CSS Catholic Guild for the Blind Survey

CSS is trying to identify the needs of the blind and visually impaired within the diocese. In order to do this, we need to learn who the blind and visually impaired are, and what services they are interested in. In order to be useful, we hope that as many people as possible share their thoughts. You do not need to be legally blind to complete the survey. This is an anonymous survey. However, if you would like to be included on our email or contact list, please leave your email or mailing address, with your name and parish at the end of this survey.

MEDICAL

WHAT IS YOUR EYE CONDITION?

☐ GLAUCOMA ☐ STROKE/NEUROLOGICAL
☐ MACULAR DEGENERATION ☐ DIABETIC RETINOPATHY
☐ RETINITIS ☐ INJURY
☐ CATARACTS ☐ OTHER

______________________________

ARE YOU LEGALLY BLIND? ☐ YES ☐ NO

ARE YOU TOTALLY BLIND? ☐ YES ☐ NO

HOW LONG HAVE YOU HAD THIS CONDITION? _______________

DO YOU HAVE ANY OTHER ISSUES?

☐ MOBILITY IMPAIRMENT ☐ ARTHRITIS
☐ HEARING LOSS ☐ OTHER
☐ PARKINSON’S _____________________________________
PERSONAL

WHAT IS YOUR HOUSEHOLD STATUS?

☐ MARRIED, WITH SPOUSE  ☐ LIVE WITH FAMILY/CHILD/FRIEND
☐ WIDOWED, ALONE  ☐ SINGLE

DO OTHER HOUSEHOLD MEMBERS HAVE MEDICAL OR VISION ISSUES?

☐ YES  ☐ NO

PROGRAM

WHAT ARE YOUR GREATEST UNMET NEEDS?

☐ HOUSEKEEPING  ☐ INFORMATION & COMMUNICATION
☐ TRANSPORTATION  ☐ SPIRITUALITY & PRAYER
☐ COOKING & FOOD  ☐ OTHER ______________________
☐ SOCIAL & COMPANIONSHIP

ACTIVITIES OR PROGRAMS THAT INTEREST YOU?

☐ GROUP MEETINGS  ☐ INFORMATION & REFERRAL SERVICES
☐ CLASSES & FORUMS  ☐ BOOK, HOBBY, or CRAFT MEETINGS
☐ NEWSLETTER & ZOOM CALLS  ☐ OTHER ______________________

Mail to: Catholic Social Services, 1600 Bay Street, Fall River, MA, 02724, c/o Martha Reed

If you would like to be included on our email or contact list, please leave your email or mailing address. (You do NOT have to identify yourself unless you want to)

Name: ____________________________  Parish: ____________________
Address: __________________________  Email: _____________________