_10 - 50 km

\_\_\_50 - 100 km

\_\_\_More than 100 km

1. How do you identify yourself to the public as a person with vision loss?

\_\_ I use a white cane

\_\_ I use a different colored cane (specify color)­­­­­­\_\_\_\_\_\_\_\_

\_\_ I use a guide dog

\_\_ I use another form of identification (specify)\_\_\_\_\_\_\_\_\_\_

\_\_ I don’t use any method of identification

1. What are the most significant issues you face as an older person with vision loss? (check up to **three** choices)

\_\_Access to vision assessment

\_\_Access to vision rehabilitation services

\_\_Access to affordable vision aids

\_\_Lack of public awareness about vision loss

\_\_Lack of accommodation that meets my unique needs as an older person with vision loss

\_\_Inclusion in organizations of and for people with vision loss

\_\_Accessible transportation

\_\_Access to information in formats that I can use

\_\_Access to groups or activities specifically oriented to older people with vision loss

\_\_Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_