

Research Survey- For Parents

DEMOGRAPHIC QUESTIONS

1. What is your race and/or ethnicity? (Select all that apply)
 - American Indian/Native American
 - Asian
 - Black/African American
 - Hispanic/Latino
 - White/Caucasian
 - Pacific Islander
 - Don't want to say
 - Other (Please specify): _____

2. What is your gender?
 - Female
 - Male
 - Other

3. What is your annual household income?
 - Less than \$10,000
 - \$10,000- \$20,000
 - \$20,000- \$40,000
 - \$40,000- \$60,000
 - Over \$60,000

4. What is your employment status?
 - Self-employed
 - Full-time
 - Part-time
 - Not employed
 - Retired
 - Other (Please specify): _____

5. Are you a parent with child/(ren) with developmental disabilities?
 - Yes
 - No

6. Age of child(ren) with a developmental disability: (check all that apply)
 - 0-10
 - 11-18
 - 18-29

- 30-49
- 50+

LANGUAGE

- 7. What language do you speak most often?
 - English
 - Other (please specify): _____

- 8. Do you feel comfortable speaking English when visiting or interacting with agencies providing services?
 - Yes
 - No

SERVICES and BARRIERS: The following questions will ask you about the quality of services for people with intellectual and/or developmental disabilities.

- 9. How satisfied are you with your child(ren)'s services?
 - Very Dissatisfied
 - Somewhat Dissatisfied
 - Neither Satisfied Nor Dissatisfied
 - Somewhat satisfied
 - Very satisfied

10. Does your child(ren) need any of the following services?

Services	YES	NO	DON'T KNOW
Housing			
Employment			
Education			
Staff Support			
Respite Care			
Day Programs			
Transportation			
Clinical interventions			
Crisis Services			

11. How often does your child receive services in the following areas?

Services	ALWAYS	SOMETIMES	OCCASSIONALY	NEVER	Do Not Apply	DON'T KNOW
Housing						
Employment						
Education						
Staff Support						
Respite Care						
Day Programs						
Transportation						
Clinical interventions						
Crisis Services						

12. What is the most significant barrier to obtaining services? (Please select **ONE**)

- My child is not eligible for services.
- I have to wait a long time to get services.
- I do not know about many services, I need more information.
- Staffs in service provider agencies need more training of perceptions of developmental disabilities.
- I need to talk with service providers directly but I cannot because of my language problem.
- I cannot get services in my language.
- Disability providers do not provide services in a way that is respectful to my culture.
- I face discrimination from service providers.
- Other: please explain _____

13. Please read each one and indicate to what extent you agree or disagree with each statement.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not Apply
My child is not eligible for services.						
I have to wait a long time to get services.						

I do not know about many services, I need more information.						
Staffs in service provider agencies need more training of perceptions of developmental disabilities.						
I need to talk with service providers directly but I cannot because of a language problem.						
I cannot get information in my language.						
Disability providers do not provide services in a way that is respectful to my culture.						
I face discrimination from service providers.						

SOLUTIONS:

14. How do you prefer to contact organizations providing services?

- Email
- Mail
- Phone
- In-person

15. How do you prefer to get information about services or programs for people with disabilities? (check **ALL** that apply)

- Online, internet
- From friends, family, or other parents
- Brochures or flyers
- Newspaper or radio
- TV
- From agencies the serve people with disabilities.

16. When talking with staff from agencies providing services, how do you prefer to communicate? (*Question for whose native language is not English*)

- I prefer to talk with staff using a translator
- I prefer to talk with a staff who can speak my native language (bilingual)
- Do not have a preference, both are good

Other (Please specify): _____

17. What forms of training and assistance need to be done for organizations providing services in order for them to better assist people who speak other language? (*Question for whose native language is not English*)

- Training for staff on how to use interpreting services
- Organizations need to translate more documents into my language
- Organizations need to hire more bilingual staff
- Others (Please specify): _____

18. What areas do you want to get more information about? (check **ALL** that apply)

- Housing
- Employment
- Education
- Staff support
- Respite
- Day Programs
- Transportation
- Clinical interventions
- Crisis Services

19. In your opinion, what are the TOP FIVE (5) issues that affect people with disabilities in New York State? (Select your top 5)

- Accessible affordable housing
- Accessible doctor's offices
- Accessible gyms or places to get physical exercise
- Mental health issues
- Safe neighborhoods
- Quality public education
- Dental Care
- Accessible public transportation

20. Do you have anything you want to add?

Online: https://qtrial2016q1az1.qualtrics.com/SE/?SID=SV_2nl7oTqJt6RXdfn

Survey Consent form

You are invited to participate in a web-based online survey on services satisfaction of parents with children with developmental disabilities. This is a research project being conducted by Qianfei Ma, a student at SUNY at Albany. It should take approximately 10 to 15 minutes to complete.

Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

You will receive no direct benefits from participating in this research study. However, your responses may help us learn more about what parents' real needs are in order to improve services for children with developmental disabilities.

There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life. Your survey answers will be sent to a link at qualtrics.com where data will be stored in a password protected electronic format. Qualtrics does not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

Agree

Disagree