APPENDIX

Survey Instrument

1. Do you have the device? (If yes, go to question 2)
   No
   • Why?
     – Didn’t purchase it
       » Too expensive
       » Didn’t think it would help
       » Didn’t know how to get it
       » Other:_____________________
     – Never Received it
       » Do you know why?
         • Yes (record reason)___________
         • No
       » Would you like to get it?
         • Yes
         • No (Why?)___________________
     – Lost/Stolen
       » Would you like to replace it?
         • Yes
         • No (why?)___________________
     – Other:________________________________

2. When did you last use the device?
   – Record Time:_____________________________
   – How often do you use the device?
     • Every day
     • At least once a week
     • At least once a month
     • Within 3 months
     • Greater than 3 months ago (go to question 3)
     • Not sure

3. Why have you not used the device (or never used) in greater than 3 months
   – Record response:________________________
   – Response category:
     • Vision Change (Better or worse)
       • Comments:________________________
     • Physical
       • Comments:________________________
       • Posture issue
       • Too hard to physically operate
     • Device-related
       • Comments:________________________
       • Too complex to use
       • Limited field of view
       • Letters too small
       • Light Burned out
         • Battery issue
         • Bulb issue
       • Too cumbersome to use
       • It takes too long to do what I want to do
     • Cognitive/Emotional
• I forgot how to use it
• I get frustrated using it
• I don’t have the patience to use it
  • Adaptive
    • I no longer need the device
    • I no longer do the task I used the device for
    • I found a different way to do the task
  • Other:____________________

4. What did you use the device for?
   – Record task:____________________

5. Did you pay for the device?
   – Yes
   – No.
     • Who paid for the device?
       – Relative
       – Friend
       – Insurance
       – Government Agency
       – Non-profit Agency
       – Employer
       – Other:____________________