**WBU LOW VISION COMMITTEE**

**Questionnaire for individuals with low vision**

**The WBU Low Vision Committee is interested in increasing the involvement and inclusion of individuals with low or partial vision. One step toward that goal is learning more about how these individuals are involved in local organizations of and for the blind, what services are utilized, and the barriers or challenges in accessing services and being involved in the community.**

**By completing the survey below, you provide valuable information and insights into opportunities to increase the involvement of partially sighted individuals.**

**Please return your completed surveys to:** [penny.hartin@wbu.ngo](mailto:penny.hartin@wbu.ngo) **by April 30th .**

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

\_\_ Female

\_\_ Male

\_\_ Prefer not to answer

1. Age range

\_\_ Under 18

\_\_ 18 – 34

\_\_ 35 – 60

\_\_ Over 60

1. How long have you had low vision?

\_\_ Since birth

\_\_ Less than one year

\_\_ Less than 5 years

\_\_ More than 5 years

1. Employment status

\_\_ Employed

\_\_ Self-employed

\_\_ Student

\_\_ Unemployed

\_\_ Retired

1. Are you affiliated or associated with an organization of or for the blind/partially sighted 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 are you involved with the organization? Check all that apply:

\_\_ I receive services

\_\_ I am a member

\_\_ I volunteer my time

\_\_ I attend events or other social activities

\_\_ I am a board member/other volunteer leadership role

\_\_ I am an employee   
\_\_ Other (please explain): \_\_\_\_\_\_\_\_

1. How often are you involved in activities at the organization you are affiliated with?

\_\_ Often

\_\_ Sometimes

\_\_ Never

1. If your answer to Question 6 was "No", and you are not affiliated with an organization of or for the blind/partially sighted, what do you think prevents you from affiliating with them? (Answer 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 thought that the organization was only open to those who are totally blind

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

\_\_ I am not interested

\_\_ Other (please explain): \_\_\_\_\_\_\_\_

1. Would you be more likely to participate if there was a specific organization for persons with low vision, or a subcommittee for persons with low vision?

\_\_ Yes

\_\_ No

\_\_ Not sure

1. Do you have access to low vision rehabilitation services in your neighborhood? if yes, indicate the distance at which it is available

\_\_ <10 km

\_\_ >10 km

\_\_ >50 km

\_\_ >100 km

\_\_ >300 km

\_\_ There are no low vision services available

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

\_\_ I use a white cane

\_\_ I use a different coloured cane (what colour): \_\_\_\_\_\_\_\_

\_\_ I use a guide dog

\_\_ I use another form of identification (please describe): \_\_\_\_\_\_\_\_

\_\_ I don’t use any identification

1. What are the most significant issues you face as a person with low vision? (Mark up to three choices)

\_\_ Access to low vision assessment

\_\_ Access to low vision rehabilitation services

\_\_ Access to affordable low vision aids

\_\_ Lack of public awareness about low vision

\_\_ Lack of accommodation to meet my unique needs as a person with low vision

\_\_ Feeling included in organizations of and for the blind and partially sighted

\_\_ Accessible transportation

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

\_\_ Access to groups or activities specifically oriented to people with low vision

\_\_ Other (please explain): \_\_\_\_\_\_\_\_

Thank you for taking the time to complete this survey – the information you have provided will help determine opportunities to increase participation and inclusion of individuals with low vision.

**Please return your completed survey to** [**penny.hartin@wbu.ngo**](mailto:penny.hartin@wbu.ngo) **by April 30th**

If you are interested in being involved with your local organization or would like to help advocate for inclusion of persons with low vision in your community, please complete the following:

Name:

City and Country:

Email address: